Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 2841
Local Reg. No. 180
Reg. Dist. No. 371

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: 01 Ada — AUG 1 2 1965 — 3-08
Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 8 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 38 Oregon
b. COUNTY: 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brogan
d. STREET ADDRESS (If rural, give location): Box 34

3. NAME OF DECEASED (Type or Print): a. (First) Arthur — b. (Middle) M — c. (Last) ANTRIM

4. DATE OF DEATH: (Month) 7 (Day) 31 (Year) 65

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: 9-20-94

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Highway 62

10b. KIND OF BUSINESS OR INDUSTRY: Same 05

11. BIRTHPLACE (State or foreign country): Mo.

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Zaddock Antrim — BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Carolina N Clark — BIRTHPLACE: Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW 1

16. SOCIAL SECURITY NO.: 540 28 2483

17. INFORMANT'S OWN SIGNATURE: VA Records, Boise, Idaho — ADDRESS: John D Stark

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Bronchopneumonia	10 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Pulmonary infarction	1 week
DUE TO (c)	Emphysema	10 years
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Cor pulmonale	2 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that I~~ attended the deceased from 7-23, 1965, to 7-31, 1965, ~~[illegible]~~ and that death occurred at 3:35 AM., from the causes and on the date stated above.

23a. SIGNATURE: W. W. HAIR, M.D. 654 — (Degree or title): M.D.

23b. ADDRESS: VA Center, Boise, Idaho

23c. DATE SIGNED: 8-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify): removal

24b. DATE: Aug 1, 1965

24c. NAME OF CEMETERY OR CREMATORY: Ontario

24d. LOCATION (City, town, or county) (State): Oregon

DATE REC'D BY LOCAL REG.: 8-10-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: J. Richard Reed — LICENSE NO.: E-440

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

AUG 17 1965

JAN 4 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 2842
Local Reg. No. 185
Reg. Dist. No. 371

BIRTH NO. RECEIVED AUG 19 1965 BUREAU OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Nursing Home 005

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): Rt. 3

3. NAME OF DECEASED (Type or Print): a. (First) Emma; b. (Middle) L.; c. (Last) Harmon

4. DATE OF DEATH (Month) (Day) (Year): July 31, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Oct. 29, 1881

9. AGE (In years last birthday): 84 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 0

11. BIRTHPLACE (State or foreign country): Hampton, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edgar M. Davis — BIRTHPLACE: Mich

14. MOTHER'S MAIDEN NAME: Mary J. Eddy — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: + Meda Rayson — ADDRESS: Meridian

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CVA — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Pneumonia

331X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/14/65 19__, *to* 7/31/65 19__, *that I last saw the deceased alive on* 7/30/65 19__, *and that death occurred at* 8 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 054 — (Degree or title): M.D. — **23b. ADDRESS**: Boise Idaho — **23c. DATE SIGNED**: 8/4/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 8-4-65 — **24c. NAME OF CEMETERY OR CREMATORY**: Meridian Cemetery — **24d. LOCATION** (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 8-16-65 — **REGISTRAR'S SIGNATURE**: Myrtle Palmer — **25. EMBALMER**: [signature] — **LICENSE NO.**: E-366

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Robison Chapel of the Chimes

DUTIES:

DEC 3 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2843
Local Reg. No. 11
Reg. Dist. No. 300

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 13 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 020
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): ELOF
c. (Last): FORSBERG

4. DATE OF DEATH (Month) (Day) (Year): July 1, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 1-20-1871
9. AGE (In years last birthday): 94 — IF UNDER 1 YEAR: Months 5, Days 11 — IF UNDER 24 HRS.: Hours ---, Min. ----

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Tarsas, Kalmer, Sweden
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Olof Anderson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Ingrid Stina Anderson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 529-16 5560
17. INFORMANT'S OWN SIGNATURE: Ralph H. Swanstrom — ADDRESS: Council Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

191.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Nasal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Metastatic squamous cell Carcinoma
DUE TO (c): Squamous cell carcinoma left ear — 17 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-13-, 19 64, *to* 7-1-, 19 65, *that I last saw the deceased* ~~*alive*~~ dead *on* 7-1-, 19 65, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Clyde N. Johnson 614 (Degree or title) M.D.
23b. ADDRESS: Council, Idaho
23c. DATE SIGNED: 7-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7-7-65
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F.
24d. LOCATION (City, town, or county) (State): Council, Idaho

DATE REC'D BY LOCAL REG.: 7-1-65
REGISTRAR'S SIGNATURE: Clyde N. Johnson M.D.
25. EMBALMER: R. Dave Thomason — LICENSE NO.: E-388

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2844
Local Reg. No. 12
Reg. Dist. No. 300

RECEIVED
JUL 13 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council - Rural
c. LENGTH OF STAY (in this place): Transient
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural US Hwy 95 (Council)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 016
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1815 No. 15th. St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Donald	Philip 002	Wright	7	5	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Never Married	Oct. 20, 1962	2				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dellis Wright — BIRTHPLACE: Thayne, Wyoming
14. MOTHER'S MAIDEN NAME: Betty Harris — BIRTHPLACE: Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 8254 Basal Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hwy 95, Council
21c. (CITY, TOWN, OR TOWNSHIP) 023 Council (COUNTY) Adams (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 5 1965 1:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? car accident

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 1:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles Burkhalter Sheriff Adams Co
23b. ADDRESS: Council Idaho
23c. DATE SIGNED: 7-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-5-1965
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 7-8-65
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Daniel G. Gibson — LICENSE NO.: E-400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 1 0 1992

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RE.

Certificate of Death

STATE OF IDAHO

State File No. 2845
Local Reg. No. 13
Reg. Dist. No. 300

BIRTH NO.

JUL 27 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 020 Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 020 Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Meadows
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): LEONA
b. (Middle): 017 RUTH
c. (Last): CARR

4. DATE OF DEATH: July 13, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: June 20, 1917
9. AGE (In years last birthday): 48
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home 01
11. BIRTHPLACE (State or foreign country): Enterprise, Oregon
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: S. M. Lovell
BIRTHPLACE: ---

14. MOTHER'S MAIDEN NAME: Angie May Henderson
BIRTHPLACE: ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Tom Carr
ADDRESS: New Meadows, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Heart Disease — 5 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Uremia — 1 week

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-8- , 1965, *to* 7-13- , 1965, *that I last saw the deceased alive on* 7-13- , 1965, *and that death occurred at* 5:40 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 154 (Degree or title)
23b. ADDRESS: Council, Idaho
23c. DATE SIGNED: 7-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7-16-65
24c. NAME OF CEMETERY OR CREMATORY: Meadows Valley
24d. LOCATION (City, town, or county) (State): Meadows, Idaho

DATE REC'D BY LOCAL REG.: 7-16-65
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: K. Dave Thomason
LICENSE NO.: E-388
FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 284
Local Reg. No. 41
Reg. Dist. No. 5-11

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: 030 Bannock — AUG 2 1965 — 3-04
b. CITY OR TOWN: Lava
c. LENGTH OF STAY in this place: 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Valley View Rest Home 021

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 51 Wyoming
b. COUNTY: 555 Lincoln
c. CITY OR TOWN: Grover
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ole	Peter	Peterson	May 2, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	May 26, 1881	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	01	Mantua Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ole Peterson			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Marvin Petersen	5576 Hillside Dr Utah

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

450.0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ~~May~~ 19__, *to* May, 1965, *that I last saw the deceased alive on* 19__, *and that death occurred at* 12:45 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Farmer Idaho	5-25-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 5, 1965	Grover Cemetery	Grover Wyoming

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 27 1965	Orissa Salvesen	Dale Matthews	E359

FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 2848
Local Reg. No. 410
Reg. Dist. No. 57

Certificate of Death

RECEIVED
Bureau of Vital Statistics
AUG 2 1965

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs Idaho
c. LENGTH OF STAY (in this place): 7 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley View Rest Home 021

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 040
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier, Idaho
d. STREET ADDRESS (If rural, give location): 340 North 10th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Mary Jane
b. (Middle): Jane
c. (Last): Robinson

4. DATE OF DEATH (Month) (Day) (Year): June 21 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Jan. 23, 1881
9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Lancashire County, England
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Parkison
BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Sophia Kirkman
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Carl Robinson
ADDRESS: Montpelier Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular accident

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 21, 1964, *to* June 21, 1965, *that I last saw the deceased alive on* June 8, 1965, *and that death occurred at* 8.47 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 070
23b. ADDRESS: Downey Id
23c. DATE SIGNED: 7 26 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: June 24, 1965
24c. NAME OF CEMETERY OR CREMATORY: Montpelier Cemetery
24d. LOCATION (City, town, or county) (State): Montpelier, Idaho

DATE REC'D BY LOCAL REG.: July 27 1965
REGISTRAR'S SIGNATURE: Orissa Salvesen
25. EMBALMER: Nile Matthews [signature]
LICENSE NO.: E359

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 3 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 21 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2849
Local Reg. No. 394
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 533 North 12th Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 533 North 12th Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	LUETTA	D.	DUNCAN	July	3	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	August 1, 1886	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Housekeeper 01	At Home 01	Shaver	Arkansas	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James F. Donaldson	Mississippi	Margaret Elizabeth Ladd	Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	*****	*****	Dale L. Duncan	Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	INTERVAL BETWEEN ONSET AND DEATH
(a)	Sudden Death	Sudden
(b) DUE TO	Cerebral & Cardiovascular Arteriosclerosis	1 year
(c) DUE TO		

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

334X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
No		Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1949, 19___, *to* July 3, 1965, *that I last saw the deceased alive on* April 15, 1965, *and that death occurred at* ___ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. P. Howard M.D. 248		Pocatello, Idaho	July 6, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 6, 1965	Mountainview Cemetery	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
JUL 12 1965	Sally Kellogg	Jack Henderson	E 349

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Henderson Funeral Home

JUL 22 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2850
Local Reg. No. 396
Reg. Dist. No. 510

RECEIVED
JUL 21 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 845 North Harrison

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle):
c. (Last): WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year): July 4, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 3, 1910
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman 27
10b. KIND OF BUSINESS OR INDUSTRY: P.F.E. 11
11. BIRTHPLACE (State or foreign country): Evanston, Wyoming
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas Williams — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Mary Ann Ewer — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Mrs. Bill Williams — ADDRESS: Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 19__, *to* —, 19__, *that I* ~~last~~ *saw the deceased* Death 7-4-, 1965 *and that death occurred at* 11 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Burton J. John 583 — (Degree or title) Coroner
23b. ADDRESS: Bannock County Idaho
23c. DATE SIGNED: 7-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 7, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: JUL 1 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: F. B. [signature]
LICENSE NO.: E418

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 21 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

65-6439
BIRTH NO.

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2851
Local Reg. No. 295
Reg. Dist. No. 510

03/ JUL 21 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bannock 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hosp. 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 03/ b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) GINA b. (Middle) MARIE c. (Last) BERTAGNOLLI

4. DATE OF DEATH (Month) July (Day) 4 (Year) 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH July 2, 1965

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 07

10b. KIND OF BUSINESS OR INDUSTRY 02----

11. BIRTHPLACE (State or foreign country) Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Gary Bertagnolli BIRTHPLACE Missouri

14. MOTHER'S MAIDEN NAME Kathleen Adams BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Gary Bertagnolli ADDRESS Pocatello, Id.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Distress Syndrome — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atelectasis of Lungs —
DUE TO (c) Prematurity

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Child had bilateral Cleft Lip & cleft Palate

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 2, 1965, *to* July 4, 1965, *that I last saw the deceased alive on* July 5, 1965, *and that death occurred at* 12:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Richard E. Ostler (Degree or title) MD

23b. ADDRESS 102 N. 5th Pocatello Idaho

23c. DATE SIGNED 7-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 7, 1965

24c. NAME OF CEMETERY OR CREMATORY Mountainview

24d. LOCATION (City, town, or county) Pocatello (State) Idaho

DATE REC'D BY LOCAL REG. JUL 14 1965

REGISTRAR'S SIGNATURE Sally Kellogg

25. EMBALMER Doug W Knoll LICENSE NO. 409

FIRM NAME: Downard Funeral Home.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 2852
Local Reg. No. 327
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03 JUL 21 1965
b. CITY OR TOWN: Pocatello Bureau of Vital Statistics
c. LENGTH OF STAY IN (this place): 3 WKS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03 b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 604 West Clark

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

3. NAME OF DECEASED (Type or Print): a. (First) Heber b. (Middle) William 018 c. (Last) Lasley

4. DATE OF DEATH: (Month) July (Day) 5, (Year) 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: Mar 27, 1889

9. AGE (In years last birthday): 76 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Dealer 19

10b. KIND OF BUSINESS OR INDUSTRY: Garage 12

11. BIRTHPLACE (State or foreign country): Rockland, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Heber Warren Lasley
BIRTHPLACE: Honeyville, Ut

14. MOTHER'S MAIDEN NAME: Sarah Allen
BIRTHPLACE: Honeyville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 528-03-6405

17. INFORMANT'S OWN SIGNATURE: X Angus Lasley ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Inanition — INTERVAL BETWEEN ONSET AND DEATH: approx 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) generalized arteriosclerosis with arteriosclerotic heart disease and nephrosclerosis complicated by — sev. months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
congestive heart failure and uremia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Had been operated approximately two months ago with the finding of intestinal obstruction.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 3, 19 65, *to* July 7, 19 65 *that I last saw the deceased alive on* July 7, 19 65, *and that death occurred at* 12:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Comstock, M.D.

23b. ADDRESS: Kasiska Building, Poc., Ida.

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 7, 1965

24c. NAME OF CEMETERY OR CREMATORY: Grace Cemetery

24d. LOCATION (City, town, or county) (State): Grace, Idaho

DATE REC'D BY LOCAL REG.: JUL 1[illegible] 1965

REGISTRAR'S SIGNATURE: Sally Kellogg

25. EMBALMER: Douglas S. Webb LICENSE NO.: 488

FIRM NAME: WEBB FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 19 1976

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2853
Local Reg. No. 392
Reg. Dist. No. 510

RECEIVED JUL 13 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 03/ 2-10
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): 10 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Nursing Home 299

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03/
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 745 No. 7th

3. NAME OF DECEASED (Type or Print)
a. (First): LAZAR A.
b. (Middle): (LEO T.)
c. (Last): MATOLOFF

4. DATE OF DEATH (Month) (Day) (Year): July 5 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: Apr. 12, 1889

9. AGE (In years last birthday): 76
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stores Helper 70

10b. KIND OF BUSINESS OR INDUSTRY: Railroad 02

11. BIRTHPLACE (State or foreign country): Bulgaria

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Anthony Matoloff
BIRTHPLACE: Bulgaria

14. MOTHER'S MAIDEN NAME: Magdaline (Unk)
BIRTHPLACE: Bulgaria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-10-0317

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Pocatello, I

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: < 4 Hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular Dis. — Years
DUE TO (c) Essential Hypertension — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bleeding Peptic Ulcer — 4 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan., 1962 *to* 5 July, 1965, *that I last saw the deceased alive on* 4 July, 1965, *and that death occurred at* 4:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.J. Sharp M.D.
23b. ADDRESS: 5th Ave. at Center, Pocatello
23c. DATE SIGNED: 7/6/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jul 8, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: JUL 9 1965
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature]
LICENSE NO.: 409
FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 21 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2854
Local Reg. No. 398
Reg. Dist. No. 5-11

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock 03 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 390
b. COUNTY Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) DORIS b. (Middle) A. 018 c. (Last) HUBER

4. DATE OF DEATH (Month) (Day) (Year) July 6, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Oct. 17, 1910
9. AGE (In years last birthday) 55 IF UNDER 1 YEAR Months 7 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home 01
11. BIRTHPLACE (State or foreign country) Selby, South Dakota
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Arthur Williamson BIRTHPLACE So. Dakota
14. MOTHER'S MAIDEN NAME Delila Chesmore BIRTHPLACE So. Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE LeRoy Biddlecom ADDRESS Las Vegas, Nevada

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH 30 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral pneumonia — 3 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 31 1965, *to* July 6, 1965, *that I last saw the deceased alive on* July 6, 1965, *and that death occurred at* 6:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] 009 MD
23b. ADDRESS Pocatello Idaho
23c. DATE SIGNED 7-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Rem. & Burial
24b. DATE 7-9-65
24c. NAME OF CEMETERY OR CREMATORY Fallsview Cemetery
24d. LOCATION (City, town, or county) (State) American Falls, Idaho

DATE REC'D BY LOCAL REG. JUL 14 1965
REGISTRAR'S SIGNATURE Sally Kellogg
25. EMBALMER Bud Kelly Bud Kelly
LICENSE NO. E-467

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

MAR 24 1977

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2855
Local Reg. No. 400
Reg. Dist. No. 510

BIRTH NO.

RECEIVED
Bureau of Vital Statistics
JUL 21 1965

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock 03 / 1000
b. CITY OR TOWN: Pocatello
c. LENGTH OF STAY (If outside place of residence)
d. FULL NAME OF HOSPITAL OR INSTITUTION: U.P.R.R. Freight Dock

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03 / b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 128 Washington

3. NAME OF DECEASED (Type or Print): a. (First) HOWARD b. (Middle) c. (Last) COLEMAN

4. DATE OF DEATH: (Month) July (Day) 6, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Dec. 25, 1905

9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 70

10b. KIND OF BUSINESS OR INDUSTRY: 00 U.P.R.R.

11. BIRTHPLACE (State or foreign country): Marysville, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Hyrum Coleman — BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Sarah Ann Kay — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs Howard Coleman — ADDRESS: Pocatello

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 19—, *to* —, 19—, *that I last saw the deceased alive on* 7-6-, 1965, *and that death occurred at* 1:05 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Burton H. Johns 583 — (Degree or title): Coroner — **23b. ADDRESS**: Bannock County Idaho — **23c. DATE SIGNED**: 7-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Jul.10,1965 — **24c. NAME OF CEMETERY OR CREMATORY**: Mountainview Cemetery — **24d. LOCATION** (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: JUL 12 1965 — REGISTRAR'S SIGNATURE: Sally Kellogg

25. EMBALMER: F. B. [illegible] — LICENSE NO.: E418

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

JUL 21 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 9 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 21 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2856
Local Reg. No. 999
Reg. Dist. No. 3-10

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03/ 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp. 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03/
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 245 Everett

3. NAME OF DECEASED (Type or Print): a. (First) GAIL b. (Middle) c. (Last) STAPLETON

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: May 28, 1916

9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Professor 12

10b. KIND OF BUSINESS OR INDUSTRY: University 01

11. BIRTHPLACE (State or foreign country): Coulee, City, Wash.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles A. Stapleton — BIRTHPLACE: Unk

14. MOTHER'S MAIDEN NAME: Bertha Bogart — BIRTHPLACE: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 536-05-1194

17. INFORMANT'S OWN SIGNATURE: Mrs. Gail Stapleton — ADDRESS: Pocatello, I.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

426.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular arrhythmia — INTERVAL BETWEEN ONSET AND DEATH: approx. 1 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerotic heart disease — several yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 2, 1961, *to* July 6, 1965, *that I last saw the deceased alive on* July 6, 1965, *and that death occurred at* 2:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J.E. Comstock, M.D. 01

23b. ADDRESS: Kasiska Building, Pocatello, Ida.

23c. DATE SIGNED: 7-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: Jul 7, 1965

24c. NAME OF CEMETERY OR CREMATORY: Omak Memorial Cem.

24d. LOCATION (City, town, or county) (State): Omak Wash.

DATE REC'D BY LOCAL REG.: JUL 16 1965

REGISTRAR'S SIGNATURE: Lucy Kellogg

25. EMBALMER: George W. Knox — LICENSE NO.: 409

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

JUL 21 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 26 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2857
Local Reg. No. 401
Reg. Dist. No. 511

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUL 21 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): A. 018
c. (Last): KOOMPIN

4. DATE OF DEATH (Month) (Day) (Year): July 7, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: June 18, 1881
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Meora, Greece
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXX
16. SOCIAL SECURITY NO.: 518-26-1382
17. INFORMANT'S OWN SIGNATURE: George Koompin — ADDRESS: Sterling

18. CAUSE OF DEATH 334X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral and Cardiac Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Terminal Pneumonia — 2 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1951, 19__ *to* 1965, 19__, *that I last saw the deceased alive on* July 7, 1965, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R.P. Howard M.D. 248
23b. ADDRESS: Pocatello Ida
23c. DATE SIGNED: 7-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jul. 10, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: JUL 13 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: F. B. Ashby — LICENSE NO.: E418

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 21 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. NOV 5 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2858
Local Reg. No. 402
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUL 21 1965 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Bannock 03	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 03 b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello 000	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital	d. STREET ADDRESS (If rural, give location): 425 South Johnson Avenue

3. NAME OF DECEASED (Type or Print)	a. (First) ELIZABETH	b. (Middle) J. 018	c. (Last) YOUNGREN	4. DATE OF DEATH (Month) July (Day) 8 (Year) 1965
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2	8. DATE OF BIRTH: April 7, 1878	9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01	10b. KIND OF BUSINESS OR INDUSTRY: At Home 01	11. BIRTHPLACE (State or foreign country): Scottsburg, Virginia	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: Willis Johnson	BIRTHPLACE	14. MOTHER'S MAIDEN NAME: Mary Dennis	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): *****	16. SOCIAL SECURITY NO.: *****	17. INFORMANT'S OWN SIGNATURE: Thomas J. Youngren	ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hypertensive - Arterio sclerotic	
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Vascular Disease with small thrombosis	3 months
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Terminal Pneumonia	CWR

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 1958 *19*__, *to* July 8, *19* 65 *that I last saw the deceased alive on* July 8, *19* 65, *and that death occurred at* 9:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 362 David E. Miller FMD	23b. ADDRESS: Pocatello, Idaho	23c. DATE SIGNED: July 9, 1965
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: July 10, 1965	24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county): Pocatello	(State): Idaho	
DATE REC'D BY LOCAL REG.: JUL 14 1965	REGISTRAR'S SIGNATURE: Sally Kellogg	25. EMBALMER: Jack Henderson — LICENSE NO. E 349

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Henderson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 23 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2859
Local Reg. No. 423
Reg. Dist. No. 57

BIRTH NO.

RECEIVED
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Bannock 03 JUL 21 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
LENGTH OF STAY (in this place) ----
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DOA-St. Anthony Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 38 Oregon 555 b. COUNTY Umatilla
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pendleton
d. STREET ADDRESS (If rural, give location) 3231 SW Isaac

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	HAZEL	LUCILLE	ANGOTTI	July	8	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Sept. 14, 1916	49				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home 01	The Dalles, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Zara Moon	Unk	Betty (Unk)	Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Joe Angotti	Pendleton, Oregon

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial Infarction	?
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

420.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from —, 19—, to —, 19—, that I last saw the deceased alive on 7-8-, 1965, and that death occurred at 12 Noon m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Curtis Hobbs 583 Coroner	Bannock County Idaho	7-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	Jul 14, '65	Walla Walla	Walla Walla Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
JUL 15 1965	Sally Kellogg	George W. Knott	409

FIRM NAME: Howard Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

AUG 4 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 11 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

65-6474

BIRTH NO.

RECEIVED JUL 26 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2860
Local Reg. No. 405
Reg. Dist. No. 510

1. PLACE OF DEATH
a. COUNTY: Bannock 031 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 628 South Arthur

3. NAME OF DECEASED (Type or Print)
a. (First): ANN
b. (Middle): MARIE 018
c. (Last): WILSON

4. DATE OF DEATH (Month) (Day) (Year): July 9, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: July 9, 1965
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 2 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY: xxxx 00
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ralph G. Wilson — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Mary Ann Hepworth — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): xxxx
16. SOCIAL SECURITY NO.: xxxx
17. INFORMANT'S OWN SIGNATURE: Mary Ann Wilson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Erythroblastosis fetalis 770.0 — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rh sensitivity
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 9, 1965, *to* July 9, 1965, *that I last saw the deceased alive on* July 9, 1965, *and that death occurred at* 8:55 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Bryan MD. 067
23b. ADDRESS: 338 Yellowstone
23c. DATE SIGNED: July 15, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jul. 12, 1965
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem. Gardens
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: JUL 21 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: F. B. [signature]
LICENSE NO.: E418

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Manning Funeral Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 2861
Local Reg. No. 403
Reg. Dist. No. 511

BIRTH NO. RECEIVED STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Bannock 031 AUG 2 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello Bureau of Vital Statistics
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 030
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McCammon
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) ANDREW
b. (Middle) J. 018
c. (Last) JAYNE

4. DATE OF DEATH (Month) (Day) (Year) July 10, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH March 3, 1902
9. AGE (In years last birthday) 63 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist 70
10b. KIND OF BUSINESS OR INDUSTRY U.P.R.R. 09
11. BIRTHPLACE (State or foreign country) Delnay, Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward Ardill Jayne — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Sarah Ann Parsley — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) XXXXX
16. SOCIAL SECURITY NO. 443-12-6871
17. INFORMANT'S OWN SIGNATURE Burnell Jayne — ADDRESS Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cerebral and Heart disease — INTERVAL BETWEEN ONSET AND DEATH April 1965

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1959, 19__, *to* July 10, 1965, *that I last saw the deceased alive on* July 10, 1965, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 248 →
23b. ADDRESS Richard P. Howard and
23c. DATE SIGNED 7-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jul. 14, 1965
24c. NAME OF CEMETERY OR CREMATORY Mountainview Cemetery
24d. LOCATION (City, town, or county) (State) Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 27 1965 Sally Kellogg
25. EMBALMER F. B. Ashby — LICENSE NO. E418

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

AUG 3 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2862
Local Reg. No. 430
Reg. Dist. No. 511

Certificate of Death

RECEIVED
AUG 24 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Marsh Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCammon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): LEONARD
b. (Middle): EUGENE 020
c. (Last): DENTON

4. DATE OF DEATH (Month) (Day) (Year): July 11, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Sept. 25, 1926
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Hawkins Basin, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Gunter — BIRTHPLACE: Arkansas
14. MOTHER'S MAIDEN NAME: Mary Jane Riggs — BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-30-6581
17. INFORMANT'S OWN SIGNATURE: Mrs. Dave Parris — ADDRESS: McCammon, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Diabetes Comma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes Mellitus
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1955, 19__, *to* July 11, 1965, *that I last saw the deceased alive on* July 11, 1965, *and that death occurred at* 3:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 070 (Degree or title)
23b. ADDRESS: Downey Idaho
23c. DATE SIGNED: 8.11.65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jul. 14, 1965
24c. NAME OF CEMETERY OR CREMATORY: McCammon Cemetery
24d. LOCATION (City, town, or county) (State): McCammon, Bannock, Idaho

DATE REC'D BY LOCAL REG.: AUG 13 1965
REGISTRAR'S SIGNATURE: Thae Jones, Deputy
25. EMBALMER: [signature]
LICENSE NO.: E418
FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2863
Local Reg. No. 437
Reg. Dist. No. 511

BIRTH NO.

RECEIVED AUG 24 1965

1. PLACE OF DEATH
a. COUNTY Bannock 030
b. CITY OR TOWN Downey
Bureau of Township
c. LENGTH OF STAY (In this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Marsh Valley Hospital 020

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 013 b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McCammon
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) MARY
b. (Middle) HELEN
c. (Last) JENKINS

4. DATE OF DEATH (Month) (Day) (Year) July 11, 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH April 6, 1909

9. AGE (In years last birthday) 56
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Own Home 01

11. BIRTHPLACE (State or foreign country) Kemmerer, Wyoming

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Gilbert
BIRTHPLACE Oklahoma

14. MOTHER'S MAIDEN NAME Lucy Homer
BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) XXXX

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE R. G. Jenkins
ADDRESS McCammon, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastases Generalized
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 24, 1965, *to* July 11, 1965, *that I last saw the deceased alive on* July 11, 1965, *and that death occurred at* 3:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Emily Burke Manning, M.D.
23b. ADDRESS Downey, Idaho
23c. DATE SIGNED 8.11.65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 15, 1965
24c. NAME OF CEMETERY OR CREMATORY Robin Cemetery
24d. LOCATION (City, town, or county) (State) Robin, Bannock, Idaho

DATE REC'D BY LOCAL REG. AUG 13 1965
REGISTRAR'S SIGNATURE Mae Jones, Deputy

25. EMBALMER B. Manning
LICENSE NO. E418
FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

APR 8 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2864
Local Reg. No. 412
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED AUG 9 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, write street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1335 South Fourth Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): STELLA
b. (Middle): 018
c. (Last): STEDTFELD

4. DATE OF DEATH (Month) (Day) (Year): July 12, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: Sept. 29, 1901
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas Barrett — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Emma Jane — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.: 519-10-0924A
17. INFORMANT'S OWN SIGNATURE: Gordon K Stedtfeld — ADDRESS: Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute myocard - Infarct — INTERVAL BETWEEN ONSET AND DEATH: 13 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Hrt. dis — 8 yr.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Essential Hypertension — 20 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1956, 19__, *to* July 13, 1965, *that I last saw the deceased alive on* July 12, 1965, *and that death occurred at* 8 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): RP Howard M.D. 248
23b. ADDRESS: Pocatello Ida
23c. DATE SIGNED: 7-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jul. 15, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: JUL 30 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: F. B. [signature] — LICENSE NO.: E418
FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 10 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 12 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2865
Local Reg. No. 406
Reg. Dist. No. 5-10

BIRTH NO.

RECEIVED
JUL 26 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bannock 03 — 3-04

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello — Statistical STAY (in this place): 4 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 03 — b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. STREET ADDRESS (If rural, give location): 345 No. Hayes Ave.

3. NAME OF DECEASED (Type or Print): a. (First) HERMENEJILDO — b. (Middle) 019 — c. (Last) ELORRIETA

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Apr. 13, 1890

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheepman 51

10b. KIND OF BUSINESS OR INDUSTRY: Livestock 02

11. BIRTHPLACE (State or foreign country): Ereno, Spain

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Meliton Elorrieta — BIRTHPLACE: Spain

14. MOTHER'S MAIDEN NAME: Seferina Astoreca — BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-34-2674

17. INFORMANT'S OWN SIGNATURE: Santiago Elorrieta — ADDRESS: Pocatello, I.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: Approx 2 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerotic heart disease with congestive heart failure. — Approx. 3 years.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/8, 1965, *to* 7/12/65, 19____, *that I last saw the deceased alive on* 7/12, 19 65, *and that death occurred at* 1:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Comstock, M.D. 10

23b. ADDRESS: Box 852, Pocatello, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 15, '65

24c. NAME OF CEMETERY OR CREMATORY: Mountainview

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: JUL 21 1965

REGISTRAR'S SIGNATURE: Sally Kellogg

25. EMBALMER: George W Knott — LICENSE NO.: 409

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2866
Local Reg. No. 407
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

RECEIVED
JUL 26 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 353 Fredregill Road

3. NAME OF DECEASED (Type or Print)
a. (First): LEONORA
b. (Middle): 018
c. (Last): RITZMAN

4. DATE OF DEATH (Month) July (Day) 14 (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Aug. 31, 1881
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Leonard Oberg — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Mathilda Johansson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Paul J. A. Ritzman — ADDRESS: Pocatello

18. CAUSE OF DEATH 502.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Bronchitis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Bronchitis & Emphysema — sev. yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-12, 1965, *to* 7-14-65, 19___, *that I last saw the deceased alive on* 7-14-65, 19___, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: L. S. Carr 077 — (Degree or title): M.D.
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 7-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 17, '65
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county): Pocatello — (State): Idaho

DATE REC'D BY LOCAL REG.: JUL 21 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: George W. Knopp — LICENSE NO. 409

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2867
Local Reg. No. 409
Reg. Dist. No. 511

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock 030 AUG 2 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lava Hot Springs Idaho
c. LENGTH OF STAY (in this place) 40 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Valley View Rest Home 021

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 040
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Georgetown, Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Rosa
b. (Middle) Smith
c. (Last) Sizemore

4. DATE OF DEATH (Month) July (Day) 14 (Year) 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH June 28, 1875
9. AGE (In years last birthday) 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alfred W. Smith — BIRTHPLACE Ireland
14. MOTHER'S MAIDEN NAME Ellen Rees — BIRTHPLACE Wales England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Grove Phelps — ADDRESS Bennington, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 4, 1965, *to* July 14, 1965, *that I last saw the deceased alive on* June 8, 1965 *and that death occurred at* 9 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature]
23b. ADDRESS Downey Id
23c. DATE SIGNED 7-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE July 7, 1965
24c. NAME OF CEMETERY OR CREMATORY Georgetown Cemetery
24d. LOCATION (City, town, or county) (State) Georgetown Idaho

DATE REC'D BY LOCAL REG. July 27 1965
REGISTRAR'S SIGNATURE Orissa Salvesen
25. EMBALMER Nile Matthews
LICENSE NO. E359

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2868
Local Reg. No. 404
Reg. Dist. No. 57

RECEIVED
030 JUL 21 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 45 Utah
b. COUNTY: 555 Carbon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Helper
d. STREET ADDRESS (If rural, give location): 127 Ivy Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANTON	(Tony)	TOMSIC	July	14	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	No Data 0	November 22, 1892	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Coal Miner 07	Coal Mining 01	Dobrepolje Yugoslava	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Tomsic	Yugoslava	Marya Brodnik	Yugoslava

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	*****	528-03-2700	MATT STARR	Helper, Utah

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* [illegible] *to* [illegible], *that I last saw the deceased alive on* July 14, 1965, *and that death occurred at* 5:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Burton L. Gibbons MD	Bannock County Coroner	Pocatello, Idaho	July 15, 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	July 15, 1965	Mitchell Funeral Home	Price Carbon Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
JUL 19 1965	Sally Kellogg	Jack Kindrson	E 349

FIRM NAME: Henderson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 23 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 30 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2869
Local Reg. No. 413
Reg. Dist. No. 510

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 AUG 9 1965 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 782 Birch

3. NAME OF DECEASED (Type or Print)
a. (First): LEMON
b. (Middle): O. 018
c. (Last): FOUTS

4. DATE OF DEATH (Month) (Day) (Year): July 16, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 21, 1896
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brakeman 70
10b. KIND OF BUSINESS OR INDUSTRY: U.P.R.R. 14
11. BIRTHPLACE (State or foreign country): Irvington, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lemuel Fouts — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Eva Stonecipher — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Information from hospital records PH

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 21 May, 1965, *to* 21 May, 1965 *that I last saw the deceased alive on* 21 May 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clark Parker 406 D
23b. ADDRESS: 338 Yellowstone Pocatello Wash
23c. DATE SIGNED: 2 Aug 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jul. 19, 1965
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem. Gardens
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: AUG 3 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: F. B. [signature]
LICENSE NO.: E418
FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 8 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2870
Local Reg. No. 406
Reg. Dist. No. 510

Certificate of Death

RECEIVED
AUG 2 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 031
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1339 So. Third Ave. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 031
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 1339 So. Third Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) DWIGHT
b. (Middle) JOHNSON
c. (Last) CURTIS

4. DATE OF DEATH (Month) (Day) (Year) July 18 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH July 29, 1908
9. AGE (In years last birthday) 56 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carman 70
10b. KIND OF BUSINESS OR INDUSTRY Railroad 05
11. BIRTHPLACE (State or foreign country) Kingston, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles E. Curtis — BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Ellen Johnson — BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WW II 4
16. SOCIAL SECURITY NO. 712-03-9094
17. INFORMANT'S OWN SIGNATURE X Mrs. Dorothy Curtis — ADDRESS POCATELLO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

782.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure — INTERVAL BETWEEN ONSET AND DEATH NONE

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None
DUE TO (c) None

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Previous medical treatment for emphysema

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ——, 19—, to ——, 19—, that I last saw the deceased* ~~alive on~~ dead 7-18-, 1965, *and that death occurred at* 9:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE 583 (Degree or title) [signature] Acting Coroner
23b. ADDRESS 836 E. Center Pocatello, Idaho
23c. DATE SIGNED 7-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 20 July '65
24c. NAME OF CEMETERY OR CREMATORY Mountainview Cem.
24d. LOCATION (City, town, or county) Pocatello (State) Idaho

DATE REC'D BY LOCAL REG. JUL 2 1965
REGISTRAR'S SIGNATURE [signature]
25. EMBALMER [signature] Roger W. Knoff — LICENSE NO. 409
FIRM NAME Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form OH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 4 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 2871
Local Reg. No. 407
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Bannock 030 — AUG 2 1965 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs 400 — c. LENGTH OF STAY (in this place): — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Susie's Aprts. 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 42 — b. COUNTY: Twin Falls — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls — d. STREET ADDRESS (If rural, give location): 129 Harrison

3. NAME OF DECEASED (Type or Print) — a. (First): EARL — b. (Middle): OSCAR — c. (Last): HAVENS

4. DATE OF DEATH — (Month) (Day) (Year): July 18, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: March 23, 1891

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 19

10b. KIND OF BUSINESS OR INDUSTRY: Sporting Goods 19

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jim Havens — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXX

16. SOCIAL SECURITY NO.: 518-36-9122

17. INFORMANT'S OWN SIGNATURE: X Mrs Elizabeth Havens — ADDRESS: Twin Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

782.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: NONE

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): None

DUE TO (c): None

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) — 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] 583 — (Degree or title): Acting Coroner — 23b. ADDRESS: 838 E Center Pocatello Idaho — 23c. DATE SIGNED: 7-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — 24b. DATE: Jul. 18, 1965 — 24c. NAME OF CEMETERY OR CREMATORY: Reynolds Mortuary — 24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: JUL 27 1965 — REGISTRAR'S SIGNATURE: Sally Kellogg — 25. EMBALMER: F. B. Manning — LICENSE NO.: E418

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Manning Funeral Chapel

DUTIES:

FEB 2 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 15 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 4 1981

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

65-5050

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 2872
Local Reg. No. 408
Reg. Dist. No. 5-1

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock 03 | AUG 2 1965 | 3-01
b. CITY OR TOWN Pocatello
c. LENGTH OF STAY IN (this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 390 b. COUNTY Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural, Am. Falls
d. STREET ADDRESS (If rural, give location)

Bureau of Vital Statistics

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JAVIER		BENAVIDES	July 19, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Mex	Never married	May 21, 1965	0	1	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant 02	None 00	American Falls, Idaho	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fidel Benavides	Texas	Alicia Moreno	Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	X Fidel Benavides	Am. Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Salt & water deficiency — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gastroenteritis & Convulsions — 10 days
DUE TO (c)

II. OTHER Ssignificant CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

571.0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 18, 1965, *to* July 19, 1965, *that I last saw the deceased alive on* July 19, 1965, *and that death occurred at* 2:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	358 Yellowstone - Pocatello	July 20, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem. & Burial	7-21-65	Fallsview Cemetery	American Falls, Idaho

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
JUL 22 1965	[signature]	Bud Kelly	Bud Kelly E-467

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 2873
Local Reg. No. 432
Reg. Dist. No. 54

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 030 Bannock AUG 24 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) Downey
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Marsh Valley Hospital

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 030 b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McCammon
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ANDREW	JAMES 020	LEWIS	July 23, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	April 17, 1870	95				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter 37	Carpentry 01	Rainswood, Virginia	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Alexander Lewis	Virginia	Frances Cookman	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXX		Lucile C. Davis	McCammon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July, 1951, *to* July, 1965, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Downey, Idaho	7/

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jul. 26, 1965	McCammon Cemetery	McCammon, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
AUG 13 1965	Mae Jones, Deputy	F. B. [illegible]	E416

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 25 1965

APR 3 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2874
Local Reg. No. 2-01
Reg. Dist. No. 5-10

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03 — AUG 9 1965 — 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03 — b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): ******

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Lorin	Tarbet 018	Buxton	July 25, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	White	Divorced 4	Aug. 22, 1903	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Grocer 35	Grocery Store 01	Bates, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lewis S. Buxton	Utah	Annie Tarbet	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	528-09-1550	Milton L Buxton	GOSHEN, UTAH

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Aplastic Anemia 292.4	
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* July, 1965, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Calvin Buhler MD		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal	7/25/65	Pleasant View	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
AUG 5 1965	Lacy Kellogg	George W. Knoth	409

FIRM NAME: Dounard Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAR 26 1969

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2875
Local Reg. No. 415
Reg. Dist. No. 570

RECEIVED
AUG 9 1965
BUREAU OF Vital Statistics

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello 800
LENGTH OF STAY (in this place):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03 b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 422 South Fifth Avenue

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

3. NAME OF DECEASED (Type or Print): a. (First) RANDOLPH b. (Middle) W. 019 c. (Last) HELLWIG

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: April 18, 1891

9. AGE (In years last birthday): 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer 54

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Civil Service 80

11. BIRTHPLACE (State or foreign country): Columbus, Ohio

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: William Hellwig
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Harriet Conway
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: 477-20-2923

17. INFORMANT'S OWN SIGNATURE: Leon Theodore Smith ADDRESS: Columbus, Ohio

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerotic heart disease 420.0 — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes mellitus — 1961

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1961, 19__, *to* July 25, 19 65, *that I last saw the deceased alive on* July 25, 19 65 *and that death occurred at* 2:48 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] 248 (Degree or title)

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: July 28, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: July 31, 1965

24c. NAME OF CEMETERY OR CREMATORY: Fort Snelling Cemetery

24d. LOCATION (City, town, or county) (State): Minneapolis, Minnesota

DATE REC'D BY LOCAL REG.: AUG 4 1965

REGISTRAR'S SIGNATURE: Sally Kellogg

25. EMBALMER: Jack Henderson

LICENSE NO.: E 349

FIRM NAME: Henderson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

AUG 10 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 17 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2876
Local Reg. No. 416
Reg. Dist. No. 510

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

AUG 9 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiline Canal 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 404 Wlydwood Lane

3. NAME OF DECEASED (Type or Print)
a. (First): STEVEN
b. (Middle): MICHAEL
c. (Last): READ

4. DATE OF DEATH (Month) (Day) (Year): July 26 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: April 7, 1952
9. AGE (In years last birthday): 13 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY: Junior High School 02
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Harold J. Read — BIRTHPLACE: Deer Lodge, Montana
14. MOTHER'S MAIDEN NAME: Mary Lou Burns — BIRTHPLACE: Lincoln, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): *****
16. SOCIAL SECURITY NO.: *****
17. INFORMANT'S OWN SIGNATURE: Harold J Read — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH 929.8
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Drowning — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 18 Hiline Canal
21c. (CITY, TOWN, OR TOWNSHIP) 031 (COUNTY) (STATE): 13 Pocatello Bannock Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 26, 1965 11a
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Drowned while swimming

22. *I hereby certify* ~~that I attended the deceased from 19 to 19~~, *that I last saw the deceased* dead ~~alive~~ *on* July 26, 1965, *and that death occurred* after 11a *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 583 (Degree or title): Deputy Bannock County Coroner 4
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: July 27, '65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 1965
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL: AUG 3 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: [signature]
LICENSE NO.: E 349
FIRM NAME: Henderson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 29 1969

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2877
Local Reg. No. 417
Reg. Dist. No. 571

RECEIVED AUG 9 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock 031 3-22
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 22 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 390
b. COUNTY Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls (Rural)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) BALDIMORE
b. (Middle)
c. (Last) VIDEA, JR.

4. DATE OF DEATH (Month) (Day) (Year) July 27, 1965

5. SEX Male
6. COLOR OR RACE Mex
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH June 8, 1965
9. AGE (In years last birthday) 0 — IF UNDER 1 YEAR Months 1 Days 19 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 02
10b. KIND OF BUSINESS OR INDUSTRY 00
11. BIRTHPLACE (State or foreign country) Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Baldimore Videa — BIRTHPLACE Lorado, Texas
14. MOTHER'S MAIDEN NAME Gumersinda Rodregiez — BIRTHPLACE Lorado, Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Baldimore Videa — ADDRESS Am. Falls, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

571.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Peritonitis — INTERVAL BETWEEN ONSET AND DEATH 1 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Enteritis c̄ perforation — 1 mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 6, 1965, *to* July, 1927, *that I last saw the deceased alive on* July 27, 1965, *and that death occurred at* 2 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] 067 Bryden MD.
23b. ADDRESS 338 Yellowstone Pocatello
23c. DATE SIGNED July 29 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Rem. & Burial 3
24b. DATE 7-29-65
24c. NAME OF CEMETERY OR CREMATORY Fallsview Cemetery
24d. LOCATION (City, town, or county) (State) American Falls, Idaho

DATE REC'D BY LOCAL REG. AUG 3 1965
REGISTRAR'S SIGNATURE Sally Kellogg
25. EMBALMER Bud Kelly — LICENSE NO. Bud Kelly E-467

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Davis Furniture & Mort., Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2878
Local Reg. No. 2778
Reg. Dist. No. 510

BIRTH NO.

AUG 9 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 839 No. Garfield Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 839 No. Garfield Ave.

3. NAME OF DECEASED (Type or Print): a. (First) HENRY b. (Middle) L c. (Last) CRIDDLE

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 14, 1903

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gen'l. Chairman

10b. KIND OF BUSINESS OR INDUSTRY: R.R. Brotherhood

11. BIRTHPLACE (State or foreign country): Firth, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry P. Criddle
BIRTHPLACE: Unk

14. MOTHER'S MAIDEN NAME: Jane Skinner
BIRTHPLACE: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. H.L. Criddle
ADDRESS: Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease & coronary sclerosis — 420.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1958, 19__, *to* July 8, 1965, *that I last saw the deceased alive on* 7-8, 1965, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 362 D (Miller MD)

23b. ADDRESS: Pocatello Idaho

23c. DATE SIGNED: 7-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/31/'65

24c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah Cem.

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: AUG '65

REGISTRAR'S SIGNATURE: Lucy Kellogg

25. EMBALMER: George Knott

LICENSE NO.: 409

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

AUG 10 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 26 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 27 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2879
Local Reg. No. 419
Reg. Dist. No. 510

RECEIVED AUG 17 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03 / 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03 / b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 165 Jackson Place

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): L. 018
c. (Last): CAREY

4. DATE OF DEATH (Month) (Day) (Year): July 28, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married /
8. DATE OF BIRTH: July 28, 1965
9. AGE (In years last birthday): IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours 13 / Min. 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY: xxxx 00
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles L. Carey, Jr. BIRTHPLACE: Nixa, Mo.
14. MOTHER'S MAIDEN NAME: Kathryne J. Payne BIRTHPLACE: Pocatello, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): xxxx
16. SOCIAL SECURITY NO.: xxxxx
17. INFORMANT'S OWN SIGNATURE: Winnie Payne ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

773.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): respiratory distress syndrome — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): prematurity
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 28, 1965, *to* July 28, 1965, *that I last saw the deceased alive on* July, 19__, *and that death occurred at* 8 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roger W. Boe M.D. 671
23b. ADDRESS: 338 Yellowstone
23c. DATE SIGNED: Aug 2, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jul. 30, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: AUG 10 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: F. B. Ashby
LICENSE NO.: E418

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2880
Local Reg. No. 927
Reg. Dist. No. 570

RECEIVED

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK 03
AUG 17 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
Bureau of Vital Statistics
c. LENGTH OF STAY IN THIS PLACE: TWO DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSPITAL 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 03
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS: BELVEDERE APARTMENTS 446 West Whitman, Pocatello, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) LAURA b. (Middle) JANE c. (Last) BIRD BERG

4. DATE OF DEATH: (Month) (Day) (Year) JULY 31, 1965

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: APRIL 6, 1886

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): COUNTY TREASURER 43 years 63

10b. KIND OF BUSINESS OR INDUSTRY: BANNOCK COUNTY 88

11. BIRTHPLACE (State or foreign country): OAKLEY, IDAHO

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: EPHRAIM W. BIRD
BIRTHPLACE: SALT LAKE CITY, UTAH

14. MOTHER'S MAIDEN NAME: ANN WILSON
BIRTHPLACE: WASHINGTON COUNTY, UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 518 36 2977

17. INFORMANT'S OWN SIGNATURE: Anna Laura Berg
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of lung. — INTERVAL BETWEEN ONSET AND DEATH: Approx 5 or 6 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7/29, 1965, *to* 7/31, 1965, *that I last saw the deceased alive on* 7/31, 1965, *and that death occurred at* 10:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: John F. Comstock (Degree or title) MD

23b. ADDRESS: Box 852, Pocatello, Idaho

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: AUGUST 4, 1965

24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW

24d. LOCATION (City, town, or county) (State): POCATELLO, IDAHO

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE: Darcy Kellogg

25. EMBALMER: Conway Grant

LICENSE NO.: E 478

FIRM NAME: GRANT MORTUARY, POCATELLO, IDAHO

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 17 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 22 1979

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2881
Local Reg. No. 428
Reg. Dist. No. 511

BIRTH NO.

RECEIVED
AUG 17 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH 03
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): VIDAL
b. (Middle):
c. (Last): BALLARD

4. DATE OF DEATH: (Month) July (Day) 31, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: Indian 3

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: June 26, 1911

9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher and Stockman

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Fort Hall, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Ballard 04
BIRTHPLACE: Fort Hall, Idaho

14. MOTHER'S MAIDEN NAME: Julia Baker
BIRTHPLACE: Fort Hall, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXX

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Albert Ballard
ADDRESS:

18. CAUSE OF DEATH 581.1
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Laennec's cirrhosis of liver — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7/23/65, 19____, *to* 7/31/65, 19____, *that I last saw the deceased alive on* 7/31/65, 19____, *and that death occurred at* 5 P m., *from the causes and on the date stated above.*

23a. SIGNATURE 220: [signature] (Degree or title): MD

23b. ADDRESS: 1448 East Center Pocatello

23c. DATE SIGNED: 8/9/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 4, 1965

24c. NAME OF CEMETERY OR CREMATORY: Ballard Cemetery

24d. LOCATION (City, town, or county) (State): Fort Hall, Idaho

DATE REC'D BY LOCAL REG.: AUG 12 19[illegible]

REGISTRAR'S SIGNATURE: [signature]

25. EMBALMER: [signature]

LICENSE NO.: E418

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

AUG 18 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

65-5417

BIRTH NO.

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2882
Local Reg. No.
Reg. Dist. No. 552

040 JUL 21 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bear Lake 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 51 Wyoming 555
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cokeville, Wyoming
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Bradley
b. (Middle) Stephen 024
c. (Last) Pike

4. DATE OF DEATH (Month) July (Day) 1 (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH June 30, 1965
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 18 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 02
10b. KIND OF BUSINESS OR INDUSTRY 00
11. BIRTHPLACE (State or foreign country) Montpelier, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Leon Pike
BIRTHPLACE Pine Island, Minn
14. MOTHER'S MAIDEN NAME Darleen Wingert
BIRTHPLACE Dover, Minn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Leon Pike
ADDRESS Cokeville Wyoming

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 773.0 PULMONARY HYALINE MEMBRANE

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) IDIOPATHIC
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Birth *19__, to* July *19*65*, that I last saw the deceased alive on* 3 am *19*65*, and that death occurred at* 6 a *m., from the causes and on the date stated above.*

23a. SIGNATURE G W Schoper 458 (Degree or title) M.D.
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 7-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE July 5, 1965
24c. NAME OF CEMETERY OR CREMATORY St. Charles, Cemetery
24d. LOCATION (City, town, or county) (State) St. Charles Minnesota

DATE REC'D BY LOCAL REG. 7/3/65
REGISTRAR'S SIGNATURE [signature]
25. EMBALMER Nile Matthews
LICENSE NO. E359

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Matthews Mortuary

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2883
Local Reg. No.
Reg. Dist. No. 552

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

JUL 21 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bear Lake 040
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier, Idaho
c. LENGTH OF STAY (In this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 040
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dingle, Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Seth
b. (Middle) Thomas 024
c. (Last) Quayle

4. DATE OF DEATH (Month) (Day) (Year) July 8 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb. 3, 1887
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming & Stock Raising 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Dingle, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Quayle — BIRTHPLACE: Ramsey Isle of Man
14. MOTHER'S MAIDEN NAME: Mary Jane Cook — BIRTHPLACE: Cedar Fort, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-40-4778
17. INFORMANT'S OWN SIGNATURE: Mrs. J. F. Keatch — ADDRESS: Montpelier Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-9-65
19b. MAJOR FINDINGS OF OPERATION: Physical Exam
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-6, 1965, *to* 7-8, 1965, *that I last saw the deceased alive on* 7-8, 1965 *and that death occurred at* 9:20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 439 MD (Degree or title)
23b. ADDRESS: Montpelier Idaho
23c. DATE SIGNED: 7-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 12, 1965
24c. NAME OF CEMETERY OR CREMATORY: Dingle Cemetery
24d. LOCATION (City, town, or county) (State): Dingle Idaho

DATE REC'D BY LOCAL REG.: 7/14/65
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Nile Matthews — LICENSE NO. E359

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:-

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 21 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2884
Local Reg. No. 552
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake 040 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier, Idaho
c. LENGTH OF STAY (in this place) 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial H ospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 040
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) So. Montpelier, Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Fredrick
b. (Middle) 024
c. (Last) Hunzeker

4. DATE OF DEATH (Month) (Day) (Year) July 9, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 17, 1883
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming & Stock Raising 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Eden Valley New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adolph Hunzeker — BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: Lena Grunder — BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-18-2689
17. INFORMANT'S OWN SIGNATURE: Walter Hunzeker — ADDRESS: Montpelier Idaho

18. CAUSE OF DEATH 593X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: Due year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephritis — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-9-65
19b. MAJOR FINDINGS OF OPERATION: Physical Exam
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1940, 19__, *to* July 9, 1965, *that I last saw the deceased alive on* July 9, 1965, *and that death occurred at* 3 p.m. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Reed Rich MD 439 (Degree or title)
23b. ADDRESS: Montpelier Idaho
23c. DATE SIGNED: 7-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 13, 1965
24c. NAME OF CEMETERY OR CREMATORY: Montpelier Cemetery
24d. LOCATION (City, town, or county) (State): Montpelier Idaho

DATE REC'D BY LOCAL REG.: 7/14/65
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Nile Matthews — LICENSE NO. E359

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Matthews Mortuary

SEP 9 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2885
Local Reg. No.
Reg. Dist. No. 552

RECEIVED
AUG 4 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bear Lake 040
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 040
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier, Idaho
d. STREET ADDRESS (If rural, give location): 377 North 6th Street

3. NAME OF DECEASED (Type or Print): a. (First) Ella; b. (Middle) Whittaker 024; c. (Last) Wuthrick

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Sept. 29, 1895

9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Milford Wyoming

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William F. Whittaker — BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Loreila L. Wilson — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Fred Wuthrick — ADDRESS: Montpelier, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

260X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uremia	1 mo
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Diabetes mellit.	15+ yr.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 25 March, 1964, *to* 21 July, 1965, *that I last saw the deceased alive on* 21 July, 1965, *and that death occurred at* 4:30A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. P. Landers 300 (Degree or title) MD

23b. ADDRESS: Med. Arts Bldg Montpelier Idaho

23c. DATE SIGNED: 26 July 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 23, 1965

24c. NAME OF CEMETERY OR CREMATORY: Montpelier Cemetery

24d. LOCATION (City, town, or county) (State): Montpelier, Idaho

DATE REC'D BY LOCAL REG.: 7/30/65

REGISTRAR'S SIGNATURE:

25. EMBALMER: Nile Matthews — **LICENSE NO.**: E359

FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

JUN 21 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2886
Local Reg. No. 31
Reg. Dist. No. 130

RECEIVED JUL 19 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah 050 1-22
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 22 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home - 1512 Center Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 050
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 1512 Center Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): F.
c. (Last): Socope

4. DATE OF DEATH (Month) (Day) (Year): July 2 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: February 8, 1884
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY: Diversified 0
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519-03-4009
17. INFORMANT'S OWN SIGNATURE: Wm Holstein — ADDRESS: St. Maries, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DOA *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 9 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: B. A. Rapp M.D. 438 (Degree or title)
23b. ADDRESS: St Maries, Idaho
23c. DATE SIGNED: 7-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 5, 1965
24c. NAME OF CEMETERY OR CREMATORY: Goldenrod Cemetery
24d. LOCATION (City, town, or county) (State): Tekoa Washington

DATE REC'D BY LOCAL REG.: 7-13-65
REGISTRAR'S SIGNATURE: Madeline E. Buffa
25. EMBALMER: Gerald L Browning — LICENSE NO.: E-411

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 27 1965 Bureau of Vital Statistics

State File No. 2887
Local Reg. No. 32
Reg. Dist. No. 130

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Benewah 050

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries

c. LENGTH OF STAY (in this place): 2 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Benewah Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 050

b. COUNTY: Benewah

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries

d. STREET ADDRESS (If rural, give location): 1028 College Avenue

3. NAME OF DECEASED (Type or Print)

a. (First): Agatha

b. (Middle): L. 025

c. (Last): Moore

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: October 12, 1905

9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk-Secretary 29

10b. KIND OF BUSINESS OR INDUSTRY: Various 00

11. BIRTHPLACE (State or foreign country): North Dakota

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Dr. O. D. Platt — BIRTHPLACE: Nebraska

14. MOTHER'S MAIDEN NAME: Ida M. Townsend — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-20-9494

17. INFORMANT'S OWN SIGNATURE: Mrs Ida M. Platt — ADDRESS

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Origin undetermined

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May *1965, to* July 12, *1965, that I last saw the deceased alive on* July 12, *1965, and that death occurred at* 8:05 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bergen A. Rapp M.D. 428

23b. ADDRESS: St. Maries, Idaho

23c. DATE SIGNED: 7-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 15, 1965

24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 7-19-65

REGISTRAR'S SIGNATURE: Madeline E. Buffa

25. EMBALMER: Gerald E. Browning — LICENSE NO.: E-471

FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2888
Local Reg. No. 35
Reg. Dist. No. 13

BIRTH NO. 65-6562

RECEIVED

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY 050 Benewah
AUG 2 3-01 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give) St. Maries
c. LENGTH OF STAY Bureau of Vital Statistics 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Benewah Comm. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho 050 b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) LYNN 025 c. (Last) Slusher

4. DATE OF DEATH (Month) (Day) (Year) July 13 1965

5. SEX MALE

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH July 13, 1965

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lynn M. Slusher BIRTHPLACE Calif.

14. MOTHER'S MAIDEN NAME Edna May Burton BIRTHPLACE Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Edna M. Burton ADDRESS 154 Pine St., R.V.P., St. Maries

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Hyaline membrane disease 773.0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) of the lungs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-13, 1965, *to* _____, 19____, *that I last saw the deceased alive on* 7-13-65, 19____, *and that death occurred at* 7:15 a *m., from the causes and on the date stated above.*

23a. SIGNATURE Jergen A. Rapp 428 (Degree or title)

23b. ADDRESS St. Maries, Idaho

23c. DATE SIGNED 7-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 15, 1965

24c. NAME OF CEMETERY OR CREMATORY Woodlawn

24d. LOCATION (City, town, or county) St. Maries (State) Idaho

DATE REC'D BY LOCAL REG. July 30, 1965

REGISTRAR'S SIGNATURE Madeline E. Buffa

25. EMBALMER Gerald E. Browning LICENSE NO. E-411

FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2889
Local Reg. No. 34
Reg. Dist. No. 130

RECEIVED
050 AUG 2 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah 4-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rocky Point
STAY (in this place): 5 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake Chatcolet 077 Heyburn State Park

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington 48
b. COUNTY: Whitman 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Farmington
d. STREET ADDRESS (If rural, give location): 2 miles north of Farmington

3. NAME OF DECEASED (Type or Print): a. (First) Steven b. (Middle) Rex c. (Last) Lehn

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Never Married 7	9-6-1949	15				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 77	Student 02	Spokane Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Berton C. Lehn	Spokane, Wash.	Dolores Hevel	Tekoa, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	535-44-6958	Steven R. Lehn	Farmington

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Asphyxiation due to	Instant
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Accidental drowning	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 050 (COUNTY) (STATE)
Accident 8	Lake Chatcolet 8	Rocky Point Benewah, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
7-13-65 10:30 P m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☑	Accidental drowning

22. *I hereby certify that I attended the deceased from* DOA, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Bergen A. Rapp 428	M.D.	St. Maries, Idaho	7-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-17-1965	Mountain View cemetery	Farmington Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 30, 1965	Madeline E. Buffa	Kimball	E 269

FIRM NAME: Kimball Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2890
Local Reg. No. 33
Reg. Dist. No. 130

RECEIVED AUG 2 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Benewah 050 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
c. LENGTH OF STAY (in this place) 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Benewah Community Hospital 025

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 280
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harrison
d. STREET ADDRESS (If rural, give location) General Delivery

3. NAME OF DECEASED (Type or Print)
a. (First) Josephine
b. (Middle) Maude
c. (Last) Corskie

4. DATE OF DEATH (Month) July (Day) 13 (Year) 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH December 26, 1876
9. AGE (In years last birthday) 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Domestic 01
11. BIRTHPLACE (State or foreign country) Minnesota
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Hiram S. Roberts — BIRTHPLACE Maine
14. MOTHER'S MAIDEN NAME Roda A. Loudon — BIRTHPLACE New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. unknown
17. INFORMANT'S OWN SIGNATURE D. A. Corskie — ADDRESS Spokane Wash

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

492X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH 3 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-10, 1965, *to* 7-13, 1965, *that I last saw the deceased alive on* 7-13, 1965, *and that death occurred at* 8:05 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Bergen A. Rapp 428 (Degree or title) M.D.
23b. ADDRESS St. Maries, Idaho
23c. DATE SIGNED 7-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 16, 1965
24c. NAME OF CEMETERY OR CREMATORY Riverside Park Cemetery
24d. LOCATION (City, town, or county) Spokane (State) Washington

DATE REC'D BY LOCAL REG. July 30, 1965
REGISTRAR'S SIGNATURE Madeline E. Buffa
25. EMBALMER Gerald E. Browning — LICENSE NO. E-411

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2891
Local Reg. No. 3
Reg. Dist. No. 13

BIRTH NO.

RECEIVED
AUG 2 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Benewah 050
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Benewah Community Hospital 025

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 050
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 1217 Main Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clifford	Edward	Parlett	July	20	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	March 24, 1909	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming 04	Diversified 01	Ohio	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elmer J. Parlett	Unknown	Mary Blackford	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	298-07-4425	Mrs Earl Perry	Box 24, St Maries

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb, 1965, *to* 20 July, 1965, *that I last saw the deceased alive on* 20 July, 1965, *and that death occurred at* 4:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. Sullivan MD	St. Maries Idaho	20 July 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 24, 1965	Woodlawn Cemetery	St. Maries Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 30, 1965	Madeline E. Buffo	David E Browning	E-477

FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 3 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2892
Local Reg. No. 98
Reg. Dist. No. 600

RECEIVED JUL 23 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bingham 06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
LENGTH OF STAY (in this place) 15yr-6mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital South 033

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 220
b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Drummond
d. STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Julius	C.	Garz	June 19 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	July 1, 1890	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	01	Germany	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
August Garz	Germany	Albertina Lenz	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	unknown	Mary Payne	State Hospital South-Medical Records

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	arteriosclerotic heart disease	20 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	generalized arteriosclerosis	50yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	chronic brain syndrome due arteriosclerosis	20 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
14 June 65	Fracture of left Femur	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 06 (COUNTY) (STATE)
	B. State Hospital South	B. Blackfoot, Idaho Bingham Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
June 13 '65 unk		unknown

22. *I hereby certify that I attended the deceased from* 13 January 49 *to* 19 June, 19 65, *that I last saw the deceased alive on* 19 June, 19 65, *and that death occurred at* 11:25 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. J. Conlin 594	MD	Box 390 Blackfoot	21 June 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 23, 65	Pine View	Ashton-Fremont-Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 12, 1965	Dorothy L. Jones	Robert Bean	E 456

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Bean Funeral Home

DUTIES: DEC 1 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2893
Local Reg. No. 83
Reg. Dist. No. 600

BIRTH NO.

RECEIVED JUL 23 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bingham 06
b. CITY OR TOWN Blackfoot
c. LENGTH OF STAY (in this place) 22yrs8mon.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital South 033

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Jerome 270
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED (Type or Print) a. (First) Norman b. (Middle) W. c. (Last) Shockley
4. DATE OF DEATH (Month) (Day) (Year) June 24 1965
5. SEX Male
6. COLOR OR RACE whote
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2
8. DATE OF BIRTH February 11 1911
9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY Ranch owner 01
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Lunceford Shockley BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Elizabeth Shockley BIRTHPLACE Missouri
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 519 03 5179
17. INFORMANT'S OWN SIGNATURE ADDRESS Medical Records-State Hospital South

18. CAUSE OF DEATH 025X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebra-vascular accident — INTERVAL BETWEEN ONSET AND DEATH 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General Paresis — 20 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9 Sept., 1942, *to* 24 June, 1965, *that I last saw the deceased alive on* 24 June, 1965, *and that death occurred at* 11:35 m., *from the causes and on the date stated above.*

23a. SIGNATURE J.P. Shen 594 (Degree or title) MD
23b. ADDRESS State Hospital South Blackfoot Idaho
23c. DATE SIGNED 6-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 28-65
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. July 2, 1965
REGISTRAR'S SIGNATURE Dorothy L. Jones
25. EMBALMER E. Dean Hill LICENSE NO. E-466
FIRM NAME: Sandberg - Hill

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2894
Local Reg. No. 84
Reg. Dist. No. 600

RECEIVED
JUL 23 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bingham 06 | 3-04
b. CITY OR TOWN Blackfoot | LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital South 033

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 060 b. COUNTY Bingham
c. CITY OR TOWN Fort Hall
d. STREET ADDRESS (If rural, give location) unknown

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Jeff	Yandell,	Jr.	June 27 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Indian 3	never married	Februay 22-95	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jeff Yandell	Idaho	Elizabeth Parker	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	no	Mary Payne	South Medical Records - State Hospital

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

784.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 23 June, *19* 65 *to* 27 June, *19* 65, *that I last saw the deceased alive on* 27 June, *19* 65, *and that death occurred at* 4:25p *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. Dean Hill 594		Superintendent Box 390 Blackfoot, Ida	June 28 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 1-65	Parker-Yandell Cemetery	Fort Hall, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 2, 1965	Dorothy J. Jones	C. Dean Hill	E-466

FIRM NAME: Sandberg-Hill

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

JUL 23 1965

Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2895
Local Reg. No. 85
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 1 yr 4 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 190 West Park Street 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 061
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 190 West Park Street

3. NAME OF DECEASED (Type or Print): a. (First) ERIC b. (Middle) c. (Last) SUNDQUIST

4. DATE OF DEATH (Month) (Day) (Year): June 27, 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2

8. DATE OF BIRTH: Nov. 1, 1887

9. AGE (In years last birthday): 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 64

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm 01

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Sundquist BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Christina Berg BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-38-2861

17. INFORMANT'S OWN SIGNATURE: Freda Sundquist ADDRESS: Blf't. Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: seconds

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chr. Heart Condition Diabetes Mellitus

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-27, 1963, *to* 6-27, 1965, *that I last saw the deceased alive on* 6-27, 1965, *and that death occurred at* 8 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. E. McClain M.D. (Degree or title)

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: 6-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-1-1965

24c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery

24d. LOCATION (City, town, or county) (State): Firth, Bingham, Idaho

DATE REC'D BY LOCAL REG.: June 30, 1965

REGISTRAR'S SIGNATURE: Dorothy J. Jones

25. EMBALMER: Howard Packham LICENSE NO.: E-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 23 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

AUG 2 1965

Certificate of Death

STATE OF IDAHO

State File No. 2896
Local Reg. No. 91
Reg. Dist. No. 601

BIRTH NO.

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Blackfoot
c. LENGTH OF STAY (in this place) 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt. #1 (Groveland)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 060
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Blackfoot
d. STREET ADDRESS (If rural, give location) Rt. #1 (Groveland)

3. NAME OF DECEASED (Type or Print)
a. (First) Alvin
b. (Middle) Fredrick 080
c. (Last) Bergeson

4. DATE OF DEATH (Month) July (Day) 1, (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2
8. DATE OF BIRTH May 17, 1894
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months 1 Days 14 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Custodian 04
10b. KIND OF BUSINESS OR INDUSTRY Farm and School 01
11. BIRTHPLACE (State or foreign country) Chesterfield, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Fredrick Niels Bergeson — BIRTHPLACE Denmark
14. MOTHER'S MAIDEN NAME Sarah Ann Tolman — BIRTHPLACE Woodruff, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 519-26-3494
17. INFORMANT'S OWN SIGNATURE + May J. Bergeson — ADDRESS Rt 1, Blackfoot

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

177X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH 8 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* 7-1, 1965, *that I last saw the deceased alive on* 7-1-65, 19__, *and that death occurred at* 4:05 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE M Packham 404 (Degree or title) M.D.
23b. ADDRESS Blackfoot, Idaho
23c. DATE SIGNED 7-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-5-65
24c. NAME OF CEMETERY OR CREMATORY Groveland Cemetery
24d. LOCATION (City, town, or county) (State) Blackfoot, Rt. #1, Idaho

DATE REC'D BY LOCAL REG. July 21, 1965
REGISTRAR'S SIGNATURE Dorothy J. Jones
25. EMBALMER Howard Packham
LICENSE NO. E-338

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Howard Packham Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. Stay answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (Rev. 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 3 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 23 1965 Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2897
Local Reg. No. 88
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 5 yr. 6mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South 033

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 040
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fish Haven
d. STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	George	Harkness	Curless	July 2 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	white	never married	April 18 1903	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none 00	00	Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unknown	unknown	unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
W.W. 2	4	?	Med. Records-State Hospital South	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uremia (uremic) 592X	2 weeks
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Chronic nephritis (chronic nephritis)	5 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 13 January 1960 *to* 2 July, 1965, *that I last saw the deceased alive on* 2 July, 1965, *and that death occurred at* 2 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J P. Shaw 594	M.D.	State Hospital South - Blackfoot, Idaho	July 2, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem. + Bur.	6-6-65	Paris Cemetery	Soda Springs, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 7, 1965	Dorothy J. Jones	Howard Packham	E-338

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Howard Packham Mortuary

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2898
Local Reg. No. 89
Reg. Dist. No. 600

RECEIVED JUL 23 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
LENGTH OF STAY (in this place): 2 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060 b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot (Rural)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital
d. STREET ADDRESS (If rural, give location): Rt. 1 (Groveland)

3. NAME OF DECEASED (Type or Print): a. (First) Buelah b. (Middle) Inez 029 c. (Last) Walters

4. DATE OF DEATH: (Month) (Day) (Year): July 4, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: June 29, 1912

9. AGE (In years last birthday): 53
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. Louis Taylor, BIRTHPLACE: Natchez, Missippi

14. MOTHER'S MAIDEN NAME: Elta Mary Stewart BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Sidney Walters ADDRESS: Rt. 1, Blackfoot, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 174X Metastatic Breast Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 2 1/2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* July 4, 1965, *that I last saw the deceased alive on* July 4, 1965, *and that death occurred at* 12:52p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John M. Wellborn M. D.

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: July 6-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-7-65

24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: July 13, 1965

REGISTRAR'S SIGNATURE: Dorothy J. Jones

25. EMBALMER: John C. Sandberg

LICENSE NO.: E 280

FIRM NAME: Sandberg-Hill Funeral Home Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 17 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 14 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 9 1987

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal..

ADDITIONAL REMARKS by Physician.....

RECEIVED

JUL 23 1965

Certificate of Death

STATE OF IDAHO

State File No. 2899
Local Reg. No. 87
Reg. Dist. No. 600

BIRTH NO.

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 2 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Fort Hall Reservation
d. STREET ADDRESS (If rural, give location): Little Indian Creek

3. NAME OF DECEASED (Type or Print): a. (First) Randolph b. (Middle) 029 c. (Last) Wilson, Jr.

4. DATE OF DEATH: (Month) (Day) (Year): July 7, 1965

5. SEX: male

6. COLOR OR RACE: Am. Indian 3

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Dec. 19, 1964

9. AGE (In years last birthday): 1 | IF UNDER 1 YEAR: Months 6, Days 18 | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02

10b. KIND OF BUSINESS OR INDUSTRY: 07

11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Randolph Wilson BIRTHPLACE: Ft. Hall, Idaho

14. MOTHER'S MAIDEN NAME: Marie Jack BIRTHPLACE: Ft. Hall, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: X Randolph Wilson ADDRESS: Blf't., Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 830.4 Basal Skull Fracture with Brain Lacera[illegible] — INTERVAL BETWEEN ONSET AND DEATH: [illegible] 3 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home
21c. (CITY, TOWN, OR TOWNSHIP) 060 (COUNTY) 3 (STATE): Ft. Hall Res., Blackfoot, Bingham, Idaho
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour): 7-7-65 7:45 A.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? struck by car as it backed from driveway

22. I hereby certify that I attended the deceased from 7 - 7, 1965, to 7 - 7, 1965, that I last saw the deceased alive on July 7, 1965, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 7-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/10/65
24c. NAME OF CEMETERY OR CREMATORY: Gibson Cemetery
24d. LOCATION (City, town, or county) (State): Gibson, Bingham, Idaho

DATE REC'D BY LOCAL REG.: July 12, 1965
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: Howard Packham LICENSE NO.: E-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 2900
Local Reg. No. 86
Reg. Dist. No. 600

BIRTH NO.

RECEIVED JUL 23 1965 Bureau of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham 061 3-01
b. CITY OR TOWN: Blackfoot
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Moreland)
d. STREET ADDRESS (If rural, give location): Moreland

3. NAME OF DECEASED (Type or Print): a. (First) Wallace b. (Middle) Reid c. (Last) Grimmett

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: April 14, 1920

9. AGE (In years last birthday): 45 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06

10b. KIND OF BUSINESS OR INDUSTRY: Construction 20

11. BIRTHPLACE (State or foreign country): Moreland, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Hyrum A. Grimmett — BIRTHPLACE: Dingle, Idaho

14. MOTHER'S MAIDEN NAME: Annie McBride — BIRTHPLACE: Hyrum, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-18-6661

17. INFORMANT'S OWN SIGNATURE: Pearle Gravatt — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Rheumatic Heart Disease Many years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 6, 1964 *to* July 7, 19 65, *that I last saw the deceased alive on* July 7 1965, *and that death occurred at* 1201 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: July 8, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 9, 1965

24c. NAME OF CEMETERY OR CREMATORY: Moreland cemetery

24d. LOCATION (City, town, or county) (State): Bingham county, Idaho

DATE REC'D BY LOCAL REG.: July 13, 1965

REGISTRAR'S SIGNATURE: Dorothy J. Jones

25. EMBALMER

LICENSE NO.: E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2901
Local Reg. No. 92
Reg. Dist. No. 601

Certificate of Death

STATE OF IDAHO

RECEIVED
AUG 18 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 060
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pingree
LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): On family farm at Pingree 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pingree
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Neal
b. (Middle): Paul
c. (Last): Stucki

4. DATE OF DEATH (Month) (Day) (Year): July 9 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: February 12, 1959
9. AGE (In years last birthday): 6 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Arvon Stucki — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Beverly Kay Tyler — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Arvon P. Stucki — ADDRESS: Pingree, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe brain damage — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Compressed skull fracture
DUE TO (c) Ran over by tractor wheel

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 13
21c. (CITY, TOWN, OR TOWNSHIP) 060 (COUNTY) (STATE): Pingree Bingham Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7 9 65 P m. 2
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fell from tractor & pt rear wheel passed over head

22. *I hereby certify that I attended ~~the deceased from~~* did not see alive, 19__, to _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 3:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl Stoley 583 Coroner 4
23b. ADDRESS: 321 E. Walker Blackfoot
23c. DATE SIGNED: 7-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/12/65
24c. NAME OF CEMETERY OR CREMATORY: Grant Cemetery
24d. LOCATION (City, town, or county) (State): Grant Jefferson Co. Idaho

DATE REC'D BY LOCAL REG.: Aug. 2, 1965
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: Ralph M. Wood Ralph M. Wood — LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 18 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2902
Local Reg. No. 22
Reg. Dist. No. 410

RECEIVED JUL 26 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Smiley Creek
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Smiley Creek 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Filer
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): Dwane
b. (Middle): Curtis
c. (Last): Malone

4. DATE OF DEATH (Month) (Day) (Year): July 4, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 4, 1963
9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Delmar C. Malone — BIRTHPLACE: Filer, Idaho
14. MOTHER'S MAIDEN NAME: Norma Larson — BIRTHPLACE: Myrtle Creek, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Delmar Curtis Malone — ADDRESS: Filer, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

929.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Drowning — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 25 Campground
21c. (CITY, TOWN, OR TOWNSHIP): 13 Smiley Creek 070 (COUNTY): Blaine (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 4 '65 5:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Deceased drowned

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. Scott Earle MD 151
23b. ADDRESS: Sun Valley, Idaho
23c. DATE SIGNED: 7/9/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 7, 1965
24c. NAME OF CEMETERY OR CREMATORY: Filer IOOF Cemetery
24d. LOCATION (City, town, or county) (State): Filer, Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: July 18-65
REGISTRAR'S SIGNATURE: Robert H. Wright for C.B.W.
25. EMBALMER: Ruth Bird Hailey, Idaho — LICENSE NO. E - 373
FIRM NAME: Bird Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2903
Local Reg. No. 24
Reg. Dist. No. 410

BIRTH NO.

RECEIVED JUL 26 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blaine County
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wood River 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden
d. STREET ADDRESS (If rural, give location): Rural Route

3. NAME OF DECEASED (Type or Print): a. (First) Irving b. (Middle) L. c. (Last) McDonald

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: September 4, 1917
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Eden, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank McDonald — BIRTHPLACE: Golden City, Missouri
14. MOTHER'S MAIDEN NAME: Ethel Caton — BIRTHPLACE: Rocky Ford, Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW #2
16. SOCIAL SECURITY NO.: 519 14 7618
17. INFORMANT'S OWN SIGNATURE: X Geraldine McDonald — ADDRESS: Eden, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] 583 (Degree or title): M.D. Caldwell — 23b. ADDRESS: Sun Valley, Idaho — 23c. DATE SIGNED: July 19 '65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 17, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: July 22-65
REGISTRAR'S SIGNATURE: Robert F. Wright Per
25. EMBALMER: Ronald J. Hamilton
LICENSE NO.: E-470

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

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3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended Sept 7, 1965

Certificate of Death

STATE OF IDAHO

State File No. 2904
Local Reg. No. 25
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ketchum
c. LENGTH OF STAY (in this place): 1 day 3-01
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Christiania Motor Lodge 022

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 45 Utah
b. COUNTY: 555 Box Elder
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brigham City
d. STREET ADDRESS (If rural, give location): 528 So. 1st East

3. NAME OF DECEASED (Type or Print): a. (First) Richard; b. (Middle) Glen; c. (Last) Hansen

4. DATE OF DEATH: (Month) July (Day) 24, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: June 12, 1916

9. AGE (In years last birthday): 49 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bear River, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: Peter A. Hansen, Spring City, Utah

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Lucy Blain, Spring City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE — ADDRESS: Donald Wendel — Brigham, Utah

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery Disease — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11:50p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George B. Saviers, M.D. 455

23b. ADDRESS: Sun Valley, Idaho

23c. DATE SIGNED: July 26, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 7-25-65

24c. NAME OF CEMETERY OR CREMATORY: Brigham City Cemetery

24d. LOCATION (City, town, or county) (State): Brigham City, Utah

DATE REC'D BY LOCAL REG.: July 30, 1965

REGISTRAR'S SIGNATURE: Robert H. Wright

25. EMBALMER: Keith Bird

LICENSE NO.: E-373

FIRM NAME: Bird Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED SEP 3 1965 Bureau of Vital Statistics

State of Utah } ss.
County of Box Elder }

Certificate No. death

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Richard Glen Hansen (Name on Original Certificate) who died (Was Born or Died) on July 24, 1965 (Date of Event)
in Ketchum, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#8 Date of birth	June 12, 1917	June 12, 1916
Age	48	49

Subscribed and sworn to before me this 31 day of August 1965

Notary Public, residing at Brigham City, Utah
My commission expires 1-14-66
(Seal)

Signed Blaine D. Olsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

176 N. Main, Brigham City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Box Elder }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of August 1965

Notary Public, residing at Brigham City, Utah
My commission expires 1-14-66
(Seal)

Signed
(Signature of Any Credible Person)

171 No. 1st West Brigham City Utah
(Street Address, City, State)

FORM DH 60-155

L. 8-17-65 A

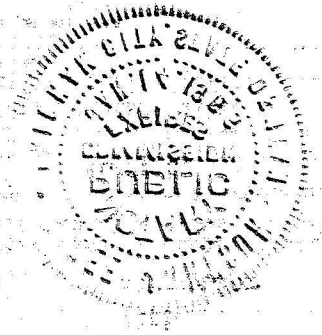

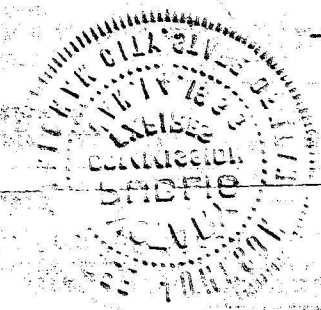

NOTARY PUBLIC
OPPENHEIMER
EXPIRES
JAN. 14. 1983
BRONX CITY, STATE OF NEW YORK

NOTARY PUBLIC
OPPENHEIMER
EXPIRES
JAN. 14. 1983
BRONX CITY, STATE OF NEW YORK

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2904
Local Reg. No. 25
Reg. Dist. No. 410

BIRTH NO.

RECEIVED AUG 2 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ketchum
LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Christiania Motor Lodge

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Box Elder
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brigham City
d. STREET ADDRESS (If rural, give location): 528 So. 1st East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RICHARD	GLEN	HANSEN	July 24, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	June 12, 1917	48				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bear River, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME BIRTHPLACE: Peter A. Hansen, Spring City, Utah
14. MOTHER'S MAIDEN NAME BIRTHPLACE: Lucy Blain, Spring City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Ronald Hansen ADDRESS: Brigham, Utah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary artery disease — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Luke B. Somers MD
23b. ADDRESS: Sun Valley, Idaho
23c. DATE SIGNED: July 26 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7/25/65
24c. NAME OF CEMETERY OR CREMATORY: Brigham City Cemetery
24d. LOCATION (City, town, or county) (State): Brigham City, Utah

DATE REC'D BY LOCAL REG.: July 30 - 65
REGISTRAR'S SIGNATURE: Robert A. Wright per C.B.E.
25. FUNERAL DIRECTOR: Keith Bird ADDRESS: E-373 Hailey, Idaho
Bird Funeral Home

Federal Security Agency
United States Public Health Service

Form DPH-48021

AUG 3 1965

AUG 11 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

Certificate of Death

STATE OF IDAHO

RECEIVED Bureau of Vital Statistics

State File No. 2905
Local Reg. No. 26
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine 070 AUG 5 1965 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Magic Reservoir
LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Reservoir

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 42 b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 272 Pierce

3. NAME OF DECEASED (Type or Print) a. (First) Rhuel b. (Middle) D. c. (Last) Beebout
4. DATE OF DEATH (Month) (Day) (Year) July 30, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH April 5, 1892
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Purdum, Nebraska
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 518-22-7039
17. INFORMANT'S OWN SIGNATURE Esther F. Beebout ADDRESS Twin Falls Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction 420.1 — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary artery sclerosis — 10 years
Prior infarct 1955 and 1958
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary infarct 1963 — 2 years
Thrombophlebitis, femoral

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-1 1965, to 6-28, 1965, *that I last saw the deceased alive on* 6-28, 1965, *and that death occurred at* 1:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Jesse E. Brown (Degree or title) MD
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 7-31-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 3, 1965
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. Aug 2-65
REGISTRAR'S SIGNATURE Robert H. Wright Reg
25. EMBALMER Ruth Bird
LICENSE NO. E 373
FIRM NAME: White Mortuary-Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 30 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2906
Local Reg. No. 81
Reg. Dist. No. 110

RECEIVED JUL 19 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 090 Bonner 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Sunrise Bay
c. LENGTH OF STAY (in this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake Pend Oreille 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 48 Washington
b. COUNTY: 555 Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): W. 2204 Holyoke

3. NAME OF DECEASED (Type or Print): a. (First) Clinton b. (Middle) Schroeder c. (Last) Griffin

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1965

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: July 24, 1962

9. AGE (In years last birthday): 2 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---------- 02

10b. KIND OF BUSINESS OR INDUSTRY: ---------- 00

11. BIRTHPLACE (State or foreign country): Washington

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Robert Lee Griffin — BIRTHPLACE: Bend, Oregon

14. MOTHER'S MAIDEN NAME: Nancy Payne — BIRTHPLACE: Spokane, Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ---
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -----

17. INFORMANT'S OWN SIGNATURE: Robert Griffin by [signature] — ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Drowning

DUE TO (c)

II. OTHER Ssignificant CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

929.8

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 18 Sunrise Bay

21c. (CITY, TOWN, OR TOWNSHIP) 090 **(COUNTY)** 13 Bonner **(STATE)** Idaho

21d. TIME OF INJURY: (Month) July (Day) 6 (Year) 1965 (Hour) 2:45P

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Victim fell into water

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 583 (Degree or title): [illegible]

23b. ADDRESS: Sandpoint

23c. DATE SIGNED: 7/12/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 9, 1965

24c. NAME OF CEMETERY OR CREMATORY: Broten

24d. LOCATION (City, town, or county) (State): Bonner County Idaho

DATE REC'D BY LOCAL REG.: July 16, 1965

REGISTRAR'S SIGNATURE: [signature]

25. EMBALMER: L. G. Moon, Jr. — LICENSE NO.: E-405

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 17 1987

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2907
Local Reg. No. 82
Reg. Dist. No. 110

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

JUL 19 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
V. LENGTH OF STAY (In this place): 1 1/2 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 726 N. Boyer 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 091
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 726 n. Boyer

3. NAME OF DECEASED (Type or Print)
a. (First): Carl
b. (Middle): W.
c. (Last): Tarr

4. DATE OF DEATH (Month) (Day) (Year): July 7 1965

5. SEX: Male
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Feb. 21, 1887
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger 08
10b. KIND OF BUSINESS OR INDUSTRY: Lumber 02
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USa
13. FATHER'S NAME: Jacob Tarr — BIRTHPLACE: Unobtainable
14. MOTHER'S MAIDEN NAME: May Frank — BIRTHPLACE: Unobtainable
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-05-3749
17. INFORMANT'S OWN SIGNATURE: X Kristin A Tarr — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Danny L Nelson 583 (Degree or title) Coroner 4
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 7/12/65
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 10, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pine crest
24d. LOCATION (City, town, or county) (State): Bonner County Idaho
DATE REC'D BY LOCAL REG.: July 16 1965
REGISTRAR'S SIGNATURE: Phyllis G. Tibbetts
25. EMBALMER: L. G. Moon, Jr. — LICENSE NO.: E-405
FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 2 0 2012

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2908
Local Reg. No. 83
Reg. Dist. No. 110

RECEIVED
JUL 19 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 805 N. Boyer 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 091
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 805 N. Boyer

3. NAME OF DECEASED (Type or Print)
a. (First): Patty
b. (Middle): Maxine
c. (Last): Merseburger

4. DATE OF DEATH (Month) (Day) (Year): July 7 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Feb. 26, 1928
9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary 06
10b. KIND OF BUSINESS OR INDUSTRY: Power Company 22
11. BIRTHPLACE (State or foreign country): S Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Anton Harder — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Anna ------- — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-26-6928
17. INFORMANT'S OWN SIGNATURE: Mrs. Boyd Stevens by [signature] — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 50 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Adenocarcinoma Lt breast — 3 1/4 yrs
DUE TO (c): With Metastasis thruout Lung, spine, ribs, brain

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Radical mastectomy scar, Lt — 3 1/4 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 9, 1962, *to* July 7, 1965, *that I last saw the deceased alive on* July 7, 1965, *and that death occurred at* 10 35 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William C Hayden MD 218
23b. ADDRESS: 514 N 3rd Ave
23c. DATE SIGNED: 7/12/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 10, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county): Sandpoint — (State): Idaho

DATE REC'D BY LOCAL REG.: July 16, 1965
REGISTRAR'S SIGNATURE: Phyllis Y. Tibbetts
25. EMBALMER: L. G. Moon, Jr. — LICENSE NO.: E-405

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 29 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 17 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2909
Local Reg. No. 86
Reg. Dist. No. 110

RECEIVED
AUG 2 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 09 — 3-02
b. CITY OR TOWN: Sandpoint
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bonner General Hospital 229

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 09
b. COUNTY: Bonner
c. CITY OR TOWN: Sandpoint
d. STREET ADDRESS (If rural, give location): 803 N. 6th

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle); c. (Last) Fall

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1965

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Jan. 28, 1883

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 60

10b. KIND OF BUSINESS OR INDUSTRY: 60

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Melton Calvin Fall — BIRTHPLACE: Unobtainable

14. MOTHER'S MAIDEN NAME: Florence A. Kidel — BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): 1903 - 1907 8

16. SOCIAL SECURITY NO.: 536-03-2417

17. INFORMANT'S OWN SIGNATURE: X Myrtle H. Fall — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 10 years
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Fractured hip — 16 days
Parkinsonism — 10 years

332X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-24, 1959, *to* 7-11, 1965, *that I last saw the deceased alive on* 7-10, 1965, *and that death occurred at* 1:50a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Arthur W. Smith — (Degree or title) 480 MD — **23b. ADDRESS**: Sandpoint Idaho — **23c. DATE SIGNED**: 7-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 14, 1965

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest

24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: July 26, 1965

REGISTRAR'S SIGNATURE: Phyllis G. Tibbetts

25. EMBALMER: L. G. Moon, Jr. — LICENSE NO.: E-405

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service

Form UH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 3 1965

AUG 17 1965

NOV 19 1969

NOV 20 1969

SEP 27 1982

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
JUL 27 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2910
Local Reg. No. 85
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH 69
a. COUNTY: Bonner 4-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Price Rite Market 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 48 Washington
b. COUNTY: 555 Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): W 413 22nd Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Tolbert
c. (Last): Hook

4. DATE OF DEATH (Month) July (Day) 11 (Year) 1965

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 27, 1924
9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 19
10b. KIND OF BUSINESS OR INDUSTRY: Market Equipment 14
11. BIRTHPLACE (State or foreign country): Mt. Angel, Oregon
12. CITIZEN OF WHAT COUNTRY?: USa

13. FATHER'S NAME: Ralph L. Hook — BIRTHPLACE: Oregon
14. MOTHER'S MAIDEN NAME: Tillie Hofer — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW11 4
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: ✓ Miriam G. Hook — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Massive Coronary — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Barry C. Nelson 583 Coronet 4
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 7-15-

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: July 12, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mt. Angel
24d. LOCATION (City, town, or county) (State): Mt. Angel Oregon

DATE REC'D BY LOCAL REG.: July 20, 1965
REGISTRAR'S SIGNATURE: Phyllis Y Tibbetts
25. EMBALMER: L. G. Moon, Jr. — LICENSE NO.: E-405

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 27 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 10 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 26 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2911
Local Reg. No. 84
Reg. Dist. No. 110

RECEIVED
JUL 27 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint Manor 262

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kootenai
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle):
c. (Last): Reynolds

4. DATE OF DEATH (Month) July (Day) 11 (Year) 1965

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: June 11, 1877
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm 01
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unobtainable — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unobtainable — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-20-9283
17. INFORMANT'S OWN SIGNATURE: X Hazel E Topp — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

177 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cachexia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Metastatic Carcinoma — past year
DUE TO (c): Carcinoma of Prostate — 11 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 4, 1956, *to* July 11, 1965, *that I last saw the deceased alive on* July 9, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 7/15/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 13, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: July 20, 1965
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: L. G. Moon, Jr.
LICENSE NO.: E-405

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 30 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2912
Local Reg. No. 88
Reg. Dist. No. 110

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 090 AUG 2 1965 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Priest River
LENGTH OF STAY (in this place): 1 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Great Northern Railroad Track

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): P. O. Box #933

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WHITMAN	WILLIS 502	JAMES	July 16, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	1/12/23	42				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Railroad Signalman 70	Transportation 23	McCable, Montana	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
W. W. James	Minnesota	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II 4 880X	517-18-3914	Mrs. Whitman W. James	Bonners Ferry, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Massive Trauma — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Fracture Multiple and Extreme
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 090 (COUNTY) (STATE)
Accident 10	GN R/R Track 13	West Priest River Bonner Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
7/16/65 11:30 P m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Man Hit While Attempting to remove speeder from track

22. *I hereby certify that I attended the deceased from* INVESTIGATION ONLY, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Barry E. Nelson 583	Coroner	St. Maries Idaho	7-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	7/20/65	Fairview Cemetery	Fairview Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 26, 1965	Phyllis G. Willetts	C. E. Sherman	Q1 155

FIRM NAME: Sherman Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 3 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 10 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 3 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2913
Local Reg. No. 90
Reg. Dist. No. 110

BIRTH NO.

RECEIVED
AUG 10 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Careywood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): by NP railroad tracks 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 48 Washington
b. COUNTY: 533 Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) A. c. (Last) Marshall

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1965

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: Aug. 11, 1917

9. AGE (In years last birthday): 47 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown 00

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): Montana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unobtainable
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Unobtainable
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WWII 4

16. SOCIAL SECURITY NO.: 517-10-5891

17. INFORMANT'S OWN SIGNATURE: Dee O. Marshall by
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Trauma — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture of cervicle vertebrae
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident 10

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NP Rwy tracks

21c. (CITY, TOWN, OR TOWNSHIP): 098 Careywood (COUNTY): Bonner (STATE): Idaho

21d. TIME OF INJURY: (Month) July (Day) 19 (Year) 1965 (Hour) 10 8 12P m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Barry D. Nelson 583 (Degrees or title): Coroner 4
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 7/27/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 31, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county): Sandpoint (State): Idaho

DATE REC'D BY LOCAL REG.: Aug. 6 1965
REGISTRAR'S SIGNATURE: Phyllis Y. Tibbetts

25. EMBALMER: L. G. Moon, Jr.
LICENSE NO.: E-405

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

AUG 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2914
Local Reg. No. 88
Reg. Dist. No. 110

Certificate of Death

RECEIVED
AUG 2 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO. E

1. PLACE OF DEATH
a. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
d. STREET ADDRESS (If rural, give location): Rt. 1 Box 145-A

3. NAME OF DECEASED (Type or Print)
a. (First): Harold
b. (Middle): James
c. (Last): Wiley

4. DATE OF DEATH (Month) (Day) (Year): July 19 1965

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 6/10/1910
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician 45
10b. KIND OF BUSINESS OR INDUSTRY: Power Dam 01
11. BIRTHPLACE (State or foreign country): Oklahoma
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Garfield B. Wiley — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Ada McElmurry — BIRTHPLACE: Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes 1 — (If yes, give war or dates of service): WW II 4
16. SOCIAL SECURITY NO.: 549 14 7073
17. INFORMANT'S OWN SIGNATURE: Hazel B. Wiley — ADDRESS: Priest River Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occulsion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — 4 yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-11, 1965, *to* 7-16, 1965, *that I last saw the deceased alive on* 7-16, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Arthur Evans MD 162
23b. ADDRESS: Newport Wash.
23c. DATE SIGNED: 7-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 7/19/65
24c. NAME OF CEMETERY OR CREMATORY: Sherman Funeral Home
24d. LOCATION (City, town, or county) (State): Newport, Wash.

DATE REC'D BY LOCAL REG.: July 26, 1965
REGISTRAR'S SIGNATURE: Phyllis Y. Tibbetts
25. EMBALMER: C. E. Sherman — LICENSE NO.: QL 155

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Sherman Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOYSE, IDAHO

DUTIES:

AUG 3 1965

AUG 9 1965

AUG 26 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2915
Local Reg. No. 91
Reg. Dist. No. 110

Certificate of Death

RECEIVED AUG 17 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 3 weeks 3-21
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner 090
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kootenai
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Myrtle
b. (Middle): Olive
c. (Last): Bloom

4. DATE OF DEATH (Month) July (Day) 24 (Year) 1965

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 1, 1879
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own SHome 01
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ------Jones — BIRTHPLACE: Unobtainable
14. MOTHER'S MAIDEN NAME: -----Lovett — BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Edwin C. Bloom, Sr. — ADDRESS: Kootenai, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 442X Cardio vascular Renal disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1964, *to* July 24, 1965, *that I last saw the deceased alive on* July 24, 1965, *and that death occurred at* 6:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. B. Mauenau 327 — (Degree or title) MD
23b. ADDRESS: Sandpoint, Ida
23c. DATE SIGNED: 8-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 27, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county) (State): Sadnppoint Idaho

DATE REC'D BY LOCAL REG.: Aug. 9 1965
REGISTRAR'S SIGNATURE: Phyllis Y. Tibbetts
25. EMBALMER: L. C. Moon, Jr. — LICENSE NO.: E-405

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form PH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 30 1978

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 17 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2916
Local Reg. No. 89
Reg. Dist. No. 110

RECEIVED AUG 10 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 090 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coolin - Rural
c. LENGTH OF STAY (in this place): 2 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington 48 - 555
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pasco
d. STREET ADDRESS (If rural, give location): 5105 W. Irving

3. NAME OF DECEASED (Type or Print)
a. (First): LOREN
b. (Middle): IRVING
c. (Last): TERRELL

4. DATE OF DEATH (Month) (Day) (Year): July 30, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 26, 1908
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Principal & Teacher 12
10b. KIND OF BUSINESS OR INDUSTRY: Grade School 01
11. BIRTHPLACE (State or foreign country): Rosalia, Washington
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: Peter Terrell - Corbin, Kentucky
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Olive L. Irving - Grand Junction, Colo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE ADDRESS: x Mrs. Loren Terrell 5105 W. Irving Pasco, Wash.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Barry D. Nelson 583 Coroner 24
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: Aug 2, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Aug. 2, 1965
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Evergreen
24d. LOCATION (City, town, or county) (State): Rosalia, Washington

DATE REC'D BY LOCAL REG.: Aug. 6, 1965
REGISTRAR'S SIGNATURE: Phyllis Y. Tibbetts
25. FUNERAL DIRECTOR ADDRESS: Howard J. Jaeger - Rosalia Wash
Jaeger Funeral Home - Rosalia, Wash.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AUG 30 1965

FEB 9 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 2917
Local Reg. No. 93
Reg. Dist. No. 110

RECEIVED

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 090 AUG 17 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pend Oreille Lake
c. LENGTH OF STAY in this place: 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Near Whiskey Rock 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 48 Washington
b. COUNTY: 555 Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): E. 916 Broad

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	K.	Landon	July	31	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Married 3	Jan. 20, 1923	42				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper 01	Private Home 01	Tishimingo, Miss	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unobtainable		Unobtainable	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWII 4	338-16-1069	Mrs Eva Longston	Evanston Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Drowning
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 090 (COUNTY)	(STATE)
accident 8	Pend Oreille Lake 3	Cape Horn Bonner	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
July 31 1965 5:30P	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Victim fell overboard

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Barry D. Nelson 583	Coroner	Sandpoint, Idaho	8/5/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Removal 3	July 31, 1965	Ball & Dodd	Spokane	Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 9, 1965	Gayllen Y. Tibbetts	G. D. Yates	365

Federal Security Agency
United States Public Health Service
Form DH 63021

FIRM NAME: Yates Morse Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 20 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2918
Local Reg. No. 274
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED AUG 19 1965

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls Bureau
c. LENGTH OF STAY (in this place): 9 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Greenview Chalet Home 308

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Greenview Chalet Home

3. NAME OF DECEASED (Type or Print)
a. (First): ETHEL
b. (Middle): NORA
c. (Last): WIDDOWSON

4. DATE OF DEATH (Month) May (Day) 14 (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: January 12, 1887
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home 01
11. BIRTHPLACE (State or foreign country): Dubois, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Emrys W. Davis — BIRTHPLACE: At sea from England
14. MOTHER'S MAIDEN NAME: Anna Ellis — BIRTHPLACE: Malad, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: E. R. Widdowson — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

260 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Car Diac Arrythmia Arteriosclerotic Heart Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes mellitus
DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prev. CA. of Left Breast

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Idaho Falls — **(COUNTY)** Bonneville — **(STATE)** Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/14, 1963, *to* 5/14, 1965, *that I last saw the deceased alive on* 5/12, 1965, *and that death occurred at* 9:30A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert F. Hahn 196 — (Degree or title): M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 6/1/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 17, 1965
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county): Idaho Falls — (State): Idaho

DATE REC'D BY LOCAL REG.: Aug 11-1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Orland E. Buck
LICENSE NO.: E-250

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2919
Local Reg. No.
Reg. Dist. No.

Certificate of Death

RECEIVED JUL 23 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville 100
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Freedom
STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 100
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Freedom
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Thomas	Glenn	Rainey	May	26,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 3	Sept 22, 1891	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	01	Richmond, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George W. Rainey		Emma Robinson	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-36-3940	Thomas Rainey, Jr., Freedom, Wyoming	

MEDICAL CERTIFICATION

241X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Asthma, Bronchial — 20 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Found dead in bed 5-27-65- 8am by Thos. Rainey Jr. (son)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* 1957, 19__, *that I last saw the deceased alive on* 1957, 19__, *and that death occurred at* about 2a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
S.T. Worthen M.D.	Afton Wyo	7/21/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-31-1965	Freedom Cemetery	Freedom Wyoming

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-31-65	S.T. Worthen M.D.	Nile Matthews	277

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2920
Local Reg. No. 202
Reg. Dist. No. 610

BIRTH NO.

RECEIVED

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY Bonneville 01 AUG 4 1965 3-01
b. CITY OR TOWN Idaho Falls
Bureau of Vital Statistics
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 260 b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby
d. STREET ADDRESS (If rural, give location) 110 S 3rd West

3. NAME OF DECEASED (Type or Print) a. (First) HENSEN b. (Middle) "HENRY" c. (Last) IRA LORDS

4. DATE OF DEATH (Month) (Day) (Year) June 5, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH March 1, 1887

9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY Agriculture 01

11. BIRTHPLACE (State or foreign country) Blue Valley, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas William Lords — BIRTHPLACE Utah

14. MOTHER'S MAIDEN NAME Charlotte J. Long — BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 518 46 9432

17. INFORMANT'S OWN SIGNATURE Kenneth A Lords — ADDRESS Roberts, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Abscess — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Arteritis — 4 months
DUE TO (c) Prostatectomy — 3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes Mellitus — 44 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES X NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November, 1963, *to* June 5, 1965, *that I last saw the deceased alive on* June 5, 1965, *and that death occurred at* 4:52 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Nelson Wells, M.D. — **23b. ADDRESS** Rigby, Idaho — **23c. DATE SIGNED** 7/29/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial — **24b. DATE** 6/9/65 — **24c. NAME OF CEMETERY OR CREMATORY** Pioneer Cemetery — **24d. LOCATION** (City, town, or county) (State) Rigby, Idaho

DATE REC'D BY LOCAL REG. July 30-1965 — **REGISTRAR'S SIGNATURE** Emma Budge

25. EMBALMER Jack A. Wood, Jr. — **LICENSE NO.** 396

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2921
Local Reg. No. 196
Reg. Dist. No. 610

Certificate of Death

RECEIVED AUG 4 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 3-13
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 674 East 13th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Willard
b. (Middle): E.
c. (Last): Brinkworth

4. DATE OF DEATH (Month) (Day) (Year): June 11 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 26, 1885
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner & Manager 74
10b. KIND OF BUSINESS OR INDUSTRY: Smith Cabins 16
11. BIRTHPLACE (State or foreign country): Burr Oak Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William E. Brinkworth — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Laura Willard — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 14 0492
17. INFORMANT'S OWN SIGNATURE: Ada Brinkworth — ADDRESS:

18. CAUSE OF DEATH 204.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphocytic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 18, *1961, to* June 11, *19*65, *that I last saw the deceased alive on* June 11, *19*65, *and that death occurred at* 10:50Am., *from the causes and on the date stated above.*

23a. SIGNATURE: 294 L. K. Krantz (Degree or title): L. K. Krantz, M.D.
23b. ADDRESS: 798 South Blvd. Idaho Falls, Idaho
23c. DATE SIGNED: July 22, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/14/65
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county): Idaho Falls (State): Idaho

DATE REC'D BY LOCAL REG.: July 28 1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Ralph M. Wood Ralph M. Wood — LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 17 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2922
Local Reg. No. 190
Reg. Dist. No. 610

RECEIVED JUL 29 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 101
a. COUNTY: Bonneville 3-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 5 1/2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wyoming 51 555
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson
d. STREET ADDRESS (If rural, give location): Kelley Street

3. NAME OF DECEASED (Type or Print)
a. (First): CORA
b. (Middle): JOSEPHINE
c. (Last): BARBER

4. DATE OF DEATH (Month) (Day) (Year): June 11, 1965

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 10, 1884
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home 01
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: (no record) Nelson — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Betty (No record) — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Jackson Wyo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral vascular accident 331X — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: acute & chronic cholecystitis & chole lithiasis

19a. DATE OF OPERATION: 6-8-65
19b. MAJOR FINDINGS OF OPERATION: Inflamed gall bladder c̄ calculi
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-7, 1965, *to* 6-11, 1965, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 3:07 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 081 (Degree or title)
23b. ADDRESS: 765 Oxford Idaho Falls
23c. DATE SIGNED: 6-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: June 16, 1965
24c. NAME OF CEMETERY OR CREMATORY: Jackson Cemetery
24d. LOCATION (City, town, or county) (State): Jackson, Wyoming

DATE REC'D BY LOCAL REG.: July 22 '65
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: R. W. Mallard
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

Copy, no.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 29 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2923
Local Reg. No. 197
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH (01)
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho FAlls
c. LENGTH OF STAY (in this place): 18 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (01) b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho FAlls, Idaho
d. STREET ADDRESS (If rural, give location): 165 Monterey Dr.

3. NAME OF DECEASED (Type or Print): a. (First) ALEXANDER b. (Middle) (nmi) c. (Last) McKENZIE

4. DATE OF DEATH (Month) (Day) (Year): June 14, 1965

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Jan. 21, 1892

9. AGE (In years last birthday): 73 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stockman 51

10b. KIND OF BUSINESS OR INDUSTRY: Sheep 02

11. BIRTHPLACE (State or foreign country): Scotland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Finlay McKenzie BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Helen Macleod BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. I

16. SOCIAL SECURITY NO.: 520-20-4462

17. INFORMANT'S OWN SIGNATURE: Alameda Lacey ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 572 Ruptured Diverticulum — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Peritonitis Secondary
DUE TO (c) TCVX # 1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* June, 1965, *that I last saw the deceased alive on* 14 June, 1965, *and that death occurred at* 7:31 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 294 L. K. Krantz, M.D.
23b. ADDRESS: 798 South Blvd. Idaho FAlls, Idaho
23c. DATE SIGNED: July, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 17, 1965
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho FAlls, Idaho

DATE REC'D BY LOCAL REG.: July 22-'65
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: R. N. Madland
LICENSE NO.: E-468

FIRM NAME: Buck Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-630(2)

JUL 30 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

65-5569

Certificate of Death

STATE OF IDAHO

State File No. 2924
Local Reg. No. 186
Reg. Dist. No. 610

BIRTH NO.

RECEIVED JUL 29 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho FAlls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16 b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Kevin b. (Middle) Lee c. (Last) Mihelish

4. DATE OF DEATH (Month) (Day) (Year): June 19, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	Child	June 18, 1965				23	25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant 02
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Idaho FAlls, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Eddie Mihelish — BIRTHPLACE: Lima, Montana
14. MOTHER'S MAIDEN NAME: Bonnie Neihart — BIRTHPLACE: Blackfoot, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE Bonnie Mihelish — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 762.8 Atelectasis of newborn — INTERVAL BETWEEN ONSET AND DEATH: from birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-18, 1965, *to* 6-19, 1965, *that I last saw the deceased alive on* 6-19, 1965, *and that death occurred at* 2:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE R. K. Eckhardt (Degree or title) M.D
23b. ADDRESS Idaho Falls, Idaho
23c. DATE SIGNED 7-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 23, 1965
24c. NAME OF CEMETERY OR CREMATORY: Blackfoot, Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: July 26 65
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Leo A Williams
LICENSE NO.: E-319

FIRM NAME:

Social Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. ~~In case a person has resided in the county where death occurred for~~ less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

State File No. 2025
Local Reg. No. 497
Reg. Dist. No. 610

RECEIVED
AUG 17 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 101
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (If not in place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S.H. 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley,
d. STREET ADDRESS (If rural, give location): 460 N. Park

3. NAME OF DECEASED (Type or Print)
a. (First): Myrtle
b. (Middle): Davis
c. (Last): Fisher

4. DATE OF DEATH (Month) (Day) (Year): June 20 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 3 Nov. 1882
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Juniper, Oregon
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John B. Davis — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Lucy F Pinkerton — BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-28-3273
17. INFORMANT'S OWN SIGNATURE: Beulah M Selders — ADDRESS:

18. CAUSE OF DEATH 332X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebrovascular Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1956, *to* 6-20, 1965, *that I last saw the deceased alive on* 6-20, 1965, *and that death occurred at* 4:20 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 418 Wendell Petty, MD.
23b. ADDRESS: Shelley, Idaho
23c. DATE SIGNED: 7-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 23 June 1965
24c. NAME OF CEMETERY OR CREMATORY: Grove City
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham Idaho

DATE REC'D BY LOCAL REG.: July 27-65
REGISTRAR'S SIGNATURE: Anna Bradgee
25. EMBALMER: Lloyd M Nalder — LICENSE NO. E-275

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Nalder's Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 20 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 23 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

6585

Certificate of Death

STATE OF IDAHO

State File No. 2926
Local Reg. No. 19
Reg. Dist. No. 610

BIRTH NO.

RECEIVED JUL 29 1965

1. PLACE OF DEATH
a. COUNTY Bonneville 10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 14 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Nursing Home 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 10
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 232 - E. 14th St.

3. NAME OF DECEASED (Type or Print) a. (First) RICHARD b. (Middle) T. c. (Last) SMITH

4. DATE OF DEATH (Month) (Day) (Year) June 23, 1965

5. SEX Male
6. COLOR OR RACE Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2
8. DATE OF BIRTH Aug. 27, 1884
9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY Livestock 01
11. BIRTHPLACE (State or foreign country) Poplar, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Robert H. Smith BIRTHPLACE Scotland
14. MOTHER'S MAIDEN NAME Mary Thompson BIRTHPLACE no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 519-40-3768
17. INFORMANT'S OWN SIGNATURE R. Wood Smith ADDRESS Ririe, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3-4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis, cerebral — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 16, 1955, *to* June 1965, *that I last saw the deceased alive on* 23 June, 1965, *and that death occurred at* 9:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) L. K. Krantz, M.D.
23b. ADDRESS 798 South Blvd. Idaho Falls, Idaho
23c. DATE SIGNED July, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 26, 1965
24c. NAME OF CEMETERY OR CREMATORY Shelton-Ririe Cemetery
24d. LOCATION (City, town, or county) (State) Ririe, Idaho

DATE REC'D BY LOCAL REG. July 22-1965
REGISTRAR'S SIGNATURE
25. EMBALMER
LICENSE NO. E-468

Federal Security Agency
United States Public Health Service
Form DH-6302

FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 20 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 3 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED JUL 29 1965

Certificate of Death

Bureau of Vital Statistics STATE OF IDAHO

State File No. 2927
Local Reg. No. 193
Reg. Dist. No. 610

BIRTH NO. 65-5597

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 43
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1515 Kimberly Rd.

3. NAME OF DECEASED (Type or Print): a. (First) Baby b. (Middle) Girl c. (Last) Fourtner ,

4. DATE OF DEATH: (Month) June , (Day) 27, (Year) 1965

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 27, 1965
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 1 / Min. 21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02
10b. KIND OF BUSINESS OR INDUSTRY: none 07
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Kenneth W. Fourtner — BIRTHPLACE: Oklahoma
14. MOTHER'S MAIDEN NAME: Betty Ellen Shreeve — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Kenneth W. Fourtner ADDRESS: Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: Brief

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Achondroplastic dwarf

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-27, 1965, *to* 6-27, 1965, *that I last saw the deceased alive on* 6-27, 1965, *and that death occurred at* 4:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. K. Bechelt (Degree or title) M.D.
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 7-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 30, 1965
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Bemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: 7-22-65
REGISTRAR'S SIGNATURE: Irma Rudges
25. EMBALMER: C. M. Maddock
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-630(2)
FIRM NAME: Buck Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

Canyon Co.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2928
Local Reg. No. 182
Reg. Dist. No. 611

BIRTH NO.

RECEIVED JUL 19 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville (100)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Swan Valley (002)
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (100) b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Swan Valley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) c. (Last) Jacobson

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: December 18, 1898

9. AGE (In years last birthday): 66 | IF UNDER 1 YEAR Months: Days | IF UNDER 24 HRS. Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01

11. BIRTHPLACE (State or foreign country): Correctionville, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Pieper — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Minna Eggebrecht — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Oran M Jacobson — ADDRESS: Swan Valley

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 332 Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May, 1964, *to* July 4, 1965, *that I last saw the deceased alive on* June, 1965, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Byron T Wells 556 MD
23b. ADDRESS: 1585 So Boulevard Idaho Falls
23c. DATE SIGNED: Jul. 7, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/8/65
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: July 9 1965
REGISTRAR'S SIGNATURE: Anna Rudgen
25. EMBALMER: Ralph M. Wood Ralph M Wood — LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-6302

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 19 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2929
Local Reg. No. 783
Reg. Dist. No. 611

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 100
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 8 Miles East Ririe
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 26 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 342 North Ridge Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Newell
b. (Middle): Peter
c. (Last): Olsen

4. DATE OF DEATH (Month) (Day) (Year): July 4 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorce 4
8. DATE OF BIRTH: June 14, 1917
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer 16
10b. KIND OF BUSINESS OR INDUSTRY: Radio & USAEC 06
11. BIRTHPLACE (State or foreign country): Fountain Green, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Hans Peter Olsen — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Minnie Livingston — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 529 20 1297
17. INFORMANT'S OWN SIGNATURE: David Newell Olsen — ADDRESS: 360 Cedar Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractures & Trauma, severe, face & skull and thorax with rib fractures and fracture right femur — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) Single Car auto accident on Highway 26

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Blood Alcohol level 1.88 mg/cc

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident 06
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 26 east of Ririe
21c. (CITY, TOWN, OR TOWNSHIP) 13 (COUNTY) 100 Bonneville (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7 4 65 3:20am
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Car crashed thru guardrail-possibly fell asleep

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hazel L. McCaffey, M.D. Coroner 342
23b. ADDRESS: 2525 South Boulevard
23c. DATE SIGNED: 7/7/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/8/65
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: July 9-1965
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Ralph M. Wood — Ralph M. Wood
LICENSE NO.: 413

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Wood Funeral Home

JUL 20 1965

AUG 27 1969

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2930
Local Reg. No. 183
Reg. Dist. No. 610

BIRTH NO.

RECEIVED JUL 19 1965 BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this locality): Bureau of V 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY: Carbon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Red Lodge
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Velma	Lee	Robinson	July 5, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	— 0	April 23, 1896	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	01	Orchard, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Lee		Minne Shane	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	517-30-7702	Bernice Christ	St. Anthony, Idah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Carcinomatosis	1 1/2 Year
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Carcinoma gall bladder	2 1 year
DUE TO (c)	Cholelithiasis, Chronic	25 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
6-29-65	Mass around liver - gall bladder, Carcinomatosis General	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___ *and that death occurred at* 6:35 AM *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. Hart MD		156 Orchard Idaho Falls	7-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8 July 65	Riverview Cemetery	St. Anthony, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 14-65	Emma Rudgren	M. L. Hansen	E-354

FIRM NAME: Hansen Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2931
Local Reg. No. 788
Reg. Dist. No. 610

BIRTH NO.

RECEIVED
AUG 17 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bonneville 10 3-07
b. CITY OR TOWN Idaho Falls
LENGTH OF STAY (in this place) 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 27 Montana
b. COUNTY 555 Gallatin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bozeman
d. STREET ADDRESS (If rural, give location) Holy Rosary Convent

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	SR. MARIA	ASSUNTA	HERNANDEZ	July 5, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Caucasian	Never Married 7	Aug. 15, 1900	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook 49	Convent 02	Irapuato, Mexico	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jesus Hernandez	Mexico	Issac Garcia	Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	none	Sister M. Monica, I.H.M.	Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-28-65, 19___, *to* 7-5, 19 65, *that I last saw the deceased alive on* 7-5, 19 65, *and that death occurred at* 2:55 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John McMullin 348	MD	550 Fourth St., Idaho Falls	7-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	Jul.7, 1965	LaCrosse Cemetery	LaCrosse, Wisconsin

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug.2-1965	Anna Budgen	R. W. Maddand	E-468

FIRM NAME: Buck Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63020

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
JUL 29 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2932
Local Reg. No. 187
Reg. Dist. No. 616

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Greenview Chalet Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 101
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 690 Gladstone

3. NAME OF DECEASED (Type or Print)
a. (First) Mary
b. (Middle) Jane 308
c. (Last) Kroll

4. DATE OF DEATH (Month) (Day) (Year) July 5 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH January 27, 1883
9. AGE (In years last birthday) 82
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home 01
11. BIRTHPLACE (State or foreign country) Wellsville, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Thomas
BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Mary Jane Maughan
BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518 07 6335
17. INFORMANT'S OWN SIGNATURE Agnes B Kroll
ADDRESS Idaho Falls, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia 493X — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) possible aspiration — 3 days
DUE TO (c) Difficulty swallowing — 5 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Generalized arteriosclerosis — Many years
Chronic brain syndrome due to above

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 30 Sept, 1964, *to* 5 July, 1965, *that I last saw the deceased alive on* 3 July, 1965, *and that death occurred at* 11:15 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Louise D. Johnson MD (Degree or title)
23b. ADDRESS Idaho Falls, Idaho
23c. DATE SIGNED 14 July 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/9/65
24c. NAME OF CEMETERY OR CREMATORY Fielding Memorial Park
24d. LOCATION (City, town, or county) Idaho Falls (State) Idaho

DATE REC'D BY LOCAL REG. July 19 1965
REGISTRAR'S SIGNATURE Emma Rudges
25. EMBALMER Ralph M. Wood Ralph M. Wood
LICENSE NO. 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 30 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2933
Local Reg. No. 184
Reg. Dist. No. 610

RECEIVED JUL 19 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 3-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 3205 East 26th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Paul
b. (Middle): Sanders
c. (Last): Knight

4. DATE OF DEATH (Month) (Day) (Year): July 9 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 19, 1907
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipefitter 80
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing & Pipefit 04
11. BIRTHPLACE (State or foreign country): Charleston, Mississippi
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alvah C. Knight — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Nellie Blue — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 539 09 5980
17. INFORMANT'S OWN SIGNATURE: Helene M. Knight — ADDRESS: Idaho Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): arteriosclerotic Heart disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Cardiac decompensation — 2 weeks

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 6, 1965, *to* July 9, 1965, *that I last saw the deceased alive on* July 9, 1965, *and that death occurred at* 8:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Byron T Weeks MD 556 (Degree or title)
23b. ADDRESS: 1585 So. Boulevard, Idaho Falls
23c. DATE SIGNED: 7-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/12/65
24c. NAME OF CEMETERY OR CREMATORY: Ammon Cemetery
24d. LOCATION (City, town, or county): Ammon (State): Idaho

DATE REC'D BY LOCAL REG.: July 13-1965
REGISTRAR'S SIGNATURE: Lena Bridges
25. EMBALMER: Ralph M. Wood — Ralph M. Wood — LICENSE NO. 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 20 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 22 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2934
Local Reg. No. 194
Reg. Dist. No. 610

RECEIVED JUL 29 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville (10)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Greenview Chalet 308

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (10)
b. COUNTY: B-onneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1255 Blaine Ave.

3. NAME OF DECEASED (Type or Print): a. (First) OTTO; b. (Middle) SEVERN; c. (Last) RANBERG

4. DATE OF DEATH (Month) (Day) (Year): July 11, 1965

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: July 5, 1880

9. AGE (In years last birthday): 85 | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06

10b. KIND OF BUSINESS OR INDUSTRY: General 03

11. BIRTHPLACE (State or foreign country): Hector Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: no record — BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs. Elnora Mikkanen — ADDRESS: Excelsior, MN Minn

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7945

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation suspected — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Aspiration of food — 30 min.

DUE TO (c) General debility of old age — many years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chronic brain syndrome — many years
Due generalized arteriosclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1964, *to* 11 July, 1965, *that I last saw the deceased alive on* 2 July, 1965, *and that death occurred at* 7:45 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jam O. Johnson 262 MD

23b. ADDRESS: 825 So. Blvd. Idaho Falls Idaho

23c. DATE SIGNED: 16 July 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 14, 1965

24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: July 28-1965

REGISTRAR'S SIGNATURE: Anna Burgess

25. EMBALMER: K. W. Maddock — LICENSE NO.: E-468

FIRM NAME: Buck Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
JUL 29 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2935
Local Reg. No. 188
Reg. Dist. No. 61D

BIRTH NO.

1. PLACE OF DEATH 160
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route # 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 160
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route # 3

3. NAME OF DECEASED (Type or Print)
a. (First): Benjamin
b. (Middle): Butler
c. (Last): Wallace

4. DATE OF DEATH (Month) (Day) (Year): July 14 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: February 3, 1885
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Dairying 01
11. BIRTHPLACE (State or foreign country): Beachville, Kentucky
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Benjamin Bruce Wallace — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Nancy Jane Perry — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 38 6698
17. INFORMANT'S OWN SIGNATURE: Carol Wallace — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH 177X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Inanition — INTERVAL BETWEEN ONSET AND DEATH: months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Adenocarcinoma Prostate — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Pathologic Fx (R) Hip — 2 yrs.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1962, *to* Death 19__, *that I last saw the deceased alive on* Jun, 1965, *and that death occurred at* 5:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE 230 (Degree or title): Thomas Hopp M.D.
23b. ADDRESS: 539 - 27 St.
23c. DATE SIGNED: 19 JUL 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/17/65
24c. NAME OF CEMETERY OR CREMATORY: Ammon Cemetery
24d. LOCATION (City, town, or county) (State): Ammon Idaho

DATE REC'D BY LOCAL REG.: July 22 - 65
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Ralph M. Wood — LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2936
Local Reg. No. 195
Reg. Dist. No. 610

Certificate of Death

RECEIVED JUL 29 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 45 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Greenview Chalet 308

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): SYLVIA
b. (Middle): J.
c. (Last): BARNES

4. DATE OF DEATH (Month) (Day) (Year): July 14, 1965

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 18, 1876
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Silver City, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George W. Dalrymple — BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: Henrietta Ernest — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Sherrill Barnes — ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

444X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerotic heart disease — 10 yrs
Arterial hypertension — 15 yrs
Cystitis, chronic — 2 yrs
DUE TO (c): Urinary incontinence — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1948, 19__, *to* July 14, 1965, *that I last saw the deceased alive on* July 13, 1965 *and that death occurred at* 1:50 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): N B Guyett MD 94
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 7/22/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 19, 1965
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: July 22-1965
REGISTRAR'S SIGNATURE: Anna Budges
25. EMBALMER: R. W. Modland
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 9 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2937
Local Reg. No. 207
Reg. Dist. No. 6/6

BIRTH NO.

RECEIVED
AUG 17 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville 10/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 41 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Nursing Home 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 10/
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Bellin Road

3. NAME OF DECEASED (Type or Print): a. (First) CLARENCE b. (Middle) LIONEL c. (Last) GREY

4. DATE OF DEATH: (Month) (Day) (Year) July 15, 1965

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 30, 1881
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Teacher Ret. 04
10b. KIND OF BUSINESS OR INDUSTRY: Self-Employed 01
11. BIRTHPLACE (State or foreign country): Lenox, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Grey — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Margaret Ann Culver — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 518-40-7498
17. INFORMANT'S OWN SIGNATURE: L. Richard Grey — ADDRESS: Idaho Falls, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 20 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arterio - sclerosis — 20 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar., 1955, *to* July 15, 1965, *that I last saw the deceased alive on* July 14, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. C. Erickson 6/ (Degree or title) M.D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 7-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 20, 1965
24c. NAME OF CEMETERY OR CREMATORY: Fielding Mem. Park
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Aug 2-1965
REGISTRAR'S SIGNATURE: Irma Burgess
25. EMBALMER: C. F. Madland
LICENSE NO.: E-468

FIRM NAME: Buck Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 18 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2938
Local Reg. No. 199
Reg. Dist. No. 616

Certificate of Death

RECEIVED
AUG 4 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, | STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101 | b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
d. STREET ADDRESS (If rural, give location): 470 Tendoy Drive

3. NAME OF DECEASED (Type or Print): a. (First) David | b. (Middle) Robert | c. (Last) Wade

4. DATE OF DEATH (Month) (Day) (Year): July 16, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Feb. 9, 1924
9. AGE (In years last birthday): 41 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bus Driver 87
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Tetonia, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lyn McKinley Wade | BIRTHPLACE: Ririe, Idaho
14. MOTHER'S MAIDEN NAME: Davida Benita Breckenridge | BIRTHPLACE: Tetonia, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 516-30-1372
17. INFORMANT'S OWN SIGNATURE: [illegible] Wade | ADDRESS: 470 Tendoy Idaho Falls, Ida

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute myocardial infarction | INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocardial Arteriosclerosis | 6 weeks
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1960, *to* July 16, 1965, *that I last saw the deceased alive on* July 16, 1965, *and that death occurred at* 11:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 339 (Degree or title)
23b. ADDRESS Box X Shelley Idaho
23c. DATE SIGNED 7/26/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: m July 20, 1965
24c. NAME OF CEMETERY OR CREMATORY: Hill Crest
24d. LOCATION (City, town, or county) (State): Shelley, Idaho

DATE REC'D BY LOCAL REG.: July 29-1965
REGISTRAR'S SIGNATURE: Anna Bredger
25. EMBALMER: Lloyd M. Nalder [signature] | LICENSE NO. E 275
FIRM NAME: Nalder's Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 6 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 18 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2939
Local Reg. No. 208
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED
AUG 17 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Greenview Chalet Nursing Home 308

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 100
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Iona
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Eugene
b. (Middle):
c. (Last): Stanger

4. DATE OF DEATH (Month) (Day) (Year): July 16 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: September 24, 1908
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheepman 51
10b. KIND OF BUSINESS OR INDUSTRY: Sheep 02
11. BIRTHPLACE (State or foreign country): Iona, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Stanger — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Margaret Irwin — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Evelyn Stanger — ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1-2 Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cor Pulmonale - Severe — Acute & Chronic — Progressive 3-5 years
DUE TO (c) Congestive Failure - Acute — 3-4 Hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Lower Bowel Bleeding Chronic — 1 1/2 years
Parkinsonism - mild — Unknown

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/23, 1965, *to* 7/16, 1965, *that I last saw the deceased alive on* 8/16, 1965, *and that death occurred at* 10:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: John W. Casper MD 086 (Degree or title)
23b. ADDRESS: 560 Legion Drive, Idaho Falls, Idaho
23c. DATE SIGNED: 7/29/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/19/65
24c. NAME OF CEMETERY OR CREMATORY: Iona Cemetery
24d. LOCATION (City, town, or county): Idaho Falls (State): Idaho

DATE REC'D BY LOCAL REG.: Aug. 3-1965
REGISTRAR'S SIGNATURE: Anna Budges
25. EMBALMER: Ralph M. Wood — LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2940
Local Reg. No. 789
Reg. Dist. No. 610

RECEIVED JUL 29 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 10 2-04
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 4 mo. 5da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Nursing Home 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 100
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route # 3

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Elzina
c. (Last): Crowley

4. DATE OF DEATH (Month) (Day) (Year): July 16 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: October 30, 1879
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Manti, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Sanford Forbush — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Christina Jensen — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Charles F. Moser — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

150X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of esophagus — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE 210 John S Hatch (Degree or title) MD
23b. ADDRESS: Idaho Falls
23c. DATE SIGNED: 7-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/19/65
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: July 22-1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Ralph M. Wood — LICENSE NO. 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 16 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2941
Local Reg. No. 263
Reg. Dist. No. 610

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville 101 AUG 4 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 102
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Iona
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Michael b. (Middle) c. (Last) Sorensen

4. DATE OF DEATH (Month) (Day) (Year) July 17, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	child	Dec. 12, 1962	2	7	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child 09
10b. KIND OF BUSINESS OR INDUSTRY 00
11. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Jens Ford Sorensen / BIRTHPLACE Richmond, Utah
14. MOTHER'S MAIDEN NAME Verla Willmore BIRTHPLACE Rexburg, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Jford Sorenson ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain stem compression — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral edema
DUE TO (c) Head injury - kicked in head by horse — 2 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7-14-65 7-16-65	cerebral edema depressed right parietal occipital fracture; lacerated brain	YES ☐ NO ☒

21a. ACCIDENT ☒ SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 100 (COUNTY) 13 (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
7-14-65 m.		kicked by a horse

22. *I hereby certify that I attended the deceased from* 7-14-, 1965, *to* 7-17, 1965, *that I last saw the deceased alive on* 7-17-, 1965, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George L Bagford MD	Idaho Falls, Idaho	7-22-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 20, 1965	Iona Cemetery	Iona, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 30-1965	Anna Budge	Leo A Williams	E-319

FIRM NAME:

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2942
Local Reg. No. 206
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 4 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Jessie
b. (Middle): Lewis
c. (Last): Pugmire

4. DATE OF DEATH (Month) (Day) (Year): July 18 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: 2 March 1892
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 19
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Fish Haven, Idaho
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Joseph H. Pugmire — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Martha A. Ashworth — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 723-03-0251
17. INFORMANT'S OWN SIGNATURE: Lawrence J. Pugmire — ADDRESS: 3541 Gateway San Diego

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Anterolateral Myocardial 420.1

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Infarction
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Cerebrovascular Thrombosis left motor cortex.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1954, *to* 7-18, 1965, *that I last saw the deceased alive on* 7-18, 1965, *and that death occurred at* 3:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wendell Petty MD 418 (Degree or title)
23b. ADDRESS: Shelley, Idaho
23c. DATE SIGNED: 7/26/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-21-65
24c. NAME OF CEMETERY OR CREMATORY: Hill Crest
24d. LOCATION (City, town, or county) (State): Shelley, Bingham Idaho

DATE REC'D BY LOCAL REG.: July 28-65
REGISTRAR'S SIGNATURE: Anna Bedgie
25. EMBALMER: Lloyd M. Nalder — LICENSE NO.: E-275
FIRM NAME: Nalder's Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 6 1965

JUN 28 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2943
Local Reg. No. 198
Reg. Dist. No. 616

Certificate of Death

RECEIVED
AUG 4 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 4-11
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. Sanitary DISTRICT OF STAY (in this place): 17 Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R#1 Shelley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Owen
b. (Middle): Clarence
c. (Last): King

4. DATE OF DEATH (Month) (Day) (Year): July 20 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 22 June 1897
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): SALINA, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William H. King — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Martha Clinda Russell — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-18-4433
17. INFORMANT'S OWN SIGNATURE: Thelma McKing — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of lung

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): with metastases.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-4, 1965, *to* 7-20, 1965, *that I last saw the deceased alive on* 7-20, 1965, *and that death occurred at* 8:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 418 Wendell Petty MD
23b. ADDRESS: Shelley, Idaho
23c. DATE SIGNED: 7/22/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 23 July 65
24c. NAME OF CEMETERY OR CREMATORY: Hill Crest
24d. LOCATION (City, town, or county) (State): Shelley, Bingham, Idaho

DATE REC'D BY LOCAL REG.: July 27-1965
REGISTRAR'S SIGNATURE: Anna Beedges
25. EMBALMER: Lloyd M Naldi — LICENSE NO.: E 275

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 6 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2944
Local Reg. No. 209
Reg. Dist. No. 610

BIRTH NO.

RECEIVED
AUG 11 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bonneville (01) 3-21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho (16)
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 171 East Elva

3. NAME OF DECEASED (Type or Print) a. (First) ANDREW b. (Middle) MORONI c. (Last) JACOBSEN

4. DATE OF DEATH (Month) (Day) (Year) July 21, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married (2)
8. DATE OF BIRTH Aug. 4, 1882
9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (04)
10b. KIND OF BUSINESS OR INDUSTRY Farm (01)
11. BIRTHPLACE (State or foreign country) Bloomington, Idaho.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Andrew Jacobsen BIRTHPLACE Denmark
14. MOTHER'S MAIDEN NAME Christina Christensen BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 519-07-4455
17. INFORMANT'S OWN SIGNATURE Amy Jacobsen ADDRESS 991 1st St. Idaho Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hemmorrhage — INTERVAL BETWEEN ONSET AND DEATH 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Lung — 15 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease — 4 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 2, 1965, *to* July 21, 1965, *that I last saw the deceased alive on* July 19, 1965, *and that death occurred at* 5:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (521) Edson Call (Degree or title) M.D.
23b. ADDRESS Rigby, Idaho.
23c. DATE SIGNED July 23, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 24, 1965
24c. NAME OF CEMETERY OR CREMATORY Pioneer
24d. LOCATION (City, town, or county) (State) Rigby Jefferson Idaho

DATE REC'D BY LOCAL REG. Aug 7-1965
REGISTRAR'S SIGNATURE Anna Rudges
25. FUNERAL DIRECTOR Bruce A. Eckersell ADDRESS Rigby, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AUG 19 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho on 7/21/1965

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 2945
Local Reg. No. 286
Reg. Dist. No. 611

BIRTH NO.

RECEIVED AUG 17 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Falls LDS Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 22
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) WILLIAM c. (Last) WELCH

4. DATE OF DEATH (Month) (Day) (Year): July 21, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Dec., 7, 1889

9. AGE (In years last birthday): 75 | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Retired 01

11. BIRTHPLACE (State or foreign country): Bennington, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Wallace Welch 3 BIRTHPLACE: Mile Creek, Utah

14. MOTHER'S MAIDEN NAME: Elizabeth McArthur BIRTHPLACE: Paradise, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-14-0325

17. INFORMANT'S OWN SIGNATURE: M. L. Hansen ADDRESS: St. Anthony, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION 4427

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis

DUE TO (c) Nephrosclerosis & Azotemia

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Emphysema.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls Bonneville Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 28, 1965, *to* July 21, 1965, *that I last saw the deceased alive on* July 21, 1965, *and that death occurred at* 1:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert F. Hahn, M.D. (Degree or title): Robert F. Hahn M.D.

23b. ADDRESS: 749 Oxford, Idaho Falls, Ida.

23c. DATE SIGNED: 7/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 23 July 65

24c. NAME OF CEMETERY OR CREMATORY: Teton-Newdale Cemetery

24d. LOCATION (City, town, or county) (State): Sugar City, Madison, Idaho

DATE REC'D BY LOCAL REG.: Aug 2-1965

REGISTRAR'S SIGNATURE: Anna Budge

25. EMBALMER: M. L. Hansen LICENSE NO.: E-354

FIRM NAME: Hansen Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Permit issued

RECEIVED AUG 17 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2946
Local Reg. No. 201
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) x
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 060 b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aberdeen
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) ANDREW b. (Middle) c. (Last) MILLER

4. DATE OF DEATH (Month) (Day) (Year) July 22, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Sept. 28, 1887
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months 9 Days 24 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Farm 01
11. BIRTHPLACE (State or foreign country) Grime, Russia
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Wendelen Miller — BIRTHPLACE Russia
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 504-10-5922
17. INFORMANT'S OWN SIGNATURE Henry Miller — ADDRESS Aberdeen, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

451X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Gangrene of Bowel — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Resection Aortic Aneurysm
DUE TO (c) Arterio Sclerotic Heart Disease unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Aortic aneurysm
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Idaho Falls Bonneville Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1965, *to* July, 1965, *that I last saw the deceased alive on* July 22, 1965, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Robert F. Hahn 196
23b. ADDRESS Idaho Falls, Idaho
23c. DATE SIGNED 7/26/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Rem. & Burial 2
24b. DATE 7-26-65
24c. NAME OF CEMETERY OR CREMATORY Aberdeen Cemetery
24d. LOCATION (City, town, or county) (State) Aberdeen, Idaho

DATE REC'D BY LOCAL REG. Aug. 2-1965
REGISTRAR'S SIGNATURE Anna Bridges
25. EMBALMER Orland C. Beck
LICENSE NO. E-250

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Davis Furniture & Mortuary, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2947
Local Reg. No. 2647
Reg. Dist. No. 610

RECEIVED AUG 17 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville (10) 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 2days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	SUZY	MAXINE	UNDERWOOD	July 23, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never married	Feb. 3, 1955	10	5	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 03 77	Grade school 01	Aberdeen, Idaho	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jesse Underwood	Sterling, Idaho	Nelda Huckaby	Hall Summit, La.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	X Jesse M Underwood	Aberdeen, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

2238

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) impaired spinal cord circulation — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) surgical removal of spinal cord tumor — 1 day

DUE TO (c) tumor present since birth — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7-22-65	dumbell spinal cord tumor (neurofibroma)	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7-21-65, 19____, *to* 7-23-65 19____, *that I last saw the deceased alive on* 7-23-65, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George L. Barnard MD 027	444 Ronglyn Ave. Idaho Falls, Idaho	7-31-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem. & Burial	7-27-65	Aberdeen Cemetery	Aberdeen, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 3-1965	Anna Bridges	H. L. Davis	E-253

FIRM NAME Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 19 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED
AUG 1 1 1965
Bureau of Vital Statistics

STATE OF IDAHO

State File No. 2948
Local Reg. No. 210
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH 101
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 269 G St.

3. NAME OF DECEASED (Type or Print)
a. (First): Bessie
b. (Middle): Bernice
c. (Last): Davis

4. DATE OF DEATH (Month) (Day) (Year): July 25, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Oct 11, 1916
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months 9, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Lewisville, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: William Reuben Casper — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Geneva Ma tilda Peterson — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Richard L. Davis — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of right lung with metastasis to the brain — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-21-65
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls, Bonneville, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-7-65, 19__, *to* 7-25-65, 19__, *that I last saw the deceased alive on* July 23 1965 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): X S. Blair E. Dunworth 156
23b. ADDRESS: 1106 S. Blvd., Idaho Falls, Ida.
23c. DATE SIGNED: 8-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 28, 1965
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Aug. 5-1965
REGISTRAR'S SIGNATURE: Anne C. Bridges
25. EMBALMER: Leo A. Williams
LICENSE NO.: E-319

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

APR 6 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 24 2013

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2949
Local Reg. No. 285
Reg. Dist. No. 610

BIRTH NO.

RECEIVED AUG 17 1965 Vital Statistics Bureau of Health

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (in this place): 24 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Falls LDS Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony, Idaho
d. STREET ADDRESS (If rural, give location): 46 East Main

3. NAME OF DECEASED (Type or Print): a. (First) JANETTE b. (Middle) BEST c. (Last) PARK

4. DATE OF DEATH: (Month) (Day) (Year) July 26, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Feb., 10, 1878
9. AGE (In years last birthday): 87 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Hudson, Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Gordon R. Best — BIRTHPLACE: Cornwall, Ontario
14. MOTHER'S MAIDEN NAME: Margaret Brown — BIRTHPLACE: Cornwall, Ontario

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Gordon R. Best ADDRESS: Council Bluffs, Iowa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Benign Hypertension — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1965, *to* July, 1965, *that I last saw the deceased alive on* July, 1965, *and that death occurred at* 2 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] MD
23b. ADDRESS: St Anthony Ida
23c. DATE SIGNED: 7/28/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 29 July 65
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Council Bluffs, Iowa

DATE REC'D BY LOCAL REG.: Aug-2-1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: M. S. Hansen
LICENSE NO.: E-354

FIRM NAME: Hansen Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Harvey

Certificate of Death

STATE OF IDAHO

State File No. 2950
Local Reg. No. 276
Reg. Dist. No. 610

RECEIVED AUG 19 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho FAlls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Henry
c. (Last): Sortor

4. DATE OF DEATH (Month) (Day) (Year): July 27, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: March 6, 1877
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months 4, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Azalia Michigan
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Washington Sortor — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Katherine Vandyke — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Alma Hendrickson — ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis

DUE TO (c) + Causes incidental to age

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harvey A. Hatch M.D. 208
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 30, 1965
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Aug. 13-1965
REGISTRAR'S SIGNATURE: Anna Budge
25. EMBALMER: Geo A Williams
LICENSE NO.: E. 319

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Mc Millan

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 2951
Local Reg. No. 217
Reg. Dist. No. 610

BIRTH NO.

101 AUG 1 1 1965

Bureau of Vital Stat. 000

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Christoph
b. (Middle):
c. (Last): Klingler

4. DATE OF DEATH (Month) (Day) (Year): July 29, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: August 18, 1886
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 11, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 56
10b. KIND OF BUSINESS OR INDUSTRY: Utah Power & Light 22
11. BIRTHPLACE (State or foreign country): Rexburg, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fredrick Ludwig Klingler — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Anna Maria Bauer — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Kenneth Klingler — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Carcinoma of the prostate

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-9-, 1958, *to* 7-29-, 1965 *that I last saw the deceased alive on* 7-28-, 1965, *and that death occurred at* 2:00a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John S McMillan MD 348
23b. ADDRESS: 550 Fourth St., Idaho Falls
23c. DATE SIGNED: 8-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 31, 1965
24c. NAME OF CEMETERY OR CREMATORY: Rexburg City Cemetery
24d. LOCATION (City, town, or county) (State): Rexburg, Idaho

DATE REC'D BY LOCAL REG.: Aug 5 1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Leo A. Nelleius
LICENSE NO.: E-319

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

AUG 26 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2952
Local Reg. No. 34-65
Reg. Dist. No. 100

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 27 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundary 110
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
c. LENGTH OF STAY (in this place) 9 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home on Rural Route #1 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 110
b. COUNTY Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print)
a. (First) EMMA
b. (Middle) ANNA MARIE
c. (Last) VINION

4. DATE OF DEATH (Month) (Day) (Year) July 9, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2
8. DATE OF BIRTH May 8, 1885
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Homemaking 01
11. BIRTHPLACE (State or foreign country) Berlin, Germany
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Otto Engel — BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Emma Gatz — BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE F. S. Vinion — ADDRESS Bonners Ferry Idaho

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C.V.A. — INTERVAL BETWEEN ONSET AND DEATH 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. recurrent intestinal obstruction

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1962, *to* 7/9, 1965, *that I last saw the deceased alive on* 7/9, 1965, *and that death occurred at* 11:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 153, M.D. (Degree or title)
23b. ADDRESS Bonners Ferry
23c. DATE SIGNED 7/12/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/12/65
24c. NAME OF CEMETERY OR CREMATORY City of Libby Cemetery
24d. LOCATION (City, town, or county) Libby (State) Montana

DATE REC'D BY LOCAL REG. July 15, 1965
REGISTRAR'S SIGNATURE Troyla Stone
25. FUNERAL DIRECTOR [signature] — ADDRESS Bonners Ferry, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Charles O. Malone Lic. No. E-453 at Bonners Ferry on 7/9/65

ADDITIONAL REMARKS by Physician

RECEIVED JUL 27 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2953
Local Reg. No. 35-65
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary 110
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Star Route #1 100

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): Star Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): FREDERICK
c. (Last): SCHAEFFNER

4. DATE OF DEATH (Month) July (Day) 12 (Year) 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: February 8, 1893
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 01
11. BIRTHPLACE (State or foreign country): Loyal, Wisconsin
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Edward Schaeffner — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Pauline Zipful — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW I 3
16. SOCIAL SECURITY NO.: 518-26-6685
17. INFORMANT'S OWN SIGNATURE: John A. Schaeffner — ADDRESS: Bonners Ferry

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured or temporal bone + chest bilaterally

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Fractured neck
DUE TO (c) Tractor accident

INTERVAL BETWEEN ONSET AND DEATH: Instant.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident 02
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm 13
21c. (CITY, TOWN, OR TOWNSHIP) 110 Bonners Ferry (COUNTY) Boundary (STATE) Idaho

21d. TIME OF INJURY (Month) 7 (Day) 12 (Year) 65 (Hour) 7A m.
21e. INJURY OCCURRED: WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Tractor jacknifed and ran over body

22. *I hereby certify that I attended the deceased from* INVESTIGATION ONLY, *19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 153 (Degree or title) MD
23b. ADDRESS: Bonners Ferry, Idaho
23c. DATE SIGNED: 7/12/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/16/65
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county): Bonners Ferry (State) Idaho

DATE REC'D BY LOCAL REG.: July 15, 1965
REGISTRAR'S SIGNATURE: Pivyla Stone
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Bonners Ferry, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Charles O. Malone Lic. No. E-453 at Bonners Ferry on 7/12/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 2954
Local Reg. No. 36-65
Reg. Dist. No. 100

RECEIVED JUL 30 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary (110)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 34 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home on Route #1 (002)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (110)
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) ILMER; b. (Middle) ALEXANDER; c. (Last) MADSON

4. DATE OF DEATH: (Month) (Day) (Year): July 21, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married (2)

8. DATE OF BIRTH: May 17, 1901

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (04)

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture (61)

11. BIRTHPLACE (State or foreign country): Portal, North Dakota

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Crist O. Madson
BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Clara Gustafson
BIRTHPLACE: Hartland, Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-42-5004

17. INFORMANT'S OWN SIGNATURE: Mrs. I. A. Madson
ADDRESS: BonnersFerry Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 1577 Pancreatic Carcinoma
INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7/2/65
19b. MAJOR FINDINGS OF OPERATION: Inoperable carcinoma
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-2, 1965, *to* 7-21, 1965, *that I last saw the deceased alive on* 7-21, 1965, *and that death occurred at* 9 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (103) (Degree or title): MD
23b. ADDRESS: Bonners Ferry
23c. DATE SIGNED: 7/24/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/24/65
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.: July 27, 1965
REGISTRAR'S SIGNATURE: Freyda Stone
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Bonners Ferry, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Charles O. Malone Lic. No. E-453 at Bonners Ferry on 7/21/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 2955 57-85
Local Reg. No. 100
Reg. Dist. No.

BIRTH NO.

RECEIVED JUL 30 1965 Bureau of V

1. PLACE OF DEATH
a. COUNTY Boundary 110 3-02
b. CITY OR TOWN Bonners Ferry (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Route #1 100

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 110
b. COUNTY Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Naples
d. STREET ADDRESS (If rural, give location) General Delivery

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM
b. (Middle) JEFFERSON
c. (Last) McAVOY

4. DATE OF DEATH (Month) (Day) (Year) July 21, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH June 14, 1901
9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sawmill Owner 74
10b. KIND OF BUSINESS OR INDUSTRY Lumberbing 13
11. BIRTHPLACE (State or foreign country) Webster County, W. Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Scott McAvoy
BIRTHPLACE Virginia
14. MOTHER'S MAIDEN NAME Josephine Ruckman
BIRTHPLACE West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 525-05-8015
17. INFORMANT'S OWN SIGNATURE Ellen A. McAvoy ADDRESS Sandpoint, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Loss of L. Arm + Leg — 6 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1960 to 7/21, 1965, that I last saw the deceased alive on 7/21, 1965, and that death occurred at 9:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Bonners Ferry Ida
23c. DATE SIGNED 7/24/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/24/65
24c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery
24d. LOCATION (City, town, or county) Bonners Ferry (State) Idaho

DATE REC'D BY LOCAL REG. July 27, 1965
REGISTRAR'S SIGNATURE Lucyle Stone
25. FUNERAL DIRECTOR
ADDRESS Bonners Ferry, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

AUG 10 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Charles O. Malone Lic. No. E-453 at Bonners Ferry on 7/22/65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2956
Local Reg. No. 38-65
Reg. Dist. No. 100

BIRTH NO.

AUG 2 1965

Bureau of Vital Statistics

1. PLACE OF DEATH — a. COUNTY: BOUNDARY 110 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BONNERS FERRY — c. LENGTH OF STAY (in this place): 3 WKS

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): COMMUNITY HOSPITAL 017

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: IDAHO 110 — b. COUNTY: BOUNDARY — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BONNERS FERRY — d. STREET ADDRESS (If rural, give location): 322 W. JACKSON

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HAROLD	JOSEPH	LIPTON	JULY 24, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED 2	9/10/16	48				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HEAVY EQUIPMENT OPR.	ROAD MAINTENANCE 01	GREAT FALLS, MONTANA	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
ANTHONY LIPTON	OHIO	HANNAH HUSKY	PENNSYLVANIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WW II	518-05-5157	Donna Lipton	Bonners Ferry Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 23 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Congestive heart failure — 23 days; Paralysis left upper extremity — 9 mos

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7-1, 1965, *to* 7-24, 1965, *that I last saw the deceased alive on* 7/24, 1965, *and that death occurred at* 4:20 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Bonners Ferry Ida	7/27/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/27/65	Grandview Cemetery	Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 30, 1965	Wyla Stone	[signature]	Bonners Ferry, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

AUG 3 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 13 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

FEB 2 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the ~~deceased, who shall specify the time in attendance,~~ the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Charles O. Malone Lic. No. E-453 at Bonners Ferry on 7/24/65

ADDITIONAL REMARKS by Physician

State File No. 2957
Local Reg. No. 39-65
Reg. Dist. No. 100

RECEIVED
AUG 13 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 110
a. COUNTY: Boundary 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Enroute to Hospital 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): P. O. Box #586

3. NAME OF DECEASED (Type or Print)
a. (First): CLAUDE
b. (Middle): GLADSTONE
c. (Last): RONEN

4. DATE OF DEATH (Month) (Day) (Year): July 29, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: January 23, 1903
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 01
11. BIRTHPLACE (State or foreign country): St. Charles, Missouri
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: William Ronen — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Lelia Ferrell — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 540-20-0764
17. INFORMANT'S OWN SIGNATURE: Sadie C. Ronen — ADDRESS: Bonners Ferry, Idaho

18. CAUSE OF DEATH 492X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Virus Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Chronic Myocarditis
Conditions contributing to the death but not related to the disease or condition causing death. Senile Atherosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/24, 1965, *to* 7/28, 1965, *that I last saw the deceased alive on* 7/28, 1965, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 150 (Degree or title): Fred W. Dixon MD
23b. ADDRESS: Bonners Ferry
23c. DATE SIGNED: 8/7/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/2/65
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Bonners Ferry, Idaho

DATE REC'D BY LOCAL Aug. 5, 1965
REGISTRAR'S SIGNATURE: Pwyla Stone
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Bonners Ferry, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AUG 18 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Charles O. Malone Lic. No. E-453 at Bonners Ferry on 7/29/65

ADDITIONAL REMARKS by Physician

State File No. 2958
Local Reg. No. 1
Reg. Dist. No. 670

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

120 AUG 11 1965
Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Butte 120	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 120 b. COUNTY: Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Arco c. LENGTH OF STAY (in this place): 55 yrs. 000	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Arco
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 25 Miles West of Arco	d. STREET ADDRESS (If rural, give location): 25 Miles West of Arco

3. NAME OF DECEASED (Type or Print)	a. (First): Vern	b. (Middle): R. 000	c. (Last): Markle	4. DATE OF DEATH (Month) (Day) (Year): July 20, 1965
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4	8. DATE OF BIRTH: Oct. 12, 1890	9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner 07	10b. KIND OF BUSINESS OR INDUSTRY: Mining 01	11. BIRTHPLACE (State or foreign country): Bellevue, Idaho	12. CITIZEN OF WHAT COUNTRY?: U. S. A.	
13. FATHER'S NAME: Edward Markle	BIRTHPLACE: Penn.	14. MOTHER'S MAIDEN NAME: Anna E. (MNU)	BIRTHPLACE: Millheim, Penn.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-32-7511	17. INFORMANT'S OWN SIGNATURE: X Floyd W. Markle	ADDRESS: Stanley, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* As Coroner only-Did not see alive *, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 3:00p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. W. Marvel 583	(Degree or title): Butte Co. Coroner 4	23b. ADDRESS: Arco, Idaho	23c. DATE SIGNED: 7-26-65
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 7-23-65	24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery	24d. LOCATION (City, town, or county) (State): Arco, Idaho
DATE REC'D BY LOCAL REG.: August 8-1965	REGISTRAR'S SIGNATURE: Betty J. Marvel	25. EMBALMER: C. W. Marvel	LICENSE NO.: E-457

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Marvel Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2959
Local Reg. No. 23
Reg. Dist. No. 360

RECEIVED JUL 27 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (In this place): 6000
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
d. STREET ADDRESS (If rural, give location): Rt. # 5

3. NAME OF DECEASED (Type or Print): a. (First) Pearl; b. (Middle) L.; c. (Last) Crew

4. DATE OF DEATH: (Month) June (Day) 3, (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Sept. 1, 1885

9. AGE (In years last birthday): 79 IF UNDER 1 YEAR Months: 9 Days: 2 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (2)

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): Douglas County, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Proctor — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Sarah Alsup — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: Ernest L. Crew — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): ASHD 420.0 — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Generalized arteriosclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Generalized neurofibromatosis

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 5/25, 1964, *to* 6/3, 1965, *that I last saw the deceased alive on* 6/3, 1965, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald C. Doneman M.D. 034

23b. ADDRESS: 1819 Ellis Caldwell, Ida

23c. DATE SIGNED: 7-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 8, 1965

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery

24d. LOCATION (City, town, or county) (State): Caldwell Idaho

DATE REC'D BY LOCAL REG.: 7-21-1965

REGISTRAR'S SIGNATURE: Vera Dakan

25. EMBALMER: Merville D. Dann

LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan-Davis Chapel, Caldwell

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2960
Local Reg. No. 24
Reg. Dist. No. 360

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

JUL 27 1965 000

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 407 Elgin St.

3. NAME OF DECEASED (Type or Print)
a. (First): Blanche
b. (Middle): (NMI)
c. (Last): Zuniga

4. DATE OF DEATH (Month) (Day) (Year): June 11, 1965

5. SEX: Female
6. COLOR OR RACE: Negro 2
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 3, 1906
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months 7, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wakego, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Jess Zuniga — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0 Congestive

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure with pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1959, *to* June 10, 1965, *that I last saw the deceased alive on* June 10, 1965, *and that death occurred at* 2:39a *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 275 (Degree or title): M. D.
23b. ADDRESS: 1201 S. Kimball, Caldwell, Idaho
23c. DATE SIGNED: July 19'65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 14, 1965
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 7-21-1965
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Merville D Davis — LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician Increasing signs of cardiac failure had been noticed for weeks, but acute respiratory distress was of about an hour's duration. [illegible]

Certificate of Death

STATE OF IDAHO

State File No. 2961
Local Reg. No. 27
Reg. Dist. No. 360

BIRTH NO.

RECEIVED
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 14 | AUG 2 1965 | 600
b. CITY OR TOWN: Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 05

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 14 | b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 921 So. 10th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Corinne	Elder	Hayman	June 23, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed 2	April 29, 1883	82	1	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00	00	Keene, Ohio	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William D. Wallace	Ohio	Margaret Elder	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Mrs. John Hayman	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardiovascular — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Ulcers.

DUE TO (c) Calcific aortic stenosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 1955, *to* 6-27-1965, *that I last saw the deceased alive on* 6-23, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles Lemuel 280	M.D.	Caldwell, Idaho	7-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 28, 1965	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-29-1965	Vera Dakan	Merville Davis	E-399

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 9 1965

JAN 28 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2962
Local Reg. No. 32
Reg. Dist. No. 360

RECEIVED JUL 29 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 14
b. CITY OR TOWN Caldwell, Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Blakely Nursing Home 177

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 14 b. COUNTY Canyon
c. CITY OR TOWN Caldwell, Idaho
d. STREET ADDRESS (If rural, give location) 210 Cleveland Blvd.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FRANK	ANTHONY	TROESCHER	6	26	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married 3	April 10, 1876	89	2	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroader 70
10b. KIND OF BUSINESS OR INDUSTRY Retired 00
11. BIRTHPLACE (State or foreign country) Cincinnati, Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward J. Troescher BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Margaret Flick BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE x Frances M. Byer ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic
DUE TO (c) cardio vascular disease — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1957, to death, 19__, that I last saw the deceased alive on 6-25, 1965, and that death occurred at 10 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Caldwell Ida	7-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/30/65	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-27-1965	Vera Dakan	Leonard C. Flahiff	E-481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 11 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 27 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2963
Local Reg. No. 762
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blulevard Nursing Home 284

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142 b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 503-9th. Ave. South

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LAURA	B.	DAVIS	June 27, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Oct. 9, 1873	91				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	01	Winona, Minn.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Ashcroft	Ohio	Margaret Sands	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Mrs. James DeLousay	503-9th. Ave. So.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebro Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* —, 19 62, *to* June, 19 65, *that I last saw the deceased alive on* June 25, 19 65, *and that death occurred at* 1:40P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Gaylon C. Crane MD	Nampa Idaho	7-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 30, 1965	Kohlerlawn Cemetery	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 27, 1965	Jane Doe	Jerry J. Kronk	E-447

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2964
Local Reg. No. 58
Reg. Dist. No. 360

BIRTH NO.

RECEIVED
AUG 17 1965
Bureau of

1. PLACE OF DEATH
a. COUNTY: Canyon 14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 65

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 14
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 522 Fillmore

3. NAME OF DECEASED (Type or Print): a. (First) Derral b. (Middle) c. (Last) Ramsey

4. DATE OF DEATH (Month) (Day) (Year): June 30, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: May 26, 1912
9. AGE (In years last birthday): 53
IF UNDER 1 YEAR: Months 1 Days 4
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Nyssa, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank E. Ramsey
BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Jeanette Johnson
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-05-5629
17. INFORMANT'S OWN SIGNATURE: x Richard P. Ramsey
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac standstill following ventricular fibrillation which occurred

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) by pulmonary edema due to chronic myocardial disease

DUE TO (c) based on arteriosclerotic & atherosclerotic disease. Also Bronchial asthma & emphysema

INTERVAL BETWEEN ONSET AND DEATH
(a) few moments
(b) 20 minutes - 2 hrs
(c) years
years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 22, 1958, to June 30, 1965, that I last saw the deceased alive on June 30, 1965, and that death occurred at 3:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE: Jeff Kellogg 275
(Degree or title): M. D.
23b. ADDRESS: 1201 S. Kimball, Caldwell, Idaho
23c. DATE SIGNED: Aug. 11, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 6, 1965
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: 8-14-1965
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: [signature]
LICENSE NO.: E-285

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 24 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2965
Local Reg. No. 961
Reg. Dist. No. 363

RECEIVED JUL 27 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Park View Manor 296

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 140
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma
d. STREET ADDRESS (If rural, give location) Box 509

3. NAME OF DECEASED (Type or Print): a. (First) Vera b. (Middle) Irene c. (Last) Pollard

4. DATE OF DEATH (Month) (Day) (Year): July 2, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Feb. 10, 1896

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months 4 Days 22
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): North Platte, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Swigert
BIRTHPLACE: Nebraska

14. MOTHER'S MAIDEN NAME: Flora Zanier
BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE: Bernard F. Pollard
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 260X Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Diabetes Mellitus — 1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-10, 1963, to July, 1965, *that I last saw the deceased alive on* 6-23, 1965, *and that death occurred at* ____ m. *from the causes and on the date stated above.*

23a. SIGNATURE: Brandon Olson (Degree or title) MD
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: 7-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 7, 1965
24c. NAME OF CEMETERY OR CREMATORY: Roswell Cemetery
24d. LOCATION (City, town, or county) (State): Roswell, Idaho

DATE REC'D BY LOCAL REG.: July 24 1965
REGISTRAR'S SIGNATURE: Jane Steck

25. EMBALMER: Kenneth Spence
LICENSE NO.: E-395

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 13 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2966
Local Reg. No. 11
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell 000
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 14
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma
d. STREET ADDRESS (If rural, give location) P. O. Box 273

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Frederick	Simpson	Stringfield	July 2, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Aug. 1, 1876	88	11	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00	00	Falls City, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William H. Stringfield	Kentucky	Pamelia Brown	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	712-05-1112	X Eva M. Stringfield	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 5271 Pulmonary Emphysema — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cor Pulmonale — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic C.V.D.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec 28, 1952 *to* death, 19—, *that I last saw the deceased alive on* July 1, 1965 *and that death occurred at* 7:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Caldwell	7-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	July 6, 1965	Canyon Hill Cemetery	Caldwell,	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-8-1965	Vera Dakan	[signature]	E-285

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida,

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Amended August 10, 1965

Certificate of Death

STATE OF IDAHO

State File No. 2967
Local Reg. No. 154
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 216 - 12th Ave. Rd.

3. NAME OF DECEASED (Type or Print): a. (First) LEWIS; b. (Middle) A.; c. (Last) McDOWELL

4. DATE OF DEATH: (Month) July (Day) 2, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: June 20, 1893

9. AGE (In years last birthday): 72 — If UNDER 1 YEAR: Months / Days — If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carman 70

10b. KIND OF BUSINESS OR INDUSTRY: P.F.E. 05

11. BIRTHPLACE (State or foreign country): Sweet Wood, Oregon

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charlie McDowell — BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W.I 3

16. SOCIAL SECURITY NO.: 700-09-3333

17. INFORMANT'S OWN SIGNATURE: Louise Weedman — ADDRESS: Palo Alto, Calif.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ruptured Left Ventricular Myocardium — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocardial Infarction — 4 days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES XX NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-16, 1956, *to* 7-2, 1965, *that I last saw the deceased alive on* 7-2, 1965, *and that death occurred at* 8:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE: T. C. Horton, M.D. 245 (Degree or title)

23b. ADDRESS: Nampa, Idaho

23c. DATE SIGNED: 7-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-7-65

24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery

24d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: 7-9-1965

REGISTRAR'S SIGNATURE: Jane Steck

25. EMBALMER: M. B. Shepherd

LICENSE NO.: 473

FIRM NAME: Shepherd Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

7-22-65

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Canyon }

Certificate No.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)

for Lewis A. McDowell (Name on Original Certificate) who died (Was Born or Died) on July 2, 1965 (Date of Event)

in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Item 7	Divorced	Married

Subscribed and sworn to before me this 26th day of July, 1965

Wm. J. Brauner

Notary Public, residing at Caldwell, Idaho

My commission expires June 12, 1969

(Seal)

Signed Shepherd Mortuary

W. B. Shepherd

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

415-12th Ave So. Box 1009 Nampa, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of July, 1965

Nils Aylsen

Notary Public, residing at Nampa, Idaho

My commission expires Feb. 18, 1967

(Seal)

Signed x Wm. J. Brauner

(Signature of Any Credible Person)

Western Bldg Caldwell, Idaho

(Street Address, City, State)

FORM DH 60-155

7-22-65

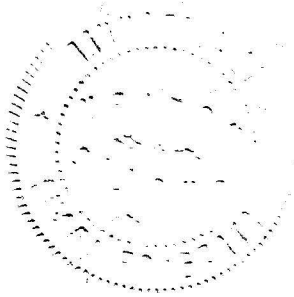

Certificate of Death

STATE OF IDAHO

State File No. 154
Local Reg. No. 154
Reg. Dist. No. 362

RECEIVED
JUL 13 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
LENGTH OF STAY (in this place): 2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 216 12th AVE. RD.

3. NAME OF DECEASED (Type or Print): a. (First) LEWIS b. (Middle) A. c. (Last) McDOWELL

4. DATE OF DEATH (Month) (Day) (Year): JULY 2, 1965

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED

8. DATE OF BIRTH: JUNE 20, 1893

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED CARMAN

10b. KIND OF BUSINESS OR INDUSTRY: P.F. E.

11. BIRTHPLACE (State or foreign country): SWEET WOOD, OREGON

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: CHARLIE McDOWELL
BIRTHPLACE: NO RECORD

14. MOTHER'S MAIDEN NAME: NO RECORD
BIRTHPLACE: NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): W.W. I

16. SOCIAL SECURITY NO.: 700-09-3333

17. INFORMANT'S OWN SIGNATURE: x Louise Weedman
ADDRESS: PALO ALTO CALIF.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ruptured Left Ventricular Myocardium — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Myocardial Infarction — 4 days

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES XX NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-16, 1956, *to* 7-2-65, 19___, *that I last saw the deceased alive on* 7-2, 1965, *and that death occurred at* 8:50P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T C Horton MD

23b. ADDRESS: NAMPA, IDAHO

23c. DATE SIGNED: 7-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 7-7-65

24c. NAME OF CEMETERY OR CREMATORY: STAR CEMETERY

24d. LOCATION (City, town, or county) (State): STAR IDAHO

DATE REC'D BY LOCAL REG.: July 9 1965

REGISTRAR'S SIGNATURE: Jane Stuck

25. EMBALMER: [signature]

LICENSE NO.: 473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 15 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 20 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 10 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2968
Local Reg. No. 164
Reg. Dist. No. 363

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 27 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boulevard Nursing Home 284

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Angeline
b. (Middle):
c. (Last): Downs

4. DATE OF DEATH (Month) (Day) (Year): July 3, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb. 22, 1868
9. AGE (In years last birthday): 97 — IF UNDER 1 YEAR: Months 4, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Caneyville, Kentucky
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Noah Harrel — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Polly Ann Morris — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Linford M Downs — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 332X Cerebro Vascular Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic vascular disease — 10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-8-, 1962, *to* July, 1965, *that I last saw the deceased alive on* 6-24, 1965, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Graydon O Cron M — 118 (Degree or title)
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 7-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 8, 1965
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: July 27, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: James R. Dakan — LICENSE NO.: E-485

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2369
Local Reg. No. 12
Reg. Dist. No. 360

Certificate of Death

RECEIVED
JUL 13 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1105 Belmont St.

3. NAME OF DECEASED (Type or Print)
a. (First): Gladys
b. (Middle): P.
c. (Last): Burton

4. DATE OF DEATH (Month) (Day) (Year): July 3, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Sept. 22, 1907
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months 9, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Parma, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Gus Barth — BIRTHPLACE: Michigan
14. MOTHER'S MAIDEN NAME: Lottie A. Fulton — BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-42-1430
17. INFORMANT'S OWN SIGNATURE: Chap Burton — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

170X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Brain Tumor — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Breast Adenocarcinoma
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1965, *to* July 3, 1965, *that I last saw the deceased alive on* July 2, 1965, *and that death occurred at* 2:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R H Jensen 258 MD
23b. ADDRESS: Robert H. Jensen, M.D. 222 EAST LOGAN CALDWELL, IDAHO
23c. DATE SIGNED: JUL 6 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 6, 1965
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell Idaho

DATE REC'D BY LOCAL REG.: 7-8-1965
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Kenneth Spence — LICENSE NO.: E-395

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2970
Local Reg. No. 155
Reg. Dist. No. 363

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 13 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 142
a. COUNTY: Canyon 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna-Rural
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): LUCILLE
c. (Last): SIMANEK

4. DATE OF DEATH (Month) (Day) (Year): July 3, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 24, 1915
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Marysville Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Richard Kirkam — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Sophia Smith — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-38-9718
17. INFORMANT'S OWN SIGNATURE: Ben Simanek — ADDRESS: Kuna, Ida.

18. CAUSE OF DEATH 190.9
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Melanoma - R Cortex — INTERVAL BETWEEN ONSET AND DEATH: 4 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Ca of Breast c Metastasis — 5 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3/24/65, 19__, *to* 7/3/65, 19__, *that I last saw the deceased alive on* 7/3/65, 19__, *and that death occurred at* 7:30A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold Brown
23b. ADDRESS: 619 So. Canyon, Nampa, Idaho
23c. DATE SIGNED: 7/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 7, 1965
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: July 9, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Larry S. Kroush — LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 15 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 16 1965 Bureau of Vital Statistics

State File No. 2971
Local Reg. No. 77
Reg. Dist. No. 560

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 14 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, 1324 Chicago St. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 14
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1324 Chicago St.

3. NAME OF DECEASED (Type or Print): a. (First) Thomas; b. (Middle) Harrison; c. (Last) Selves

4. DATE OF DEATH: (Month) (Day) (Year): July 6, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Feb. 26, 1889

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): Durham, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Thomas Selves
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Catherine Jefferies
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 544-12-7062

17. INFORMANT'S OWN SIGNATURE: X Winnie E Selves
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 332X MULTIPLE SMALL CEREBRAL THROMBOSES — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CEREBRAL ARTERIOSCLEROSIS — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. LEFT HEMIPLEGIA — 5 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1963, *to* July, 1965, *that I last saw the deceased alive on* July 4, 1965, *and that death occurred at* 5:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald D Price MD
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 7/10/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: July 7, 1965
24c. NAME OF CEMETERY OR CREMATORY: River Abbey
24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: 7-14-65
REGISTRAR'S SIGNATURE: Freda G. Hunt Deputy

25. EMBALMER: Merville D Davis
LICENSE NO.: E-399
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 30 1982

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2972
Local Reg. No. 15
Reg. Dist. No. 560

BIRTH NO.

RECEIVED
JUL 16 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 14 / 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 057

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 723 N. Kimball Avenue
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Grace b. (Middle) P. c. (Last) Groome

4. DATE OF DEATH (Month) (Day) (Year): July 6, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: March 21, 1888

9. AGE (In years last birthday): 77 | IF UNDER 1 YEAR Months: 3 Days: 15 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Providence, Rhode Island

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jedsie Potter
BIRTHPLACE: Rhode Island

14. MOTHER'S MAIDEN NAME: Susan C. Gould
BIRTHPLACE: Rhode Island

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-24-6389

17. INFORMANT'S OWN SIGNATURE: Susan Groome Corbett ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2½ mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — Progressive
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19 Sep, 1959, *to* 6 Jul, 1965, *that I last saw the deceased alive on* 6 Jul, 1965, *and that death occurred at* 6:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles E. Krause 295 (Degree or title): M.D.
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: 10 Jul 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 12, 1965
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell Idaho

DATE REC'D BY LOCAL REG.: 7-14-65
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: Jesse R. Dakan
LICENSE NO.: E-485
FIRM NAME: Peckham-Dakan-Davis, Caldwell

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 20 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 2973
Local Reg. No. 156
Reg. Dist. No. 362

Certificate of Death

RECEIVED
JUL 13 1965
Bureau of Vital Statistics

BIRTH NO.

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home-712-7 Street South 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 712-7Street South

3. NAME OF DECEASED (Type or Print)
a. (First): ARTHUR
b. (Middle): E.
c. (Last): ORD

4. DATE OF DEATH (Month) (Day) (Year): July 6, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Jan. 24, 1904
9. AGE (In years last birthday): 61 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Salesman 19
10b. KIND OF BUSINESS OR INDUSTRY: Dept. Store 14
11. BIRTHPLACE (State or foreign country): Nephi Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Robert James Ord — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Ermma Lillian Olmstead — BIRTHPLACE: Nevada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519 07 1030
17. INFORMANT'S OWN SIGNATURE: Sharon J. Reed — ADDRESS: New York

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Found, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 3:00P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C Wesche 583 M.D. Coroner
23b. ADDRESS: Nampa - Idaho
23c. DATE SIGNED: 7-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 9, 1965
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: July 12, 1965
REGISTRAR'S SIGNATURE: June Steck
25. EMBALMER: Larry J. Krouse — LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 14 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 2974
Local Reg. No. 27
Reg. Dist. No. 360

BIRTH NO. 65-6783

RECEIVED JUL 21 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon (141)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY IN THIS PLACE:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (141)
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ANDY; b. (Middle) SCOTT (051); c. (Last) TAYLOR

4. DATE OF DEATH: (Month) 7 (Day) 7 (Year) 65

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: July 6, 1965

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 1; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant (02)

10b. KIND OF BUSINESS OR INDUSTRY: Infant (09)

11. BIRTHPLACE (State or foreign country): Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Don E. Taylor — BIRTHPLACE: Kimball, Neb.

14. MOTHER'S MAIDEN NAME: June Ward — BIRTHPLACE: Brunswick, Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Donald E Taylor — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyaline Membrane Disease of Lungs (7730) — INTERVAL BETWEEN ONSET AND DEATH: 30 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 6, 1965, *to* July 7, 1965, *that I last saw the deceased alive on* July 6, 1965, *and that death occurred at* 7:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Robert H. Jensen M.D. (258)

23b. ADDRESS: Robert H. Jensen, M.D. 222 EAST LOGAN

23c. DATE SIGNED: JUL 7 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/8/65

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): CALDWELL, IDAHO — Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 7-19-1965

REGISTRAR'S SIGNATURE: Vera Dakan

25. EMBALMER: Leonard C. Flahiff (E-481)

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 16 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2975
Local Reg. No. 16
Reg. Dist. No. 36C

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 141 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 140 b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Greenleaf
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Myron	(NMI)	Holton	July 8, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	July 15, 1890	74	11	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 60
10b. KIND OF BUSINESS OR INDUSTRY 67
11. BIRTHPLACE (State or foreign country) Marysville, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Holton	Penn.	Gem Sheets	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-32-1815
17. INFORMANT'S OWN SIGNATURE & ADDRESS Lela M. Holton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 332X Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Adenocarcinoma Rectum

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19__, to July 8, 1965, that I last saw the deceased alive on July 7, 1965, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
Robert H. Jensen M.D.	Robert H. Jensen, M.D. 222 EAST LOGAN	7/16/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 10, 1965	Greenleaf Cemetery	CALDWELL IDAHO Greenleaf, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-14-65	Irene H. Hunt, Deputy		E-285

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan-Davis, Caldwell

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

JUL

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2276
Local Reg. No. 139
Reg. Dist. No. 362

BIRTH NO.

JUL 19 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: CANYON 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place): 4 HRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL 650

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 142
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 412 5th AVE. SOUTH

3. NAME OF DECEASED (Type or Print): a. (First) CONRAD b. (Middle) (nmn) c. (Last) WINTER

4. DATE OF DEATH: (Month) JULY (Day) 8, (Year) 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
MALE	WHITE	MARRIED 3	FEB. 18, 1890	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED CUSTODIAN
10b. KIND OF BUSINESS OR INDUSTRY: NAMPA SCHOOLS 81
11. BIRTHPLACE (State or foreign country): BEAVER HEAD COUNT, MONTANA
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: CONRAD WINTER 11 — BIRTHPLACE: GERMANY
14. MOTHER'S MAIDEN NAME: MONIKA HAGER — BIRTHPLACE: GERMANY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): W.W. I 3
16. SOCIAL SECURITY NO.: 518-36-0340
17. INFORMANT'S OWN SIGNATURE: x Mrs Conrad Winter — ADDRESS: NAMPA, I

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

153.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma liver — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Primary in Ascending Colon. — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Inoperable. Carcinoma of Sigmoid with intestinal obstruction with liver metastasis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1/18/65		YES ☐ NO ☒ X

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1/18, 1965, *to* 7/8, 1965, *that I last saw the deceased alive on* 7/8, 1965, *and that death occurred at* 7:50A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W.B. Rose MD	NAMPA, IDAHO	7-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	7-10-65	MT. CALVARY CEMETERY	NAMPA, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 15 1965	Jane Beck	B Shepherd	473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 20 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 23 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 05 1996

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

65-5708

BIRTH NO.

RECEIVED JUL 21 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2977
Local Reg. No. 26
Reg. Dist. No. 36

1. PLACE OF DEATH
a. COUNTY: Canyon 14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (in this place): 14
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 14
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ronda	Kay 051	Bittick	July 9, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Never married	June 25, 1965			14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant 02	02	Caldwell, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Bittick	Caldwell, Idaho	Suzanne DeGroat	Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	John M. Bittick	R#4 Caldwell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 756.1 Imperforate anus — INTERVAL BETWEEN ONSET AND DEATH: 14 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mongolism, Congenital heart disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF ~~OPERATION~~	20. AUTOPSY?
	Autopsy	YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 15 June, 1965, *to* 9 July, 1965, *that I last saw the deceased alive on* 9 July, 1965, *and that death occurred at* 7:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
H. L. Hartman 552 (Degree or title) M.D.	1503 Fairview, Caldwell	12 July 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 12, 1965	Parma Cemetery	Parma, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-19-1965	Vera Dakan	Leonard C. Flahiff	E 481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2978
Local Reg. No. 41
Reg. Dist. No. 360

BIRTH NO.

RECEIVED
AUG 6 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Lydia
b. (Middle): 05
c. (Last): Pierson

4. DATE OF DEATH (Month) (Day) (Year): July 9, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Dec. 25, 1871

9. AGE (In years last birthday): 93
IF UNDER 1 YEAR — Months: 6 Days: 14
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Neoga, Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Figgins — BIRTHPLACE: So. Plymouth, Ohio

14. MOTHER'S MAIDEN NAME: Dorcas Moon — BIRTHPLACE: Martinsville, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Mrs John Estep — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

733X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Fractured hip — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Osteoporosis — years
DUE TO (c): Advanced arteriosclerosis + general debility — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 27, 1963, *to* July 8, 1965, *that I last saw the deceased alive on* July 8, 1965, *and that death occurred at* 12:26 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. P. Kellogg 275 M.D.
23b. ADDRESS: 1201 South Kimball Caldwell, Ida.
23c. DATE SIGNED: 26 July 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 12, 1965
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 8-4-1965
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Leonard C. Flahiff
LICENSE NO.: E 481
FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2979
Local Reg. No. 162
Reg. Dist. No. 362

RECEIVED JUL 27 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Midland Manor 301

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): IDA
b. (Middle): MAY
c. (Last): CRAWLEY

4. DATE OF DEATH (Month) (Day) (Year): July 11, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb. 1, 1890
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Many, Louisiana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Aldridge — BIRTHPLACE: Alabama
14. MOTHER'S MAIDEN NAME: Sarah McDow — BIRTHPLACE: Alabama

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 544 10 9699
17. INFORMANT'S OWN SIGNATURE: × Belle Bradley — ADDRESS: Nampa, Ida

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Arteriosclerotic Heart Disease — 5 yrs —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1959, *to* July, 1965, *that I last saw the deceased alive on* July 11, 1965, *and that death occurred at* 10:15A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Graydon Olson M.D.
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 7-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 13, 1965
24c. NAME OF CEMETERY OR CREMATORY: Catholic Cemetery
24d. LOCATION (City, town, or county) (State): Ontario Oregon

DATE REC'D BY LOCAL REG.: Aug 24, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Larry D. Krouse
LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 3 0 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED
JUL 27 1965
Bureau of Vital Statistics

STATE OF IDAHO

State File No. 2980
Local Reg. No. 763
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 324 Ivy

3. NAME OF DECEASED (Type or Print)
a. (First): ELMER
b. (Middle): DAVID 049
c. (Last): SELZ

4. DATE OF DEATH (Month) (Day) (Year): July 11, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Feb. 14, 1896
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman 70
10b. KIND OF BUSINESS OR INDUSTRY: Railroad 10
11. BIRTHPLACE (State or foreign country): Sacramento Nebraska
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Selz — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Anna Amelia Norbeck — BIRTHPLACE: Sweden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 03 2059
17. INFORMANT'S OWN SIGNATURE: Mrs Oline I. Selz — ADDRESS: Nampa, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

193.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Tumor (Glioblastoma) — INTERVAL BETWEEN ONSET AND DEATH: 6 Mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 30, 1965, *to* July 11, 1965, *that I last saw the deceased alive on* July 11, 1965, *and that death occurred at* 7:50P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: J R Monzum MD 322 (Degree or title)
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 7/16/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 15, 1965
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: July 24, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Tony J. Krouch — LICENSE NO. E-447

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 12 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

MAR 15 1971

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 16 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2981
Local Reg. No. 17
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Memorial Hospital 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 14
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 115 Dearborn

3. NAME OF DECEASED (Type or Print): a. (First) Seth; b. (Middle) H.; c. (Last) Hoadley

4. DATE OF DEATH: (Month) (Day) (Year): July 11, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 17, 1899

9. AGE (In years last birthday): 66 | IF UNDER 1 YEAR Months: 4 Days: 24 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): McLouth, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: F. M. Hoadley — BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Pheobe Dettman — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service): War I

16. SOCIAL SECURITY NO.: 518-42-4878

17. INFORMANT'S OWN SIGNATURE X Calvin Hoadley — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction 4-28-1

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ASHD.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. —

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/11, 1965, *to* 7/11, 1965, *that I last saw the deceased alive on* 7/11, 1965, *and that death occurred at* 11:26 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald C. Dawman 034 MD

23b. ADDRESS: 1819 Ellis Caldwell Ida

23c. DATE SIGNED: 7-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 14, 1965

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 7-14-65

REGISTRAR'S SIGNATURE: Teresa G Hunt Deputy

25. EMBALMER: Merville D. Davis

LICENSE NO.: E-399

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

JUL 20 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 28 1996

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 2982
Local Reg. No. 36
Reg. Dist. No. 360

BIRTH NO.

RECEIVED
AUG 2 1965
Bureau of Vital Statistics

STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon 14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY in this place:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Box 87

3. NAME OF DECEASED (Type or Print): a. (First) Theodore b. (Middle) R. c. (Last) Olsen

4. DATE OF DEATH (Month) (Day) (Year): July 12, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: March 6, 1905

9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR Months: 4 Days: 6 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): Horse Shoe Bend, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Martin Olsen — BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Cora Smidt — BIRTHPLACE: ~~Wyoming~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-03-6588H

17. INFORMANT'S OWN SIGNATURE: Jean L. Olsen — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bacteremia 352X — INTERVAL BETWEEN ONSET AND DEATH: Abt. 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Decubitus Ulcer — 10 years
DUE TO (c): Paraplegia — 11 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-12-63, 19___, *to* 7-12-65, 19___, *that I last saw the deceased alive on* 7-12-65, 19___, *and that death occurred at* 2:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lyle Stone 505 (Degree or title): M. D.
23b. ADDRESS: 222 East Elm--Caldwell, Idaho
23c. DATE SIGNED: 7-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 15, 1965
24c. NAME OF CEMETERY OR CREMATORY: Horseshoe Bend Cemetery
24d. LOCATION (City, town, or county) (State): Horseshoe Bend, Idaho

DATE REC'D BY LOCAL REG.: 7-30-1965
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Merville D Davis
LICENSE NO.: E-399

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

AUG 3 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 20 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 8 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED JUL 27 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2983
Local Reg. No. 165
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 002
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 052

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melba Rural ~~Rural~~ Melba
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Lorene	Etta	Herrick	July 12, 1965.

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married 2	November 5, 1920	44		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Secretary 25	School 06	Midvale, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Oliver W. Evans	Midvale, Idaho	Omera Belle Morris	Montazuma, Illinois.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. 2	518-18-4107	Keith C. Herrick	Melba, Idaho

331X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBELLAR HEMORRHAGE (Art) — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 6/61, 1947, *to* 7/12/, 1965, *that I last saw the deceased alive on* 7/12/ 1965, *and that death occurred at* 7:40 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
454 [illegible] M.D.	619 So. Canyon, Nampa, Idaho	7/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 16, 1965	Melba Cemetery	Melba, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 26, 1965	[illegible]	[illegible]	E-447

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 28 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 20 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 25 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JAN 25 1982

JUN 27 1983

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 2984
Local Reg. No. 30
Reg. Dist. No. 361

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY 140 Canyon JUL 29 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) Near Middleton, Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Near Middleton 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 140 b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Middleton, Idaho
d. STREET ADDRESS (If rural, give location) Box 232

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	RODNEY	EARL	HOOBERY		7	12	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Child	Aug. 6, 1963	1	11	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Child 02	Child 00	Caldwell, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Glen E. Hoobery	Gooding, Idaho	Stela Stewart	Caldwell, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	None	x Glen E Hoobery	

18. CAUSE OF DEATH 929.8
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fell in Canal
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident 18	Bridge - over canal	13 Middleton	Canyon	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Found dead in River, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wesche 583 M.D., Coroner	Nampa Idaho	7-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/14/65	Middleton	Middleton, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-27-1965	Vera Dakan	Leonard Flahiff	E481

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Flahiff Funeral Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2985
Local Reg. No. 78
Reg. Dist. No. 360

RECEIVED JUL 21 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 14 002
b. CITY OR TOWN Caldwell
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 140 b. COUNTY Canyon
c. CITY OR TOWN Wilder
d. STREET ADDRESS (If rural, give location) Rt. # 2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	Francis	Wilson	July 12, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	Jan. 28, 1882	83	5	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer 04	01	Fannon County, Georgia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jonathan A. Wilson	Georgia	Laura M. Ford	South Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-56-6620	Laura M. Wilson	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Infarct — 6 hours

DUE TO (c) Coronary Arteriosclerosis — Progressive

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12 Jul, 1965, *to* 12 Jul, 1965, *that I last saw the deceased alive on* 12 Jul, 1965 *and that death occurred at* 3:55 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles E. Krause 295	M.D	Caldwell, Idaho	13 Jul 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 15, 1965	Wilder Cemetery	Wilder, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-19-1965	Vera Dakan	Merville D Davis	E-399

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 13 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2986
Local Reg. No. 28
Reg. Dist. No. 361

Certificate of Death

STATE OF IDAHO

RECEIVED
140 JUL 27 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 140 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, Rt. # 4 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. # 4

3. NAME OF DECEASED (Type or Print)
a. (First): Ezra
b. (Middle): Murray
c. (Last): Carter

4. DATE OF DEATH (Month) (Day) (Year): July 13, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: Oct. 29, 1887
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jewell County, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ezra John Carter — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Malinda Davis — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-22-4842
17. INFORMANT'S OWN SIGNATURE: Mrs E M Carter — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion (Heart) 420.1

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertension Arteriosclerosis
DUE TO (c): Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Senility

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/16, 1956 *to* 7/13, 1965 *that I last saw the deceased alive on* 2/25, 1965, *and that death occurred at* 4 *m.; from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vilas G. Mauguin 323 MD FACS
23b. ADDRESS: Nampa, Idaho of Mauguin Clinic
23c. DATE SIGNED: 7/21/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 23, 1965
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Memorial Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 7-24-1965
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Merville D Davis
LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 2987
Local Reg. No. 39
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 14 AUG 6 1965 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hosp. 051

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 38 Oregon 555
b. COUNTY Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nyssa
d. STREET ADDRESS (If rural, give location) Route 2 Box 506

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Alice	A.	Notheis	July	13	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Nov. 12 1897	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker 01	0 Home	Hawkhurst Kent England	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William E. Willard	Hawkhurst England	Kate A. Roberts	Hawkhurst England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		543-44-5599	Clarece L. Toor	Nyssa Ore.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 163X Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-14-63, 19___, *to* 7-13-65, 19___, *that I last saw the deceased alive on* 7-13-65, 19___, *and that death occurred at* 10:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 178	MD	222 East Elm--Caldwell, Idaho	7-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-16-65	St Johns	Ontario Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-4-1965	Vera Dakan	John A. Fienhaemper	Ide #310

FIRM NAME: Nyssa Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 10 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 17 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 27 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2988
Local Reg. No. 766
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 132 Elmore

3. NAME OF DECEASED (Type or Print): a. (First) HENRY b. (Middle) GILBERT c. (Last) TROSPER

4. DATE OF DEATH: (Month) July (Day) 15, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 21, 1874

9. AGE (In years last birthday): 90 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: 03

11. BIRTHPLACE (State or foreign country): Badie Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph S. Trosper — BIRTHPLACE: no record

14. MOTHER'S MAIDEN NAME: Anna M. Wakefield — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519 24 4501

17. INFORMANT'S OWN SIGNATURE: Margaret L Trosper — ADDRESS: Nampa, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerotic Heart — INTERVAL BETWEEN ONSET AND DEATH: 4 Yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Disease & Decompensation — 1 Mos

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Prostatic Hypertrophy

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 2, 1965, *to* July 15, 1965, *that I last saw the deceased alive on* July 15, 1965, *and that death occurred at* 6:15A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD 322

23b. ADDRESS: Nampa Idaho

23c. DATE SIGNED: 7/21/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 19, 1965

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery

24d. LOCATION (City, town, or county) (State): Ada County Idaho

DATE REC'D BY LOCAL REG.: July 26, 1965

REGISTRAR'S SIGNATURE: Janet Steele

25. EMBALMER: Jany J. Brandt — LICENSE NO.: E-447

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2989
Local Reg. No. 48
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

RECEIVED
AUG 10 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 115 Dearborn St.

3. NAME OF DECEASED (Type or Print)
a. (First): Phoebe
b. (Middle):
c. (Last): Hoadley

4. DATE OF DEATH (Month) (Day) (Year): July 16, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: May 25, 1877
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Loami, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Dettman — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Simon M. Hoadley — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

422.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardiovascular — indefinite
DUE TO (c) disease small Richter type femoral — probably
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. hernia involving lower ileum — 1-2 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1955, *to* July 16, 1965, *that I last saw the deceased alive on* July 16, 1965, *and that death occurred at* 5 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles Elmer 280 MD
23b. ADDRESS: 1819 Ellis Caldwell Idaho
23c. DATE SIGNED: 8-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 19, 1965
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 8-6-1965
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Kenneth E. Spence
LICENSE NO.: E-395

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 28 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 24 1996

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 28 1996

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2990
Local Reg. No. 29
Reg. Dist. No. 361

RECEIVED
JUL 29 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 141 Canyon
b. CITY OR TOWN Caldwell, Idaho
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 Mile West of Caldwell

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 140 b. COUNTY Canyon
c. CITY OR TOWN Wilder, Idaho
d. STREET ADDRESS (If rural, give location) Wilder Labor Camp

3. NAME OF DECEASED (Type or Print) a. (First) MARGARITO b. (Middle) c. (Last) MORA

4. DATE OF DEATH (Month) 7 (Day) 18 (Year) 65

5. SEX M

6. COLOR OR RACE Mexican

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 7

8. DATE OF BIRTH June 10, 1946

9. AGE (In years last birthday) 19 IF UNDER 1 YEAR Months 1 Days 8 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 06

10b. KIND OF BUSINESS OR INDUSTRY Self 62

11. BIRTHPLACE (State or foreign country) Edinburg Hidalgo Co. Texas

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Marcilio Mora BIRTHPLACE Texas

14. MOTHER'S MAIDEN NAME Conception Carrolio BIRTHPLACE Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 430-74-5673

17. INFORMANT'S OWN SIGNATURE Jesusa Lara Mora ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

823.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken neck, and

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (b) Skull fracture

DUE TO (c) Auto Accident

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple lacerations & Contusions

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) On Highway 19

21c. (CITY, TOWN, OR TOWNSHIP) 140 (COUNTY) Canyon (STATE) Idaho

21d. TIME OF INJURY (Month) 7 (Day) 18 (Year) 65 (Hour) 11 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR? Auto ran off road.

22. *I hereby certify that I attended the deceased from* Inspection, 19 July, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Henry C. Wesiba 583 (Degree or title) M.D. Coroner

23b. ADDRESS Nampa - Idaho

23c. DATE SIGNED 7-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3

24b. DATE 7/19/65

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Helena, Arkansas

DATE REC'D BY LOCAL REG. 7-27-1965

REGISTRAR'S SIGNATURE Vera Dakan

25. EMBALMER Henry M. Flahiff LICENSE NO. E-393

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED JUL 27 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2991
Local Reg. No. 26
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Canyon 14 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell — c. LENGTH OF STAY (in this place): 600 — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 140 — b. COUNTY: Canyon — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell — d. STREET ADDRESS (If rural, give location): Rt. # 5

3. NAME OF DECEASED (Type or Print) — a. (First): Daniel — b. (Middle): — c. (Last): Martinez

4. DATE OF DEATH — (Month) (Day) (Year): July 18, 1965

5. SEX: Male

6. COLOR OR RACE: Spanish

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Feb. 20, 1904

9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR Months: 4 — Days: 28 — IF UNDER 24 HRS. Hours: — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Spain

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown9 — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 550-30-6084

17. INFORMANT'S OWN SIGNATURE: + Mrs. Nellie Martinez — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 d.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) cachexia — 3 mo.

DUE TO (c) CAncer liver - bile ducts — 1 mo.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 17 DEC 64

19b. MAJOR FINDINGS OF OPERATION: CA COMMON DUCT extending into porta hepatis

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 15 DEC, 1964, *to* 18 JULY, 1965, *that I last saw the deceased alive on* 16 JULY, 1965, *and that death occurred at* 6:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: J.C. Montgomery M.D. (Degree or title) — 23b. ADDRESS: 222 E. Logan, Caldwell — 23c. DATE SIGNED: 20 JULY 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: July 21, 1965 — 24c. NAME OF CEMETERY OR CREMATORY: Lower Boise Cemetery — 24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: 7-24-1965 — REGISTRAR'S SIGNATURE: Vera Dakan — 25. EMBALMER: Merville D. Davis — LICENSE NO.: E-399

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 30 1965

JAN 12 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2992
Local Reg. No. 31
Reg. Dist. No. 361

RECEIVED
JUL 29 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 141
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 Mile West of Caldwell

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder, Idaho
d. STREET ADDRESS (If rural, give location): Wilder Labor Camp

3. NAME OF DECEASED (Type or Print)
a. (First): MIGUEL
b. (Middle): SALAS 880
c. (Last): JUAREZ

4. DATE OF DEATH (Month) 7 (Day) 18 (Year) 65

5. SEX: M
6. COLOR OR RACE: Mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 18, 1942
9. AGE (In years last birthday): 23 — IF UNDER 1 YEAR: Months 2, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: Self 00
11. BIRTHPLACE (State or foreign country): Dr. Arryo, N. L. Mexico
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alijandro Juarez — BIRTHPLACE: Mexico
14. MOTHER'S MAIDEN NAME: Elviro Salas Guzman — BIRTHPLACE: Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 459-78-3579
17. INFORMANT'S OWN SIGNATURE: X Elvira Salas de Juarez — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 823.4 Broken neck and Crushed chest — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) auto accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Scalp laceration - multiple minor lacerations and Contusions

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 06 Highway 13 Highway 19
21c. (CITY, TOWN, OR TOWNSHIP) 140 (COUNTY) Canyon (STATE) Idaho

21d. TIME OF INJURY (Month) 7 (Day) 18 (Year) 65 (Hour) 1 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Car ran off road.

22. *I hereby certify that I attended the deceased from* Inspection Only, *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE 583 Henry C. Wesche M.D. (Degree or title) Coroner
23b. ADDRESS Nampa - Idaho
23c. DATE SIGNED 7-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 7/19/65
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Brownsville, Texas

DATE REC'D BY LOCAL REG.: 7-27-1965
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Guy M. Flahiff
LICENSE NO.: E393

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 6 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 10 1965 Bureau of Vital Statistics

State File No. 2993
Local Reg. No. 168
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON 142 3-09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
LENGTH OF STAY (in this place): 9 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SAMARITAN HOSPITAL 049

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 142 b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 1215 13th AVE. SOUTH

3. NAME OF DECEASED (Type or Print): a. (First) SAMUEL b. (Middle) L. c. (Last) EKSTEIN

4. DATE OF DEATH: (Month) JULY (Day) 18, (Year) 1965

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 2
8. DATE OF BIRTH: MARCH 21, 1891
9. AGE (In years last birthday): 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER RETIRED 04
10b. KIND OF BUSINESS OR INDUSTRY: FARMING 01
11. BIRTHPLACE (State or foreign country): DAVENPORT, NEBRASKA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE EKSTEIN BIRTHPLACE: NEW YORK
14. MOTHER'S MAIDEN NAME: DELLA LEWIS BIRTHPLACE: ILLINOIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 578-07-9255
17. INFORMANT'S OWN SIGNATURE & ADDRESS: Mrs. L. Ekstein NAMPA, IDA

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease Decompensation — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Broncho-pneumonia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-7-, 1948, *to* 7-18-, 1965, *that I last saw the deceased alive on* 7-18-, 1965, *and that death occurred at* 4:55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Gerard E. Nesche 559 (Degree or title): MD
23b. ADDRESS: NAMPA, IDAHO
23c. DATE SIGNED: 7-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7-21-65
24c. NAME OF CEMETERY OR CREMATORY: KOHLER LAWN CEMETERY
24d. LOCATION (City, town, or county) (State): NAMPA, IDAHO

DATE REC'D BY LOCAL REG.: Aug. 6 1965
REGISTRAR'S SIGNATURE: Jane Steele
25. EMBALMER: R. Shepherd LICENSE NO. 473
FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2994
Local Reg. No. 167
Reg. Dist. No. 362

Certificate of Death

RECEIVED JUL 27 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 142 Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home-116 South Powerline Road 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 116 South Powerline Road

3. NAME OF DECEASED (Type or Print)
a. (First): MARGARET
b. (Middle): C.
c. (Last): WENGERT

4. DATE OF DEATH (Month) (Day) (Year): July 18, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: Nov. 8, 1896
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Sheboygen, Michigan
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Maynard S. Corlett — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Nellie Beaudoine — BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 07 1035
17. INFORMANT'S OWN SIGNATURE: C. M. Corlett — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 170X Carcinoma of L. Breast — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): c̄ Metastasis to
DUE TO (c): Lungs & Abdomen

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 11, 1965, *to* July 18, 1965, *that I last saw the deceased alive on* 7/18, 1965, *and that death occurred at* 4:15A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. R. Mangum MD 322
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 9/21/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 2
24b. DATE: July 21, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mt. View Crematory
24d. LOCATION (City, town, or county) (State): Ada Co. Idaho

DATE REC'D BY LOCAL REG.: July 26, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: John F. Alsip, Jr.
LICENSE NO.: E-361

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 17 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS ~~by Physician~~ This body not embalmed - John F. Alsip ,Jr. in charge

State File No. 2995
Local Reg. No. 169
Reg. Dist. No. 362

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

AUG 10 1965
Bureau of Vital Statistics

1. PLACE OF DEATH 142
a. COUNTY: Canyon 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Samaritan Hospital 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Blvd. Nursing Home

3. NAME OF DECEASED (Type or Print)
a. (First): / Wallace
b. (Middle):
c. (Last): Metcalf

4. DATE OF DEATH (Month) (Day) (Year): July 19, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single /
8. DATE OF BIRTH: Sept. 13, 1899
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91
10b. KIND OF BUSINESS OR INDUSTRY: 03
11. BIRTHPLACE (State or foreign country): Malad, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Metcalf — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Lydia Nichols — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ---------
17. INFORMANT'S OWN SIGNATURE: Frank Metcalf — ADDRESS: Melba, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

971.8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chlordane Poisoning — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Suicidal Ingestion of

DUE TO (c) Above Poisoning

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Poisoning 13
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Boulevard Nursing Home 13
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nampa Canyon Idaho 142
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1962, *to* July 19, 1965, *that I last saw the deceased alive on* D.O.A., 1965, *and that death occurred at* 6:00P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Mangum MD 322
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 8/2/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 22, 1965
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Aug 5 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Larry J. Krausch — LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2996
Local Reg. No. 170
Reg. Dist. No. 362

Certificate of Death

RECEIVED
AUG 10 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blvd. Nursing Home 284

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa -Rural
d. STREET ADDRESS (If rural, give location): R# 2

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle):
c. (Last): Sikes

4. DATE OF DEATH (Month) July (Day) 20, (Year) 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 7, 1902
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Operating Eng. 16
10b. KIND OF BUSINESS OR INDUSTRY: Birds Eye Food Co. 11
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Conrad Sikes — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Martha Dougan — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 318 18 8303
17. INFORMANT'S OWN SIGNATURE: x Elthier Sikes — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Melanoma — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's disease — 5 yrs

190.9

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-29-, 1961, *to* 7-20-, 1965, *that I last saw the deceased alive on* 7-18-, 1965, *and that death occurred at* 3:30A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Gerald E. Weeks 559 (Degree or title) Km. D.
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 7-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 23, 1965
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county): Ada County (State): Idaho

DATE REC'D BY LOCAL REG.: Aug 5, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: [illegible] Simmons
LICENSE NO.: E-496

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 1 0 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2997
Local Reg. No. 33
Reg. Dist. No. 360

RECEIVED AUG 2 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN: Caldwell
c. LENGTH OF STAY (in this place): 100
d. FULL NAME OF HOSPITAL OR INSTITUTION: Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN: Wilder
d. STREET ADDRESS (If rural, give location): Box 505

3. NAME OF DECEASED (Type or Print): a. (First) Lester; b. (Middle) L.; c. (Last) Lewis

4. DATE OF DEATH: (Month) (Day) (Year) July 21, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: April 26, 1909

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months 2 Days 25
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt. School Dist. #133 42

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Roy E. Lewis
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Sadie Roberts
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-20-6785

17. INFORMANT'S OWN SIGNATURE x Mrs. LaVon Lewis
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 150X Carcinoma of Esophagus — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 10, 1965, *to* July 21, 19 65, *that I last saw the deceased alive on* July 21, 1965, *and that death occurred at* 2 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE [redacted] (Degree or title)

23b. ADDRESS [redacted] Caldwell Idaho

23c. DATE SIGNED: 7/26/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 24, 1965

24c. NAME OF CEMETERY OR CREMATORY: Bellvue Cemetery

24d. LOCATION (City, town, or county) (State): Bellvue, Idaho

DATE REC'D BY LOCAL REG.: 7-29-1965

REGISTRAR'S SIGNATURE: [redacted]

25. EMBALMER: [redacted]

LICENSE NO.: E-285

FIRM NAME: Peckham-Dakan-Davis, Caldwell

Federal Security Agency
United States Public Health Service

Form [redacted]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 3 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 17 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 21 1975

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2998
Local Reg. No. 38
Reg. Dist. No. 360

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 AUG 6 1965 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell — Bureau of Vital Statistics
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1307 Belmont St.

3. NAME OF DECEASED (Type or Print)
a. (First): Gust
b. (Middle):
c. (Last): Alexander

4. DATE OF DEATH (Month) (Day) (Year): July 22, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 15, 1888
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Rail Road 70
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Greece
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-09-0044
17. INFORMANT'S OWN SIGNATURE: x Claudia F Alexander — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): arteri-sclerotic abd. aortic aneurism — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

451X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: adherent abd. aortic aneurism
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-8-65, 19__, *to* 7-22, 1965 *that I last saw the deceased alive on* 7-22-, 1965 *and that death occurred at* 11:00 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John R. Nielsen 389 M.D.
23b. ADDRESS: 303 E. Logan Caldwell, Idaho
23c. DATE SIGNED: 7-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: July 25, 1965
24c. NAME OF CEMETERY OR CREMATORY: Provo City Cemetery
24d. LOCATION (City, town, or county) (State): Provo, Utah

DATE REC'D BY LOCAL REG.: 8-4-1965
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: [signature]
LICENSE NO.: E-285

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 10 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 18 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2999
Local Reg. No. 47
Reg. Dist. No. 360

RECEIVED
AUG 10 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN: Caldwell
c. LENGTH OF STAY in this place:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 114 E. Logan

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Leila	Jane	Cole	July 22, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	March 12, 1876	89	4	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00	00	Wallaceberg, Ontario, Canada	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert Smylie	Canada	Jemima Eddy	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		No	Robert C. Smylie	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 334 Massive Cerebrovascular occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Previous Cerebrovascular occlusion — 6 weeks

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19 55, *to* July 22, 19 65, *that I last saw the deceased alive on* July 22, 1965, *and that death occurred at* 4A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles E Kunst 280	MD	1819 Ellis St Caldwell Idaho	8-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 23, 1965	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-6-1965	Vera Dakan	C. W. Dakan	E-285

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 27 1965

FEB 14 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3000
Local Reg. No. 34
Reg. Dist. No. 360

Certificate of Death

RECEIVED AUG 2 1965 STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell — Bureau of Vital Statistics
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): Box 487

3. NAME OF DECEASED (Type or Print)
a. (First): Encarnacion
b. (Middle):
c. (Last): Carreon

4. DATE OF DEATH (Month) (Day) (Year): July 22, 1965

5. SEX: Male
6. COLOR OR RACE: Mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 1
8. DATE OF BIRTH: March 25, 1941
9. AGE (In years last birthday): 24 — IF UNDER 1 YEAR: Months 3, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Mexico
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Elidio Carreon — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Josefa Martinez — BIRTHPLACE: Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 459-70-7518
17. INFORMANT'S OWN SIGNATURE: x Margarita Carreon — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral & Cerebellar lasceration — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO (b)~~ C Subdural & epidural hematomal
DUE TO (c) hemopneumothorax

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.
thorax & amputation left arm

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: acute epi & sub dural hematoma, hemopneumothorax
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE HOMICIDE~~ (Specify): accid to highway
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 13
21c. (CITY, TOWN, OR TOWNSHIP) 140 (COUNTY): Canyon — (STATE): Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7 18 65 1 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Auto accident

22. *I hereby certify that I attended the deceased from* July 18, 1965, *to* July 22, 1965, *that I last saw the deceased alive on* July 22, 1965, *and that death occurred at* 1 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 495 — 2nd
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 7-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 26, 1965
24c. NAME OF CEMETERY OR CREMATORY: Wilder Cemetery
24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: 7-29-1965
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: [signature]
LICENSE NO.: E-285

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis Chapel, Caldwell

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 3 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3001
Local Reg. No. 33
Reg. Dist. No. 361

BIRTH NO.

RECEIVED AUG 2 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY CANYON 140 2-03
b. CITY OR TOWN RURAL CALDWELL
c. LENGTH OF STAY (in this place) 3 MONTHS
d. FULL NAME OF HOSPITAL OR INSTITUTION ROUTE 6 602

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO 140 b. COUNTY CANYON
c. CITY OR TOWN RURAL CALDWELL
d. STREET ADDRESS (If rural, give location) ROUTE 6

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) E. c. (Last) SCOTT

4. DATE OF DEATH (Month) (Day) (Year) JULY 22, 1965

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 3
8. DATE OF BIRTH JUNE 21, 1884
9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE 01
10b. KIND OF BUSINESS OR INDUSTRY AT HOME 01
11. BIRTHPLACE (State or foreign country) OMAHA, NEBRASKA
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME NO RECORD WESTFALL BIRTHPLACE GERMANY
14. MOTHER'S MAIDEN NAME NO RECORD BIRTHPLACE GERMANY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S OWN SIGNATURE Artie E. Scott ADDRESS CALDWELL

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 5 mins

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Hypertension
DUE TO (c) Cardiovascular dis ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

428.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 3, 1965, *to* dead, 19___, *that I last saw the deceased alive on* July 19, 1965, *and that death occurred at* 12:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 495
23b. ADDRESS 1819 ELLIS, CALDWELL,
23c. DATE SIGNED 7-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 7-26-1965
24c. NAME OF CEMETERY OR CREMATORY KOHLER LAWN CEMETERY
24d. LOCATION (City, town, or county) (State) NAMPA, IDAHO

DATE REC'D BY LOCAL REG. 7-29-1965
REGISTRAR'S SIGNATURE Vera Dakan
25. EMBALMER W. B. Shepherd
LICENSE NO. 473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3002
Local Reg. No. 43
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

RECEIVED
AUG 10 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 14 6
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA Memorial Hospital 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 370
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marsing
d. STREET ADDRESS (If rural, give location): Box 1072

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Sherwood
c. (Last): Abels

4. DATE OF DEATH (Month) (Day) (Year): July 22, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 1
8. DATE OF BIRTH: April 26, 1943
9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR: Months 2, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: 60
11. BIRTHPLACE (State or foreign country): Penville, Louisiana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Bob Abels — BIRTHPLACE: ALalbama
14. MOTHER'S MAIDEN NAME: Mae C. Harrell — BIRTHPLACE: Louisiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Macie Dresler — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 919.0 Gun shot wound neck — INTERVAL BETWEEN ONSET AND DEATH: Immed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident 01
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home 13
21c. (CITY, TOWN, OR TOWNSHIP) 370 (COUNTY) (STATE): Marsing Owyhee Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jul 22 1965 10.30 pm
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Gun discharged accidentally

22. *I hereby certify that I attended the deceased from* Investigation only *Jul 1965, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert M. Cowner 583 4
23b. ADDRESS: Homedale Ida
23c. DATE SIGNED: 8-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: July 25, 1965
24c. NAME OF CEMETERY OR CREMATORY: Yankee Springs Cemetery
24d. LOCATION (City, town, or county) (State): Coushatta, Louisiana

DATE REC'D BY LOCAL REG.: 8-6-1965
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: [signature]
LICENSE NO.: E-285

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 11 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3003
Local Reg. No. 171
Reg. Dist. No. 362

RECEIVED AUG 10 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home-1807-4St. South 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 142
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1807-4th. Street South

3. NAME OF DECEASED (Type or Print)
a. (First): RICHARD
b. (Middle): TESKY
c. (Last): FREEMAN

4. DATE OF DEATH (Month) (Day) (Year): July, 23, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 27, 1873
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Howard Lake, Minn.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Richard Freeman — BIRTHPLACE: New York State
14. MOTHER'S MAIDEN NAME: Katherine Tesky — BIRTHPLACE: Ontario, Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 476 22 0072
17. INFORMANT'S OWN SIGNATURE: Chris R Freeman — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1962, *to* July 23, 1965, *that I last saw the deceased alive on* July 23, 1965, *and that death occurred at* 5:30A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J R Mangum 322 MD
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 8/1/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: July 26, 1965
24c. NAME OF CEMETERY OR CREMATORY: Cremation
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: Aug 5, 1965
REGISTRAR'S SIGNATURE: Janet Steck
25. EMBALMER: Larry J. Krouch — LICENSE NO. E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3004
Local Reg. No. 37
Reg. Dist. No. 360

Certificate of Death

RECEIVED AUG 6 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 080
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Horseshoe Bend
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): A.
c. (Last): Foss

4. DATE OF DEATH (Month) (Day) (Year): July 23, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: May 29, 1890
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 1, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Logger 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Horseshoe Bend, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Martin Foss — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Hannah — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-20-7419
17. INFORMANT'S OWN SIGNATURE: Marcus H Foss — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 522X Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION: May 12, 1965
19b. MAJOR FINDINGS OF OPERATION: AK Amputation (R) leg
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1963, *to* July 23, 1965, *that I last saw the deceased alive on* July 23, 1965, *and that death occurred at* 8:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R H Jensen MD 258
23b. ADDRESS: Robert H. Jensen, M.D. 222 EAST LOGAN CALDWELL, IDAHO
23c. DATE SIGNED: 7-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 28, 1965
24c. NAME OF CEMETERY OR CREMATORY: Horseshoe Bend Cemetery
24d. LOCATION (City, town, or county) (State): Horseshoe Bend, Idaho

DATE REC'D BY LOCAL REG.: 8-4-1965
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Merville D. Davis
LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3005
Local Reg. No. 172
Reg. Dist. No. 362

Certificate of Death

RECEIVED AUG 10 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (If this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140 Canyon
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural --Nampa
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Herschel 049
c. (Last): Dennis

4. DATE OF DEATH (Month) (Day) (Year): July 24, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: September 12, 1891
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Cattle Buyer 52
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Ozark, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Gilbert Dennis — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Frances Arzella Pippin — BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-16-1049
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 24 h

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis — 5 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Emphysema — Esophageal Diverticulum

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1960 *to* July 24, 1965, *that I last saw the deceased alive on* July 24, 1965, *and that death occurred at* 10:35 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Graydon 115 Oron [illegible]
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 8-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: July 28, 1965
24c. NAME OF CEMETERY OR CREMATORY: Ozark Cemetery
24d. LOCATION (City, town, or county) (State): Ozark, Missouri

DATE REC'D BY LOCAL REG.: Aug. 7, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: John F. Alsip Jr. — LICENSE NO. E 361
FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 10 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3006
Local Reg. No. 173
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 323-7th. Avenue South

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	LEE	FOREST	HOBERT	July	24,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	March 11, 1883	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dist. Storekeeper-Ret.	P.F.E. Shops	Silver Creek, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Bond Hobert	New York State	Harriet S. Graves	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		700 09 3344	Paul O Hobert	Boulder, Colo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
July 19	Intertrochanteric fracture R hip	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	home	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1951, 19—, *to* July, 1965, *that I last saw the deceased alive on* July 24, 1965, *and that death occurred at* 3:35P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Frayden O Boyer MD	115	Nampa Idaho	7-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	July 27, 1965	Alutorest Mausoleum	Ogden Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 7 1965	Jane Steck	John F Alsip, Jr.	E 361

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

AUG 16 1965
AUG 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to certify the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 10 1965 Bureau of Vital Statistics

State File No. 3007
Local Reg. No. 174
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY IN (this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 904 7th Ave. N.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	DALLAS		MCGARR	July 24 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 3	Feb. 22, 1880	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Woodsman 08	Lumber 03	Springdale, Arkansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Springdale, Ark.	Don't know	Springdale, Ark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Clara Blessinger	Indian Valley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Arteriosclerotic Heart Disease	10 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Generalized Arteriosclerosis	10 yr
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4/8/ , 19 65, *to* 7/24/ , 19 65, *that I last saw the deceased alive on* 7/24/ , 19 65, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. W. Brown M.D.	062	619 So. Canyon, Nampa, Idaho	7/24/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/27/65	Hillcrest Cemetery	Weiser Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 7, 1965	Jane Stark	C. P. Jones	E-357

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3008
Local Reg. No. 44
Reg. Dist. No. 360

Certificate of Death

RECEIVED
AUG 10 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO. 141

1. PLACE OF DEATH
a. COUNTY Canyon County 880
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (If in hospital)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) I.O.O.F. Retirement Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hagerman
d. STREET ADDRESS (If rural, give location) Hagerman (No street address

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) Allen 800
c. (Last) Whorton

4. DATE OF DEATH (Month) (Day) (Year) July 24, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH August 4, 1884
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Agriculture 01
11. BIRTHPLACE (State or foreign country) Concord, Illinois
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME John A. Whorton — BIRTHPLACE Illinois
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 519-14-3677
17. INFORMANT'S OWN SIGNATURE Wesley A. Whorton — ADDRESS Hagerman Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CVA — INTERVAL BETWEEN ONSET AND DEATH: 5 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) HCVD — 5 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1964, *to* July 24, 1965, *that I last saw the deceased alive on* July 23, 1965, *and that death occurred at* 8 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 437 (Degree or title) MD
23b. ADDRESS Caldwell Idaho
23c. DATE SIGNED 8-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-28-1965
24c. NAME OF CEMETERY OR CREMATORY Hagerman Cemetery
24d. LOCATION (City, town, or county) Hagerman (State) Idaho.

DATE REC'D BY LOCAL REG. 8-6-1965
REGISTRAR'S SIGNATURE Vera Dakan
25. EMBALMER Merville D. Davis — LICENSE NO. E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Beckham Dakan Davis,

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 3009
Local Reg. No. 40
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 6 1965

STATE OF IDAHO

Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon 141 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Caldwell
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): P.C.C. Caldwell Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 2223 Cherry St.

3. NAME OF DECEASED (Type or Print)
a. (First): Emon
b. (Middle): W. 051
c. (Last): Ineck

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Sept. 13, 1886

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months 8 Days 11
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Self 01

11. BIRTHPLACE (State or foreign country): Chelsea Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Ineck
BIRTHPLACE: Czechoslovakia

14. MOTHER'S MAIDEN NAME: Mary Mishek
BIRTHPLACE: Czechoslovakia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-42-4727

17. INFORMANT'S OWN SIGNATURE: X Barbara M. Ineck
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Stricture gastro-jejunostomy stoma — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gastro-jejunostomy
DUE TO (c): Peptic Ulcer.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senile Pulmonary Emphysema

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1965, *to* July 24, 1965, *that I last saw the deceased alive on* July 22, 1965, *and that death occurred at* 5:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Robert H. Jensen M.D. 258

23b. ADDRESS: Robert H. Jensen, M.D. 222 EAST LOGAN

23c. DATE SIGNED: 7-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 28, 1965

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cem.

24d. LOCATION (City, town, or county) (State): CALDWELL, IDAHO — Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 8-4-1965

REGISTRAR'S SIGNATURE: Vera Dakan

25. EMBALMER: Leonard C. Flahiff

LICENSE NO.: E 481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

FEB 20 1981

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3010
Local Reg. No. 43
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

RECEIVED
AUG 10 1965
Bureau of Vital

BIRTH NO.

1. PLACE OF DEATH 141
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Odd Fellows Home, N. 14th Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Hervin
b. (Middle): 051
c. (Last): Rothwell

4. DATE OF DEATH (Month) (Day) (Year): July 25, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 6, 1874
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): County official 62
10b. KIND OF BUSINESS OR INDUSTRY: Government 00
11. BIRTHPLACE (State or foreign country): Muskegon, Michigan
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Curtin Rothwell — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Mary Ellen Van Sise — BIRTHPLACE: Monroeville, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-26-7869
17. INFORMANT'S OWN SIGNATURE: Earl Alden — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1964, *to* July 25, 1965, *that I last saw the deceased alive on* July 25, 1965, *and that death occurred at* 8:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Neil E. Nyquist 437 — (Degree or title): MD
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: 8-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 2
24b. DATE: 7/30/1965
24c. NAME OF CEMETERY OR CREMATORY: Portland Memorial
24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: 8-6-1965
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: [signature]
LICENSE NO.: E-285

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME McBratney-Alden-Waggoner Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 10 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3011
Local Reg. No. 46
Reg. Dist. No. 360

RECEIVED
AUG 10 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, 2109 Arlington 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 2109 Arlington

3. NAME OF DECEASED (Type or Print)
a. (First): Don
b. (Middle): F.
c. (Last): Awe

4. DATE OF DEATH (Month) (Day) (Year): July 27, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Feb. 7, 1917
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months 5, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Exec. Vice Pres. Of Crookham's Seed Co. 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Grand Island, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Awe 42
BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Ruth Johnson
BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-07-5904
17. INFORMANT'S OWN SIGNATURE: x Norine Awe
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute myocardial infarction 420.1
INTERVAL BETWEEN ONSET AND DEATH: Sudden Death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1959, *to* 29 Jun, 1965, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 3A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Noble 250 MD
23b. ADDRESS: 222 E Elm, Caldwell
23c. DATE SIGNED: 20 Jul 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 29, 1965
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 8-6-1965
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Merville D Davis
LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 20 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 28 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 23 1970

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3012
Local Reg. No. 173
Reg. Dist. No. 362

BIRTH NO.

RECEIVED
AUG 1 0 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142 1000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa Rural
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print)
a. (First): LILLIE
b. (Middle): MARIE
c. (Last): GOMER

4. DATE OF DEATH (Month) (Day) (Year): July 28, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2
8. DATE OF BIRTH: Oct. 14, 1897
9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Clay Center, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Howard Hill
BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Sarah Craig
BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ------
17. INFORMANT'S OWN SIGNATURE: E Gomer
ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

593X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Nephritis — 2 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1963, *to* July 28, 1965, *that I last saw the deceased alive on* July 28, 1965, *and that death occurred at* 8:43A m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. D. Kochne 288
(Degree or title): M.D
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 7-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 30, 1965
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Canyon County Idaho

DATE REC'D BY LOCAL REG.: August 7, 1965
REGISTRAR'S SIGNATURE: Jane L. Steck
25. EMBALMER: Don Wm. Sinigiani
LICENSE NO.: E-496
FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED AUG 10 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3013
Local Reg. No. 176
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home--123 Shoshone St. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 123 Shoshone

3. NAME OF DECEASED (Type or Print)
a. (First): HIRAM
b. (Middle): DAVID
c. (Last): CRAIG

4. DATE OF DEATH (Month) (Day) (Year): July 28, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: Jan. 4, 1885
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Carpenter 27
10b. KIND OF BUSINESS OR INDUSTRY: Building 01
11. BIRTHPLACE (State or foreign country): La Grange Kentucky
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James McMurtry Craig — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Jane Elizabeth Callis — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 01 8011
17. INFORMANT'S OWN SIGNATURE: [illegible] — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 422.1 Arterio Sel Cardio-Vascular disease — INTERVAL BETWEEN ONSET AND DEATH: yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Emphysema — yrs

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 7-16-, 1963, *to* 7-28-, 1965, *that I last saw the deceased alive on* 7-28, 1965, *and that death occurred at* 10:45P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald E Weeche MD. 559
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 8-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 2, 1965
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Aug. 7 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Fon Wm Sinigiani — LICENSE NO. E 496

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3014
Local Reg. No. 47
Reg. Dist. No. 361

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

AUG 10 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 140 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greenleaf
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1½ Miles South Greenleaf 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. # 6

3. NAME OF DECEASED (Type or Print)
a. (First): J.
b. (Middle): Tedford
c. (Last): Winslow

4. DATE OF DEATH (Month) (Day) (Year): July 30, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 1
8. DATE OF BIRTH: Oct. 18, 1949
9. AGE (In years last birthday): 15 — IF UNDER 1 YEAR: Months 9, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY: 02
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Dale Winslow — BIRTHPLACE: Caldwell, Idaho
14. MOTHER'S MAIDEN NAME: Louise Hunter — BIRTHPLACE: Emmett, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-54-5332
17. INFORMANT'S OWN SIGNATURE: X Dale A Winslow — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Broken neck + Skull fracture — 815.4

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Motorcycle accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Fracture left tibia + Fibula; Laceration left arm

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 06
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): on highway 13
21c. (CITY, TOWN, OR TOWNSHIP): Near Greenleaf — 140 (COUNTY): Canyon — (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-30-65 Noon
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Bearing field for dinner — Motorcycle driven on to road and hit head on — Collided s a car.

22. *I hereby certify that I attended the deceased from* Inspection only *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C Wesche MD 583 Coroner 4
23b. ADDRESS: Nampa - Idaho
23c. DATE SIGNED: 8-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Aug. 3, 1965
24c. NAME OF CEMETERY OR CREMATORY: Greenleaf Cemetery
24d. LOCATION (City, town, or county) (State): Greenleaf, Idaho

DATE REC'D BY LOCAL REG.: 8-6-1965
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: [signature] Dakan
LICENSE NO.: E-285

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 1 1 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3015
Local Reg. No. 177
Reg. Dist. No. 362

RECEIVED AUG 1 0 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 140
b. CITY OR TOWN Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Parkview Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 142
b. COUNTY Canyon
c. CITY OR TOWN Nampa
d. STREET ADDRESS (If rural, give location) 516 10th Ave. So.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Pearl	V.	Saddoris	July	30	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W~~hite~~	Widowed 2	March 18, 1878	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	01	Bolivar, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew James Brooks	Illinois	Mary Ann Hartford	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		none		Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial Infarction	2-3 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary occlusion	3-4 days
DUE TO (c)	Arterio-sclerosis-General aged	30 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pulmonary emphysema	20 yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 19 58, *to* July 30, 19 65, *that I last saw the deceased alive on* 28 July, 19 65, *and that death occurred at* 2 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C.C. Riordan M.D.	Nampa Idaho	3 Aug 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 2, 1965	Kohler Lawn Cemetery	Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 7, 1965	Jane Stark	Ray W. Sinclair	E 496

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3016
Local Reg. No. 54
Reg. Dist. No. 360

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Canyon 141 AUG 17 1965	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 141 b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell — Bureau of Vital Statistics — c. LENGTH OF STAY (in this place):	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hosp.	d. STREET ADDRESS (If rural, give location): 816 East Logan

3. NAME OF DECEASED (Type or Print)	a. (First): Andrew	b. (Middle): Jackson 051	c. (Last): Denney	4. DATE OF DEATH (Month) (Day) (Year): July 30, 1965
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3	8. DATE OF BIRTH: Feb. 5, 1888	9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 5, Days 25 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter 37	10b. KIND OF BUSINESS OR INDUSTRY: 01	11. BIRTHPLACE (State or foreign country): Salubria, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Sam Denny	BIRTHPLACE: Iowa	14. MOTHER'S MAIDEN NAME: Mary Colson	BIRTHPLACE: Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-07-0539	17. INFORMANT'S OWN SIGNATURE: Estella I. Denney	ADDRESS	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Acute my~~ myocardial rupture with Cardiac tamponade — INTERVAL BETWEEN ONSET AND DEATH: 45 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) acute myocardial infarction — One day

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerotic Cardiovascular disease — indefinite

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1955, to July 30, 1965, that I last saw the deceased alive on July 30, 1965, and that death occurred at 10 A.m., from the causes and on the date stated above.*

23a. SIGNATURE: Charles E Kemp 280 (Degree or title): MD	23b. ADDRESS: 1819 Ellis St Caldwell Idaho	23c. DATE SIGNED: 8-3-65	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 8-2-65	24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery	24d. LOCATION (City, town, or county) (State): Caldwell, Idaho
DATE REC'D BY LOCAL REG.: 8-14-1965	REGISTRAR'S SIGNATURE: Vera Dakan	25. EMBALMER: Leonard C. Flahiff	LICENSE NO.: E 481

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 26 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3017
Local Reg. No. 52
Reg. Dist. No. 360

Certificate of Death

RECEIVED
AUG 17 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 409 N. Kimball Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Eva
b. (Middle): L.
c. (Last): Ellison

4. DATE OF DEATH (Month) (Day) (Year): July 31, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 11, 1894
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Cole County, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Harris — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Octavia E. Palmer — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-20-2066A
17. INFORMANT'S OWN SIGNATURE: Wm LeRoy Needs — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

464X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: sudden death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Phlebothrombosis — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Lupus erythematosus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-28-62, 19 7-31-65, *to* 7-31-65, 19___, *that I last saw the deceased alive on* 7-31-65, 19___, *and that death occurred at* 1:50P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 250 W Hubler MD
23b. ADDRESS: 222 East Elm--Caldwell, Idaho
23c. DATE SIGNED: 8-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 6,1965
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county): Caldwell — (State): Idaho

DATE REC'D BY LOCAL REG.: 8-14-1965
REGISTRAR'S SIGNATURE: Veva Dakan
25. EMBALMER: V. Dakan — LICENSE NO.: E-285

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis Chapel, Caldwell

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3018
Local Reg. No. 9
Reg. Dist. No. 526-521

BIRTH NO.

AUG 20 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Caribou 150
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (If not in place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California 05
b. COUNTY: Humboldt 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eureka
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Pat Samuel Ross

4. DATE OF DEATH (Month) (Day) (Year): June 24, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced 4
8. DATE OF BIRTH: April 26, 1914
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator Eng. 16
10b. KIND OF BUSINESS OR INDUSTRY: Construction 07
11. BIRTHPLACE (State or foreign country): Willamete, Oregon
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Samuel Ross — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Grace Wothington — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W.II 4
16. SOCIAL SECURITY NO.: 929.9
17. INFORMANT'S OWN SIGNATURE: Samuel K Ross — ADDRESS: Concord, Claif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased* ~~alive~~ Death *on* June 24, 1965, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Theodore S Allen 583 Coroner
23b. ADDRESS: Soda Springs Idaho
23c. DATE SIGNED: 8/17/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/24/65
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Soda Springs, Idaho

DATE REC'D BY LOCAL REG.: 8-18-65
REGISTRAR'S SIGNATURE: Darhl Chenneet
25. EMBALMER: Theodore S Allen
LICENSE NO.: E370

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Allen Funeral Home

AUG 25 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician The body of this man was taken from the Blackfoot river 12 miles north of Soda Springs. The body had been in the water approximately one month. Decomposition was in a advanced stage.

State File No. 3019
Local Reg. No.
Reg. Dist. No. 520-521

RECEIVED JUL 19 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou 150 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hosptial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 150
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) 069 c. (Last): Elmer Lowens Spencer

4. DATE OF DEATH (Month) (Day) (Year): July 6, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: March 12, 1883
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer-retired 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Tabor, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME — BIRTHPLACE: Oliver Franklin Spencer, Kentucky
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Martha Jane Applegate

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Harold F. Spencer, Grace, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Occlusion

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: [illegible]

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 4, 1965 *to* July 6, 1965 *that I last saw the deceased alive on* July 6, 1965, *and that death occurred at* 3:15 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Allen H. Liggett, M.D.
23b. ADDRESS: Soda Springs, Ida.
23c. DATE SIGNED: 7-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/10/65
24c. NAME OF CEMETERY OR CREMATORY: Turner Cemetery
24d. LOCATION (City, town, or county) (State): Turner, Idaho

DATE REC'D BY LOCAL REG.: 7-15-65
REGISTRAR'S SIGNATURE: Darhl Cherrett
25. EMBALMER: Theodore A. Allen
LICENSE NO.: E370

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: ALLEN FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3020
Local Reg. No. 2
Reg. Dist. No. 520-521

Certificate of Death

RECEIVED
JUL 22 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou 150 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place): 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital DOA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah 45
b. COUNTY: Weber 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ogden
d. STREET ADDRESS (If rural, give location): 2856 Jefferson

3. NAME OF DECEASED (Type or Print)
a. (First): Cindy
b. (Middle): Braithwaite 069
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): July 7, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Sept. 4, 1960
9. AGE (In years last birthday): 4 — IF UNDER 1 YEAR: Months 9, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Larry Braithwaite — BIRTHPLACE: Manti, Utah
14. MOTHER'S MAIDEN NAME: Tammy Arnold — BIRTHPLACE: Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Larry Braithwaite — ADDRESS: Ogden, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal skull fracture - fractured pelvis — Chest injuries — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident 02
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm 13
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Soda Springs 150 Caribou Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 7 1965 approx 2 p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Frame work of a building blew over and a beam struck the child.

22. *I hereby certify that I attended the deceased from* DOA, *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* approx 2:45 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Russell Tejeet 535 MD
23b. ADDRESS: Soda Springs Idaho
23c. DATE SIGNED: 7/19/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/10/65
24c. NAME OF CEMETERY OR CREMATORY: Washington Heights
24d. LOCATION (City, town, or county) (State): South Ogden, Utah

DATE REC'D BY LOCAL REG.: 7-20-65
REGISTRAR'S SIGNATURE: Darhl Cheirnett
25. EMBALMER: Leadore S Allen
LICENSE NO.: E370

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3021
Local Reg. No. 3
Reg. Dist. No. 520-521

RECEIVED Certificate of Death

STATE OF IDAHO

BIRTH NO.

JUL 22 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Caribou 150
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 150
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Henry
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) 069 c. (Last): Erastus Lee Reese

4. DATE OF DEATH (Month) (Day) (Year): July 14, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Sept. 24, 1888
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Fort Harriman, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Edwin Reese — BIRTHPLACE: Wales
14. MOTHER'S MAIDEN NAME: Mary Ann Farmer — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Leo Reese — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 18 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-26, 1965, *to* 7-14, 1965, *that I last saw the deceased alive on* 7-14-, 1965, *and that death occurred at* 4:55 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Russell Tigert MD 535
23b. ADDRESS: Soda Springs Idaho
23c. DATE SIGNED: 7-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/17/65
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Soda Springs, Idaho

DATE REC'D BY LOCAL REG.: 7-20-65
REGISTRAR'S SIGNATURE: Darhl Cheerrett
25. EMBALMER: Theodore S Allen
LICENSE NO.: E370

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Allen Funeral HOme

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 5 1975

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3022
Local Reg. No. 6
Reg. Dist. No. 520-521

BIRTH NO.

RECEIVED JUL 28 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Caribou 150
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Two miles west of Soda Springs
LENGTH OF STAY (in this place): On Hwy. 30N.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): On Highway 30 N. 622

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 040
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier, Idaho
d. STREET ADDRESS (If rural, give location): 462 No. 11th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Rade	Ernest	Anderson	July	17	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Never Married	April 3, 1943	22				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer for City Of	Montpelier 67	Afton Wyoming	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ernest Anderson	Afton Wyoming	Theresa Hayward	Montpelier Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-48-2887	Ernest L. Anderson	Montpelier, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 8254 Crush injury of chest — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Highway	Soda Springs	Caribou	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
July	17	1965	8:15 A.M.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Automobile accident

22. *I hereby certify that I attended the deceased from* July 17, 1965, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature illegible]	Shoup, Idaho	26 July 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	July 21, 1965	Montpelier Cemetery	Montpelier, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-26-65	Earl Cherrett	Nile Matthews	E359

FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay must be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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JUL 29 1965
JUL 30 1965
AUG 2 1965
SEP 15 1965
OCT 12 1965
OCT 19 1965
JAN 11 1966
OCT 7 1966
APR 14 1980

State File No. 3023
Local Reg. No. 4
Reg. Dist. No. 520-521

Certificate of Death

RECEIVED
JUL 23 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou 150 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LIMITS OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 48 Washington
b. COUNTY: 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seattle
d. STREET ADDRESS (If rural, give location): 13833 20th Avenue South

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): Barbara Fischer Buck

4. DATE OF DEATH (Month) (Day) (Year): July 18, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: May 14, 1914
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cashier 25
10b. KIND OF BUSINESS OR INDUSTRY: School 10 Cafeteria
11. BIRTHPLACE (State or foreign country): Ispwich, South Dakota
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Adam Fischer — BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: Barbara Heinz — BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: * Gabe A. Fischer — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

825.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Skull fracture — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 16 highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13 Soda Springs, Caribou, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 18, 1965 - 8:15 AM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile accident

22. *I hereby certify that I attended the deceased from* 18 July, 1965, *to* ——, 19__, *that I last saw the deceased alive on* ——, 19__, *and that death occurred at* 8:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. E. Herron 326 MD
23b. ADDRESS: Grace, Idaho
23c. DATE SIGNED: 21 July 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/23/65
24c. NAME OF CEMETERY OR CREMATORY: Yakima Cemetery
24d. LOCATION (City, town, or county) (State): Yakima, Washington

DATE REC'D BY LOCAL REG.: 8-21-65
REGISTRAR'S SIGNATURE: Darhl Cheirrett
25. EMBALMER: Theodore S Allen
LICENSE NO.: E370

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 20 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3024
Local Reg. No. 5
Reg. Dist. No. 520-521

Certificate of Death

RECEIVED
JUL 23 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou 150 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (If not in hospital or institution, give street address or location): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 48 Washington
b. COUNTY: 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seattle
d. STREET ADDRESS (If rural, give location): 13833 20th Ave South

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): James Paul Buck

4. DATE OF DEATH (Month) (Day) (Year): July 18, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Oct. 26, 1913
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist 17
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Belleville, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: James Paul Buck, Sr. — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Millie Wriruth — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes 1 — (If yes, give war or dates of service): W.W.II 4
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Gabe A. Fischer — ADDRESS:

18. CAUSE OF DEATH 825.4
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): SKULL FRACTURE — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident 06
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 13
21c. (CITY, TOWN, OR TOWNSHIP) 150 (COUNTY) (STATE): Soda Springs Cariboub Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 18, 1965 8:15
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile Accident

22. *I hereby certify that I attended the deceased from* 18 July, 1965, *to* ----------, 19---, *that I last saw the deceased alive on* ----------, 19---, *and that death occurred at* 8:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. E. Herron MD 226
23b. ADDRESS: Grace, Idaho
23c. DATE SIGNED: 7-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/23/65
24c. NAME OF CEMETERY OR CREMATORY: Yakima Cemetery
24d. LOCATION (City, town, or county) (State): Yakima, Washington

DATE REC'D BY LOCAL REG.: 7-21-65
REGISTRAR'S SIGNATURE: Darhl Cheirrett
25. EMBALMER: Theodore S Allen
LICENSE NO.: E370

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 26 1965

SEP 17 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 20 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 2 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3025
Local Reg. No. 8
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou 150
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs-rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): Floyd Ramsey

4. DATE OF DEATH (Month) (Day) (Year): July 25, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married 2	Sept. 29, 1896	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
sheepherder 06	05	Snowflake, Arizona	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Ramsey	unknown	unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	W.W.I		Clara Ramsay	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occulsion (?) — INTERVAL BETWEEN ONSET AND DEATH: few hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY Ooccur?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on July 28, 1965, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Theodore S Allen 583 Coroner	Soda Springs Idaho	7/28/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/29/65	Snowflake Cemetery	Snowflake, Arizona

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-29-65	Darl Barnett	Theodore S Allen	E370

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Allen Funeral Home

DUTIES:

AUG 4 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 26 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician: This man was reported last seen alive 7/25/65. Found dead on 7/28/65. Was reported to suffered from a heart ailment for the two years prior to death. The body was in an advanced stage of decomposition when found.

Certificate of Death

STATE OF IDAHO

State File No. 3026
Local Reg. No. 7
Reg. Dist. No. 520-521

RECEIVED
AUG 2 1965
Bureau of Vital Statistics

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Caribou 150
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wayan
c. LENGTH OF STAY IN HOSPITAL OR INSTITUTION
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 602

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 150
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wayan
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): Philip Roy Vias

4. DATE OF DEATH (Month) (Day) (Year): July 26, 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: April 25, 1941

9. AGE (In years last birthday): 24
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder helper 5½

10b. KIND OF BUSINESS OR INDUSTRY: Ref-Chem Co. 04

11. BIRTHPLACE (State or foreign country): Soda Springs, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Roy Edwin Vias
BIRTHPLACE: Wayan, Idaho

14. MOTHER'S MAIDEN NAME: Wilda Walton
BIRTHPLACE: Smoot, Wyo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Roy Vias
ADDRESS: Wayan, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull and Chest Injuries — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm 02

21c. (CITY, TOWN, OR TOWNSHIP): 13 Wayan (COUNTY): Caribou (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: pursuing the tractor overturned head and Chest

22. *I hereby certify that I attended the deceased from* July 26, 19 65, *to* July 26, 19 65, *that I last saw the deceased alive on* July 26, 19 65, *and that death occurred at* 7:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Theodore A Allen 583 (Degree or title): Coroner

23b. ADDRESS: Soda Springs, Ida.

23c. DATE SIGNED: 7/27/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/29/65

24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery

24d. LOCATION (City, town, or county) (State): Soda Springs, Idaho

DATE REC'D BY LOCAL REG.: 7-27-65

REGISTRAR'S SIGNATURE: Darld Leverett

25. EMBALMER: Theodore A Allen
LICENSE NO.: E370

FIRM NAME: Allen Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

AUG 3 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 10 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 11 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED JUL 13 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3027
Local Reg. No. 1426
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Cassia 16
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lee Rooms

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 270
b. COUNTY Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome (rural(
d. STREET ADDRESS (If rural, give location) Route # 3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Harold	Augustus	Whismore	July 1, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 8	Aug. 15, 1904	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 84	Agriculture	Grove, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Whismore	Missouri	Rachel Hart	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	— — —	518 14 8928	X Mrs Barbara Oneida	Jerome, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 1, 1965, *to* July 1, 1965, *that I last saw the deceased alive on* July 1, 1965, *and that death occurred at* 8:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. L. Dean 136	M.D.	Burley Idaho	7-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 6, 1965	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 9 1965	Beth A. Pearson	W. L. Howe	E-431

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Howe Funeral Chapel, Jerome

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 15 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED
JUL 21 1965
Bureau of Vital Statistics

STATE OF IDAHO

State File No. 3028
Local Reg. No. 1433
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 160
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malta Idaho
c. VIRTUAL STATISTICS STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Highway 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah 45 555
b. COUNTY: Weber
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roy Utah
d. STREET ADDRESS (If rural, give location): 5454, South 2200 West

3. NAME OF DECEASED (Type or Print)
a. (First): Connie
b. (Middle):
c. (Last): Jensen

4. DATE OF DEATH (Month) (Day) (Year): July 2nd, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: Oct. 24th 1957
9. AGE (In years last birthday): 8 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY: Student 02
11. BIRTHPLACE (State or foreign country): Ogden Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Dean Jensen. BIRTHPLACE: Preston Idaho
14. MOTHER'S MAIDEN NAME: Frances Drysdale BIRTHPLACE: Ogden Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: E. Beatrice Drysdale 574-30 ADDRESS: Ogden, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Massive Face & Skull injuries — INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 04 street 13
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rural 160 Cassia Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-2-65 8:45 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Investigated *to* the death of *, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 8:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leslie L. Fillmore 583 MD Corner
23b. ADDRESS: Box 668 Burley, Idaho
23c. DATE SIGNED: 7-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: July 3rd
24c. NAME OF CEMETERY OR CREMATORY: Washington Hts. Mem. Pk.
24d. LOCATION (City, town, or county) (State): Ogden Utah

DATE REC'D BY LOCAL REG.: July 19, 1965
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: George Farmer
LICENSE NO.: E-480

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Payne Mortuary.

JUL 22 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 16 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3029
Local Reg. No. 1432
Reg. Dist. No. 470

RECEIVED
JUL 21 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 160 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malta, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Highway 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 45 Utah. 585
b. COUNTY: Weber
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roy Utah
d. STREET ADDRESS (If rural, give location): 5454 South 2200 West

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Frances	Rae	Jensen	July 2nd 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Jan. 15th 1929	36	5	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 0	Housewife 0	Ogden Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William S. Drysdale	Logan, Utah	Elizabeth B. Wright	Ogden Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	529-30-6768	E. Beatrice Drysdale	514-30th Street Ogden Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Massive face & skull injuries	minutes
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
accident	street	13 Rural	Cassia County	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21f. HOW DID INJURY OCCUR?
7-2-65 845 m.		auto accident

22. *I hereby certify that I attended the deceased from* July 1st, 19 65 *to the death on* July 2nd, 19 65, *that I last saw the deceased alive on* July 1st, 19 65, *and that death occurred at* 845 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leslie L. Fillmore MD	Coroner	Box 668 Burley, Idaho	7-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Removal	July 3, 1965	Washington Hts. Mem. Pk.	Ogden	Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 19 1965	Beth W. Pearson	George Farmer	E-480

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 22 1965

AUG 12 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 16 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

NOV 9 1965

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED JUL 13 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3030
Local Reg. No. 1430
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 160
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malta - rural
c. LENGTH OF STAY (in this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S.Hwy 30 S.5 Mi.N.Malta

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 45 Utah 555
b. COUNTY: Weber
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roy
d. STREET ADDRESS (If rural, give location): 5454 South 2200 West

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Dean
c. (Last): Jensen

4. DATE OF DEATH (Month) (Day) (Year): July 2, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 6, 1924
9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months 7, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Salesman 19
10b. KIND OF BUSINESS OR INDUSTRY: Garage 12
11. BIRTHPLACE (State or foreign country): Preston, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: S. C. Jensen, Brigham City, Utah
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Wynona Rodgers, Chesterfield, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: 528-20-7507
17. INFORMANT'S OWN SIGNATURE — ADDRESS: S C Jensen 3308 Quincy Ave Ogden

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Massive face & skull injuries — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-2-65 8:45 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Auto

22. *I hereby certify that I attended the deceased from* Investigated, *to* the death of, *19*, *that I last saw the deceased alive on* ____, *19*, *and that death occurred at* 8:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leslie L. Elmore MD Coroner
23b. ADDRESS: Box 668 Burley Idaho
23c. DATE SIGNED: 7-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: July 3, 1965
24c. NAME OF CEMETERY OR CREMATORY: Washington Heights
24d. LOCATION (City, town, or county) (State): South Ogden, Utah

DATE REC'D BY LOCAL REG.: July 9 1965
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: Ormand F Burch
LICENSE NO.: E-471

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: MCculloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 15 1965

AUG 16 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to . . . . . .

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3031
Local Reg. No. 1425
Reg. Dist. No. 470

Certificate of Death

STATE OF IDAHO

BIRTH NO. RECEIVED

1. PLACE OF DEATH
a. COUNTY: Cassia 161 JUL 13 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley Bureau of Vital Statistics
c. LENGTH OF STAY (in this place): 51 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 161
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 324 E. 6th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Demerice
b. (Middle): Delila 070
c. (Last): Flowers

4. DATE OF DEATH (Month) (Day) (Year): July 2, 1965

5. SEX: female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 27, 1883
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 5, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Blue Eye, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John Butler, BIRTHPLACE: Blue Eye, Missouri
14. MOTHER'S MAIDEN NAME: Nancy Hi, BIRTHPLACE: Blue Eye, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: x Dem Flowers 324 E 6th St — ADDRESS: Burley, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis — 10 years
DUE TO (c): Arteria

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1948 *to* July, 1965, *that I last saw the deceased alive on* July 2, 1965 *and that death occurred at* 7:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John W. Davis 135 M.D.
23b. ADDRESS: 1410 Oakley Ave Burley Ida
23c. DATE SIGNED: July 6, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 7, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county): Burley, (State): Idaho

DATE REC'D BY LOCAL REG.: July 8, 1965
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: Ormand F Burch
LICENSE NO.: E-471

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: MC CULLOCH FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 19 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3032
Local Reg. No. 1428
Reg. Dist. No. 470

RECEIVED JUL 13 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 160
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malta Rural
LENGTH OF STAY (In this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S.Hwy 30 S.5Mi.N.Malta

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 37 Oklahoma
b. COUNTY: 55 Oklahoma
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oklahoma City
d. STREET ADDRESS (If rural, give location): 2657 N.W. 44

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Earl	Hinson	Williams	July 2, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	White	Married 3	Dec. 5, 1915	49	6	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Meat Cutter (Self employed) 63	02	Thomas, Oklahoma	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
L. J. Williams	Unknown	Mattie E. Keefer	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World II		Alma Williams	2757 NW.44, Oklahoma City

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive face & chest injury — INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 160 (COUNTY) (STATE)
auto accident	street	3 Rural Cassia County Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
7	2	65	8:45 a.m.		Auto accident

22. *I hereby certify that I attended the deceased from* Investigation *to* the death, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jesse L Fillmore 165 MD	Box 667 Burley Idaho	7-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	July 4, 1965	Oklahoma City Cemetery	Oklahoma City, Okla.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 9, 1965	Burt H. Pearson	Ormand J Burch	E-471

FIRM NAME: MC CULLOCH FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 15 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 16 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3033
Local Reg. No. 1431
Reg. Dist. No. 470

RECEIVED
JUL 19 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia (61) — 402
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
LENGTH OF STAY (in this place): 2 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho — 340
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
d. STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print): a. (First) Oliver — b. (Middle) J. — 070 — c. (Last) Lee

4. DATE OF DEATH: (Month) July (Day) 3, (Year) 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: June 11, 1867

9. AGE (In years last birthday): 98 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter — 37

10b. KIND OF BUSINESS OR INDUSTRY: Building — 06

11. BIRTHPLACE (State or foreign country): Petersville, Kentucky

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Lee — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Armilda Jane Hunt — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 518-42-1881

17. INFORMANT'S OWN SIGNATURE: Wm Barton — ADDRESS: Paul Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): SEVERE AUTO ACCIDENT INJURIES — INTERVAL BETWEEN ONSET AND DEATH: 2½ hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): —
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: SENILITY

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-17, 1951, *to* 7-3, 1965, *that I last saw the deceased alive on* 3 July, 1965, *and that death occurred at* 10:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD

23b. ADDRESS: Burley, Idaho

23c. DATE SIGNED: 7/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 7/6/65

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View

24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: July 15, 1965

REGISTRAR'S SIGNATURE: Beth H. Pearson

25. EMBALMER: George Farmer — LICENSE NO.: E-480

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 10 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 27 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3034
Local Reg. No. 1424
Reg. Dist. No. 470

RECEIVED JUL 13 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 16
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
LENGTH OF STAY (in this place): 22 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 635 Hansen Avenue 607

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 635 Hansen Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Marvin	Chester	Hall	July 3, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	April 28, 1910	55	2	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Blade man 67	Burley Hwy Dist. 03	Wakeeney, Kansas	U. S.A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Chester Arthur Hall, Nortonville,	Kansas	Bertha Shell	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes / World II	515-07-4871	Neva Hall	635 Hansen Ave Burley

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerosis — 3 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 16, 1933 *to* July 3, 1965, *that I last saw the deceased alive on* July 1, 1965, *and that death occurred at* 3:10 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John W. Lewis M.D.	1410 Oakley Ave Burley Ida	July 6 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	July 7, 1965	Pleasant View Cemetery	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 8 1965	Ruth H. Pearson	Armand F Burch	E*471

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: MC CULLOCH FUNERAL HOME

JUL 15 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to [illegible] the facts shall sign HIS name in addition to giving the source of information.

MAR 3 1966
JUN 13 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 28 1985

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3035
Local Reg. No. 1429
Reg. Dist. No. 470

BIRTH NO.

RECEIVED JUL 13 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia 16 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 45 Utah 555
b. COUNTY: Weber
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roy
d. STREET ADDRESS (If rural, give location): 5454 South 2200 West

3. NAME OF DECEASED (Type or Print): a. (First) Margaret b. (Middle) 070 c. (Last) Jensen

4. DATE OF DEATH: (Month) July (Day) 4, (Year) 1965

5. SEX: female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Feb. 6, 1951

9. AGE (In years last birthday): 14 — IF UNDER 1 YEAR: Months 4, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ogden, Utah

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Dean Jensen — BIRTHPLACE: Preston, Idaho

14. MOTHER'S MAIDEN NAME: Frances Drysdale — BIRTHPLACE: Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): — — —

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: C Hansen — ADDRESS: 3308 Quincy Ave. Ogden

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive cerebral contusion from — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — automobile accident.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 2

19b. MAJOR FINDINGS OF OPERATION: — Tracheostomy

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 06 Car

21c. (CITY, TOWN, OR TOWNSHIP) 160 13 Malta (COUNTY) Cassia (STATE) Idaho

21d. TIME OF INJURY: (Month) July (Day) 2 (Year) 65 (Hour) P.m. 1

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Automobile accident

22. *I hereby certify that I attended the deceased from* July 2, 1965, *to* July 4, 1965, *that I last saw the deceased alive on* July 4, 1965, *and that death occurred at* 11:20a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C Hayden Ellingham 636 (Degree or title): MD

23b. ADDRESS: 2233 Overland Ave. Burley, Ida.

23c. DATE SIGNED: July 6, '65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: July 4, 1965

24c. NAME OF CEMETERY OR CREMATORY: Washington Heights

24d. LOCATION (City, town, or county): South Ogden, (State) Utah

DATE REC'D BY LOCAL REG.: July 9 1965

REGISTRAR'S SIGNATURE: Beck A. Pearson

25. EMBALMER: Ormand Burch — LICENSE NO.: E-471

FIRM NAME: MC CULLOCH FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 15 1965

AUG 16 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3036
Local Reg. No. 1427
Reg. Dist. No. 470

RECEIVED
JUL 13 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia (16)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
Length of STAY (in this place): 20 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (16)
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1719 Miller Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Prudy
b. (Middle): Riller
c. (Last): Blankenship

4. DATE OF DEATH: July 7, 1965

5. SEX: Famale

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: May 3, 1881

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months: 2 Days: 4
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Macon, Missouri

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Mosey Doggett, BIRTHPLACE: LaPlata, Missouri

14. MOTHER'S MAIDEN NAME: Permelia Dunnington, BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): — — —

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Osmond Blankenship ADDRESS: Heyburn Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

600.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Pyelonephritis — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease — 1 year

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-10-64, 19___, *to* 7-7-65, 19___, *that I last saw the deceased alive on* 7-6-65, 19___, *and that death occurred at* 8:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Eugene H. Holsinger M.D.
EUGENE H. HOLSINGER, M.D.

23b. ADDRESS: Burley, Idaho

23c. DATE SIGNED: 7-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: July 9, 1965

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery,

24d. LOCATION (City, town, or county) (State): Heyburn, Idaho

DATE REC'D BY LOCAL REG.: July 9 1965

REGISTRAR'S SIGNATURE: Beth H. Pearson

25. EMBALMER: Osmond Burch

LICENSE NO.: E-471

FIRM NAME: Mc Culloch Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3037
Local Reg. No. 1434
Reg. Dist. No. 470

RECEIVED JUL 26 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 161 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1108 Overland Ave. 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 45 Utah 555
b. COUNTY: Cache
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hyrum
d. STREET ADDRESS (If rural, give location): 115 North 2nd West

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Dallas
c. (Last): Jensen

4. DATE OF DEATH (Month) (Day) (Year): July 10, 1965

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: June 15, 1912
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cattle Dealer 52
10b. KIND OF BUSINESS OR INDUSTRY: Livestock 01
11. BIRTHPLACE (State or foreign country): Hyrum, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: C. J. Jensen - Hyrum, Utah
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Rosa Nielsen - Hyrum, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Helen A Jensen — ADDRESS: Hyrum, Ut.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusions — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Investigated the death of *, 19__, to ____, 19__, that I last saw the deceased alive on* 83 *, 19__, and that death occurred at* 930 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leslie L Fillmore MD Coroner
23b. ADDRESS: Box 668 Burley Ida
23c. DATE SIGNED: 7-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 7/10/65
24c. NAME OF CEMETERY OR CREMATORY: Hyrum Cemetery
24d. LOCATION (City, town, or county) (State): Hyrum, Utah

DATE REC'D BY LOCAL REG.: July 22 1965
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: George Farmer — LICENSE NO. E-480

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Payne Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 29 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3038
Local Reg. No. 1445
Reg. Dist. No. 470

RECEIVED
AUG 2 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 50 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 500

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 161
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1427 Malta Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Einer
b. (Middle): Alexander
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): July 13, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: August 25, 1886
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 10, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor 73
10b. KIND OF BUSINESS OR INDUSTRY: Building 01
11. BIRTHPLACE (State or foreign country): Spanish Fork, Utah
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Einer Johnson, BIRTHPLACE: Iceland
14. MOTHER'S MAIDEN NAME: Ingereldur Arnason, BIRTHPLACE: Iceland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: 519-05-2090
17. INFORMANT'S OWN SIGNATURE: Jas Norton 1414 Oneida — ADDRESS: Burley Id.

18. CAUSE OF DEATH 450.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes Mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1964, 19__, *to* July 13, 1965, *that I last saw the deceased alive on* July 13, 1965, *and that death occurred at* 2:30 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE 515 R P Sutton (Degree or title): MD
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 7-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: July 17, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery, Burley,
24d. LOCATION (City, town, or county) (State): Idaho

DATE REC'D BY LOCAL REG.: July 30, 1965
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: Ormand F Burch
LICENSE NO.: E-471

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MC CULLOCH FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 26 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3039
Local Reg. No. 1435
Reg. Dist. No. 470

BIRTH NO. 3-21

1. PLACE OF DEATH
a. COUNTY: Cassia 16
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 34
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Clifford b. (Middle) Clark c. (Last) Barlow

4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2

8. DATE OF BIRTH: February 4, 1884

9. AGE (In years last birthday): 81 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: agriculture 01

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James M Barlow — BIRTHPLACE: Salt Lake City, Ut

14. MOTHER'S MAIDEN NAME: Emma Jane Clark — BIRTHPLACE: Salt Lake City, Ut

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-40-9580

17. INFORMANT'S OWN SIGNATURE: C. Clark Barlow — ADDRESS: Heyburn, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

541.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): perforated Duodenal ulcer — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Severe obstructive emphysema.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 20, 1965, *to* July 15, 1965, *that I last saw the deceased alive on* July 15, 1965, *and that death occurred at* 7:15p m., *from the causes and on the date stated above.*

23a. SIGNATURE: C Hayden Ellsworth (Degree or title): 636

23b. ADDRESS: 2233 Overland Ave

23c. DATE SIGNED: 7/19/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 2

24b. DATE: July 19, 1965

24c. NAME OF CEMETERY OR CREMATORY: Ogden City Cemetery

24d. LOCATION (City, town, or county) (State): Ogden, Utah

DATE REC'D BY LOCAL REG.: July 21, 1965

REGISTRAR'S SIGNATURE: Beth H. Pearson

25. EMBALMER: George Farmer — LICENSE NO.: E-480

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

AUG 9 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3040
Local Reg. No. 1439
Reg. Dist. No. 470

BIRTH NO. 65-6880

RECEIVED JUL 29 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Cassia 16 | 4-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley | LENGTH OF STAY (in this place): 6 hrs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16 | b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial hospital
d. STREET ADDRESS (If rural, give location): Box 84

3. NAME OF DECEASED (Type or Print): a. (First) Waynona | b. (Middle) Raegean 070 | c. (Last) Millspaugh

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	never	July 18, 1965	6 hours				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Burley, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ray Millspaugh	Weber Falls, Okla	Sharon Yarbrough	Los Angeles, Cali

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	none	Ray Millspaugh	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Prematurity 26 weeks	6 hrs
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	No definite maternal causes	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 18 July, 1965, *to* 18 July, 1965, *that I last saw the deceased alive on* 18 July, 1965, *and that death occurred at* 10:02 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Burley, Idaho	7/21/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 21, 1965	Declo Cemetery	Declo Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 27 1965	Beth H. Pearson	[signature]	E-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3041
Local Reg. No. 1446
Reg. Dist. No. 470

BIRTH NO.

RECEIVED
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia 16 | AUG 2 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16 b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Edna b. (Middle) E 070 c. (Last) Palmer

4. DATE OF DEATH: (Month) July (Day) 19, (Year) 1965

5. SEX: female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: July 21, 1916

9. AGE (In years last birthday): 48 | IF UNDER 1 YEAR Months: 11 Days: 28 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Los Angeles, California

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Arthur C. West — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: Police Department Files, Burley, ADDRESS Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 1919 Sycamore Creek Co. C Nebraska — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): & Toxemia
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-12 64, 19___, *to* 7-19-65, 19___, *that I last saw the deceased alive on* 7-19-65, 19___, *and that death occurred at* 4:50 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): MD
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 7-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: July 20, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery,
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: July 30 1965
REGISTRAR'S SIGNATURE: Beth A. Pearson
25. EMBALMER: Vern B. McCulloch
LICENSE NO.: E-260

FIRM NAME: MC CULLOCH FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3042
Local Reg. No. 1440
Reg. Dist. No. 470

BIRTH NO.

RECEIVED JUL 29 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia 16
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1019 Schodde Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1019 Schodde Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Pearl; b. (Middle); c. (Last) Widmier

4. DATE OF DEATH: (Month) July (Day) 19, (Year) 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Nov. 22, 1908	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home 01	Wellsville, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frederick Glenn Bradshaw	Wellsville, Ut.	**Florence Leatham	Wellsville, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	519-16-3958	Russell Widmier	Burley, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Squamous Cell Carcinoma of cervix & Metastasis to Peritoneum — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12 12 58, 19__ *to* 7-19-65, 19__, *that I last saw the deceased alive on* 7-19-65, 19__, *and that death occurred at* 12 30 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	526 MD	Burley, Idaho	7-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	7/22/65	Pleasant View	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 27 1965	Beth H. Pearson	[signature]	E-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 4 1977

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3043
Local Reg. No. 1436
Reg. Dist. No. 470

BIRTH NO.

RECEIVED JUL 27 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Cassia (160)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malta -rural (880)
c. LENGTH OF STAY (in this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Approx. 5 Miles West (602)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah. (45) b. COUNTY: Salt Lake (555)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salt Lake City
d. STREET ADDRESS (If rural, give location): 1463 Gilmer Drive

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Leonard	Miner	Slusser	July 19, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	August 7, 1908	56	11	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Manufactures Agt.	Electrical Engineer	Logan, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Burt Earl Slusser (16)	Roanoke, Indiana	Florence Miner	Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World II (4)	529-50-4849 (2667)	Alice K. Slusser	1463 Gilmer Dr. Salt Lake City

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete Body maceration — INTERVAL BETWEEN ONSET AND DEATH: moments.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (160) (COUNTY) (STATE)
accident (6)	Rural Cassia County (3)	County Cassia.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
7 - 19 - 65 11:25 a.m.		Birthday graph.

22. *I hereby certify that I attended the deceased from* July 19, 1965 *to the death on* July 19, 1965, *that I last saw the deceased alive on* July 19, 1965, *and that death occurred at* 11:25 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leslie L. Fillmore (583)	M.D. Coroner	Burley Box 668 Idaho	7-22-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	July 20, 1965	Wasatch Lawn Memorial Park	Salt Lake City, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 23, 1965	Burt A. Pearson	Vern B. McCulloch.	E-260

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: MC CULLOCH FUNERAL HOME

AUG 2 1965

AUG 3 1965

AUG 28 1975

SEP 2 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3044
Local Reg. No. 1443
Reg. Dist. No. 470

Certificate of Death

STATE OF IDAHO

RECEIVED
AUG 2 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Cassia 161	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 161 b. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Burley Nursing Home 290	d. STREET ADDRESS (If rural, give location): 1719 Miller Avenue

3. NAME OF DECEASED (Type or Print)	a. (First): Glick	b. (Middle):	c. (Last): Wyatt	4. DATE OF DEATH (Month) (Day) (Year): July 23, 1965
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4	8. DATE OF BIRTH: Sept. 30, 1883	9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR Months: 9 Days: 23 — IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00	10b. KIND OF BUSINESS OR INDUSTRY: 00		11. BIRTHPLACE (State or foreign country): Mayetta, Kansas	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: John Wyatt,	BIRTHPLACE: Mayetta, Kansas		14. MOTHER'S MAIDEN NAME: Margaret (Unknown)	BIRTHPLACE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): - - - -	16. SOCIAL SECURITY NO.: unknown	17. INFORMANT'S OWN SIGNATURE: Burley, Ida	ADDRESS: Burley Nursing Home, 1719 Miller

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Thrombosis	1 day
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Generalized Atherosclerosis	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Bronchopneumonia	1 day

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-18, 1959, *to* 7-23, 1965, *that I last saw the deceased alive on* 7-22, 1965, *and that death occurred at* 2:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: J R Kircher MD 283 (Degree or title)	23b. ADDRESS: Burley Idaho	23c. DATE SIGNED: 7-23-65
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: July 28, 1965	24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county) (State): Burley, Idaho		
DATE REC'D BY LOCAL REG.: July 29, 1965	REGISTRAR'S SIGNATURE: Beth H. Pearson	25. EMBALMER: Ormond F Burch
LICENSE NO.: E-471		

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Mc Culloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED AUG 2 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3045
Local Reg. No. 1442
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 160
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley - rural
LENGTH OF STAY (in this place): 51 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 410 South 200 West (Res)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 161
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 410 South 200 West

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	Henry	Bodily	July 23, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Nov. 26, 1890	74	7	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	01	Fairview, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William E. Bodily	Kaysville, Utah	Harriet Ann Oliverson	Franklin, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - - -	518-44-0190	Edna Bodily	Burley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1-2 Hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteria-Sclerosis — 3 yr's or so

DUE TO (c) Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9-4-47, 19__, *to* 7-23-65, 19__, *that I last saw the deceased alive on* 7-20-65, 19__, *and that death occurred at* 11:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. M. Pearson	526 MD	Burley, Idaho	7-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 27, 1965	Pleasant View Cemetery, Burley,	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 29, 1965	Beth H. Pearson	Ormand Burch	E-471

FIRM NAME: McCulloch Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 3 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 3 1971

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 5 1978

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 2 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3046
Local Reg. No. 1441
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
c. LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ****** 607

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location): ******

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Cecil	Gladys	Cooper	July 24, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Dec. 19, 1899	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home 01	Mercur, Tooele Co., Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Edwin Hall-	Utah	Helena Dalton-	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	none	Irene C. Hunter	Hayward, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

157X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of pancreas with metastases — INTERVAL BETWEEN ONSET AND DEATH: 11 28 64

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11 28 64	Common bile duct obstruction secondary to carcinoma around the bile duct, head of pancreas & aorta	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11 27 64, 19___, *to* 7 24 65, 19___, *that I last saw the deceased alive on* 7 10 65, 19___, *and that death occurred at* 8:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Eugene P. Holmes 239	M.D.	Burley, Idaho	7 26 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/27/65	Oakley Cemetery	Oakley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 29, 1965	Beth N. Pearson	[signature]	E-389

FIRM NAME: Paine Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

OCT 1 2 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 5 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3047
Local Reg. No. 1447
Reg. Dist. No. 470

Certificate of Death

RECEIVED
AUG 6 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1550 Hansen Ave. 670

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 161
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1550 Hansen Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): Anne
c. (Last): Gunderson

4. DATE OF DEATH (Month) (Day) (Year): July 26, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 21, 1913
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress 49
10b. KIND OF BUSINESS OR INDUSTRY: Resturant 01
11. BIRTHPLACE (State or foreign country): Chilco, Canada
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: James Frederick McCormick-Unknown
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Edna McCoy - Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 518-12-7497
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Marion L. Macom, Burley

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Ca of Cervix — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture Lt femur. — 3 wks.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-7, 1965, *to* 7-26, 1965, *that I last saw the deceased alive on* 7-26, 1965, *and that death occurred at* 7 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 276 Kelly M.D.
23b. ADDRESS: Burley Ida
23c. DATE SIGNED: 7-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/3/65
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Aug 3, 1965
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: [signature]
LICENSE NO.: E-389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 10 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3048
Local Reg. No. 1449
Reg. Dist. No. 470

RECEIVED AUG 6 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 160 2-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo
LENGTH OF STAY (in this place): 7 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Star Route 602

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 160
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo
d. STREET ADDRESS (If rural, give location): Star Route

3. NAME OF DECEASED (Type or Print)
a. (First): Guadalupe
b. (Middle): R.
c. (Last): Perez

4. DATE OF DEATH (Month) (Day) (Year): July 26, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: About 1900

9. AGE (In years last birthday): About 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home 01

11. BIRTHPLACE (State or foreign country): Mexico

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Antonio Perez
ADDRESS: Declo, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac failure
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ~~I was last consulted by deceased~~ *to* ~~, that I last saw the deceased~~ *alive on* ____, 19____, *and that death occurred at* 5:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leslie L Fullmer MD Coroner

23b. ADDRESS: Box 668 Burley Idaho

23c. DATE SIGNED: 7-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/28/65

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View

24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Aug 3 1965

REGISTRAR'S SIGNATURE: Beck M. Pearson

25. EMBALMER: Martha Payne

LICENSE NO.: E-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 10 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3049
Local Reg. No. 1451
Reg. Dist. No. 470

Certificate of Death

RECEIVED
AUG 12 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 160 Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
c. LENGTH OF STAY (If not in hospital or institution): 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 160
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location): **********

3. NAME OF DECEASED (Type or Print)
a. (First): Hilda
b. (Middle): Odella
c. (Last): Jeppesen

4. DATE OF DEATH (Month) (Day) (Year): July 30, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 2, 1906
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Mink Creek, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME — BIRTHPLACE: Hans P. Hansen - Denmark
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Sine Bergquist - Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519-46-4733
17. INFORMANT'S OWN SIGNATURE: Carl Jeppesen — ADDRESS: Oakley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Investigated the death of *, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 12 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Leslie L Fillmore 583 MD Coroner 4 (Degree or title)
23b. ADDRESS: Box 668 Burley, Ida
23c. DATE SIGNED: 8-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 8/2/65
24c. NAME OF CEMETERY OR CREMATORY: Grace Cemetery
24d. LOCATION (City, town, or county) (State): Grace, Idaho

DATE REC'D BY LOCAL REG.: Aug 9, 1965
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: J. Garth Payne — LICENSE NO. E-389

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Payne Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 2 5 1976

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3050
Local Reg. No. 660
Reg. Dist. No.

Certificate of Death

RECEIVED
AUG 6 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clark 170 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dubois
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 170
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dubois
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): Charles
c. (Last): Dunn

4. DATE OF DEATH (Month) (Day) (Year): July 19 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: February 7, 1884
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY: Sheep & Cattle 01
11. BIRTHPLACE (State or foreign country): Gary, Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 571 26 9539
17. INFORMANT'S OWN SIGNATURE: Lysidon Laird — ADDRESS: Dubois, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: John S Hatch 210 (Degree or title) MJ
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 7-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/22/65
24c. NAME OF CEMETERY OR CREMATORY: Dubois Cemetery
24d. LOCATION (City, town, or county): Dubois (State): Idaho

DATE REC'D BY LOCAL REG.: 7-30-65
REGISTRAR'S SIGNATURE: [signature] Tavenner
25. EMBALMER: Ralph M. Wood — Ralph M. Wood
LICENSE NO.: 413

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Wood Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 21 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3051
Local Reg. No. 23
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North 074

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 180
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weippe
d. STREET ADDRESS (If rural, give location): Box 194

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ROY	N.	SEELEY	July 10, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married 3	8-8-97	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Woodsworker 08	07	St. Johns, Michigan	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jackson Seeley	Michigan	Sylvia Cobin	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-12-3761	Records Christine Plourde	Orofino Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction (massive) — INTERVAL BETWEEN ONSET AND DEATH: several minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cor pulmonale — several

DUE TO (c) Pulmonary fibrosis and emphysema — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 7, 1965, *to* July 10, 1965, *that I last saw the deceased alive on* July 10, 1965, *and that death occurred at* 2:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Orofino, Idaho	7-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-13-1965	Weippe	Weippe Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 12, 1965			476

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: GILBERT'S FUNERAL CHAPEL

DUTIES: FEB 18 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 28 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3052
Local Reg. No. 57
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater 180 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weippe
c. LENGTH OF STAY (in this place): few min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schmidt's Mill 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 180
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weippe
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ELMER
b. (Middle):
c. (Last): DAVIS

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: April 22, 1905

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sawmill Supt. 09

10b. KIND OF BUSINESS OR INDUSTRY: Lumber 05

11. BIRTHPLACE (State or foreign country): Texas Ridge, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank C. Davis
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Ivy E. Harrison
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-03-1762

17. INFORMANT'S OWN SIGNATURE: Frank L Davis
ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4 20.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov, 19 61, *to* July, 19 65, *that I last saw the deceased alive on* July, 19 65, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 340 MD
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 16 July 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-15-1965
24c. NAME OF CEMETERY OR CREMATORY: L-C Memorial Gardens
24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: July 23, 1965
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature]
LICENSE NO.: 476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-69021

DUTIES:

JUL 12 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 26 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 29 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

DEC 18 1968

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
JUL 28 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3053
Local Reg. No. 56
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater 180 4-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pierce-rural
c. LENGTH OF STAY (in this place) few hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jaypee Lumber Mill 622

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 330 b. COUNTY Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Winchester
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Ralph b. (Middle) Sanford c. (Last) Teed Jr.

4. DATE OF DEATH (Month) (Day) (Year) July 15, 1965

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 2

8. DATE OF BIRTH June 19, 1918

9. AGE (In years last birthday) 47 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mill worker 09

10b. KIND OF BUSINESS OR INDUSTRY lumber 69

11. BIRTHPLACE (State or foreign country) Weippe, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ralph S. Teed Sr. BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Grace Snyder BIRTHPLACE W. Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 518-03-7322

17. INFORMANT'S OWN SIGNATURE X Mrs. Ralph S. Teed Jr. ADDRESS Winchester

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) DEATH

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Never *19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 9:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Harry Wunderlich 583 (Degree or title) Coroner 4

23b. ADDRESS Orofino, Idaho

23c. DATE SIGNED 7-19-1965

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 7-19-1965

24c. NAME OF CEMETERY OR CREMATORY Weippe Cemetery

24d. LOCATION (City, town, or county) Weippe, Idaho (State)

DATE REC'D BY LOCAL REG. July 22, 1965

REGISTRAR'S SIGNATURE Jack Zeller

25. EMBALMER Lyle A. Stratemann LICENSE NO. 476

FIRM NAME: Gilbert's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 30 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 15 2010

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
JUL 28 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3054
Local Reg. No. 55
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH 180
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Greer
c. LENGTH OF STAY (in this place) 11 days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Arcadian Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 180 b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) A hsahka
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) SUSIE b. (Middle) MOODY 075 c. (Last) CORBETT

4. DATE OF DEATH (Month) July (Day) 16 (Year) 1965

5. SEX Female
6. COLOR OR RACE Indian 3
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH July, 1885
9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home 01
11. BIRTHPLACE (State or foreign country) A hsahka, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME ------- Moody BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME unknown BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE x Anna C. Haskin ADDRESS Headquarters Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease 420.1 — INTERVAL BETWEEN ONSET AND DEATH 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis. — Many years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-17-65, 19__, *to* 7-16-65, 19__, *that I last saw the deceased alive on* 7-6-65, 19__, *and that death occurred at* 3:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE 405 (Degree or title) A B Pappenhagen M.D.
23b. ADDRESS Orofino Idaho
23c. DATE SIGNED 7-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE July 21, 1965
24c. NAME OF CEMETERY OR CREMATORY Ahsahka
24d. LOCATION (City, town, or county) Ahsahka (State) Idaho

DATE REC'D BY LOCAL REG. July 22, 1965
REGISTRAR'S SIGNATURE [signature]
25. EMBALMER [signature]
LICENSE NO. 476

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3055
Local Reg. No. 63
Reg. Dist. No. 210

Certificate of Death

RECEIVED
AUG 12 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Greer
c. LENGTH OF STAY (In this place) 4 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Arcadian Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 180
b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. STREET ADDRESS (If rural, give location) Hollywood district

3. NAME OF DECEASED (Type or Print)
a. (First) SARAH
b. (Middle) ANNE 075
c. (Last) JOHNSTON

4. DATE OF DEATH (Month) July (Day) 17 (Year) 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Dec. 30, 1886
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home 01
11. BIRTHPLACE (State or foreign country) Ontario Canada
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Kirk — BIRTHPLACE Canada
14. MOTHER'S MAIDEN NAME Mary Penney — BIRTHPLACE unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE K. William Johnston — ADDRESS Lewiston Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 d.

ANTECEDENT CAUSES — DUE TO (b) ASHD — years

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1965, *to* 7-17, 1965, *that I last saw the deceased alive on* 7-16, 1965 *and that death occurred at* 7 30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 03
23b. ADDRESS Orofino, Ida.
23c. DATE SIGNED 7-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 7-21-1965
24c. NAME OF CEMETERY OR CREMATORY Wells Bench
24d. LOCATION (City, town, or county) Orofino (State) Idaho

DATE REC'D BY LOCAL REG. Aug. 9, 1965
REGISTRAR'S SIGNATURE Ruth Zeller
25. EMBALMER [signature] — LICENSE NO. 476
FIRM NAME: Gilbert's Funeral Chapel, Inc.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 16 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 25 2000

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
JUL 28 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3056
Local Reg. No. 54
Reg. Dist. No. 210

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Clearwater 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North 074

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
N.	PAUL	LA MOTTE	July	18	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	February 25, 1878	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber 44
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Quebec, Canada
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Records Christine Plourde — ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic brain syndrome due to hypertension	unknown
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertensive cardivascular disease with arteriesclerosis	2 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	~~Hypertensive cardiovascular disease with arteriosclerosis~~	~~2 years~~

4433X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 7, 1965, *to* July 18, 1965, *that I last saw the deceased alive on* July 16, 1965, *and that death occurred at* 12:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Merrick N. Butler, Jr. 595 M.D	Box 672, Orofino, Idaho	7-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	7-19-65	Hennessey Funeral Home	Spokane Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-19-1965	Josephine K. Gillett	Lyle A. Strathmann	476

FIRM NAME: Gilbert's Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3057
Local Reg. No. 58
Reg. Dist. No. 210

RECEIVED AUG 2 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater (80 2-09)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
LENGTH OF STAY (in this place): 9 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North 074

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (35)
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1102 11th Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MAUD	E.	WILLIAMS	July 27, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	September 29, 1879	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife (01)	home (01)	Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
UNKNOWN		UNKNOWN	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- -		Medical Records Evelyn Olsen	Box 672 Orofino, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardio vascular disease — 20 yrs
DUE TO (c) arteriosclerosis general — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* October 10 1964, *to* July 27, 1965, *that I last saw the deceased alive on* July 26, 1965, *and that death occurred at* 9:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Myrick W. Cullen Jr. 595	M.D.	Box 672, Orofino, Idaho	7-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal 2	7-27-65	Vassar-Rawls F. H.	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 28, 1965	Ruth Zeller	Fred A. Strottmann	476

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 3058
Local Reg. No. 61
Reg. Dist. No. 210

RECEIVED STATE OF IDAHO AUG 12 1965

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Clearwater 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Bur. alt. township): Orofino
c. LENGTH OF STAY (in this place): 4½
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North 074

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 180
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weippe
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print): a. (First) NELLIE b. (Middle) A. c. (Last) SINCLAIR

4. DATE OF DEATH: (Month) (Day) (Year): July 29 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Dec. 13, 1889

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: home 01

11. BIRTHPLACE (State or foreign country): Moscow, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Daniel T. Gustin
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Polly Holden
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: X A. L. Sinclair
ADDRESS: Weippe, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic brain syndrome associated with arteriosclerosis — approx. 10 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-12, 1965, *to* 7-29, 1965, *that I last saw the deceased alive on* 7-29, 1965, *and that death occurred at* 4:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leon F. Marlowe M.D.

23b. ADDRESS: Box 672 Orofino, Idaho

23c. DATE SIGNED: 7-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-2-1965

24c. NAME OF CEMETERY OR CREMATORY: Weippe

24d. LOCATION (City, town, or county) (State): Weippe Idaho

DATE REC'D BY LOCAL REG.: Aug. 2, 1965

REGISTRAR'S SIGNATURE: Chuck Zeller

25. EMBALMER: [signature]

LICENSE NO.: 476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3059
Local Reg. No. 135
Reg. Dist. No. 680

RECEIVED
JUL 19 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Custer 190
b. CITY OR TOWN (If outside corporate limits, write RURAL and give name of township): Rural-Mackay
LENGTH OF STAY (in this place): 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 9 Mi. N. of Mackay 602

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 190
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Mackay
d. STREET ADDRESS (If rural, give location): 9 Mi. N. of Mackay

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	David	Leland	Zollinger	July 11, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	Aug. 6, 1902	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ranch Owner 04	Agriculture 01	Providence, Utah	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ferdinand Zollinger	Providence, Utah	Emmaline Fuhriman	Providence, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		529-52-4696	Mrs Leland Zollinger	Mackay, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* — , 19 — , *to* — , 19 — , *that I last saw the deceased alive on* — , 19 — , *and that death occurred at* 4:45 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J Clement 434	MD	Arco, Idaho	7/14/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-Burial	7/14/65	Providence Cemetery	Providence, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 16, 1965.	Mrs Pauline J. Mulder	C. H. Marvel	E-457

FIRM NAME: Marvel Memorial Chapel
Arco, Idaho

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 16 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 25 1970

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

REGISTERED Certificate of Death

STATE OF IDAHO

State File No. 3060
Local Reg. No. 13
Reg. Dist. No. 680

BIRTH NO.

JUL 29 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 190 Custer 022
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Mackay
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Horseshoe Mine 022

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 190 b. COUNTY Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Mackay
d. STREET ADDRESS (If rural, give location) 5 Miles So. of Mackay

3. NAME OF DECEASED (Type or Print) a. (First) Ira b. (Middle) Clair c. (Last) Lambert

4. DATE OF DEATH (Month) (Day) (Year) July 21, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH March 13, 1891

9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher 04

10b. KIND OF BUSINESS OR INDUSTRY Agriculture 01

11. BIRTHPLACE (State or foreign country) Kamas, Utah

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Richard Franklin Lambert BIRTHPLACE Salt Lake, Utah

14. MOTHER'S MAIDEN NAME Elva Eudora Woolstenhulme BIRTHPLACE Bountiful, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-36-6201

17. INFORMANT'S OWN SIGNATURE X Vern C Lambert ADDRESS Ida, St. Anthony,

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 919.2

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 1

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Horseshoe Mine

21c. (CITY, TOWN, OR TOWNSHIP) 190 13 Mackay (COUNTY) Custer (STATE) Idaho

21d. TIME OF INJURY (Month) 7 (Day) 21 (Year) 65 (Hour) 3 p.m. 45

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR? Deceased setting off charge of Dynamite

22. *I hereby certify that I attended the deceased from* Did not see alive, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 3:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE 583 (Degree or title) Mrs Pauline J. Mulder Coroner

23b. ADDRESS Challis Idaho

23c. DATE SIGNED 7/27/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7-24-65

24c. NAME OF CEMETERY OR CREMATORY Mt. McCaleb Cemetery

24d. LOCATION (City, town, or county) Mackay, Idaho (State)

DATE REC'D BY LOCAL REG. 7/27/65

REGISTRAR'S SIGNATURE Mrs. Pauline J. Mulder

25. EMBALMER Co. H. Marvel

LICENSE NO. E-457

FIRM NAME: Marvel Memorial Chapel Arco, Idaho

Federal Security Agency
United States Public Health Service

Form DH-63021

AUG 3 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 8 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 2 2 1992

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

NOV 0 9 2015

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

65-5821

BIRTH NO.

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3061
Local Reg. No. 34
Reg. Dist. No. 380 391

1. PLACE OF DEATH
a. COUNTY: ELMORE 200 JUL 23 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME AFB, IDAHO
c. LENGTH OF STAY (in this place): 48 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): USAF HOSPITAL, 808TH MED GP

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 200
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME AFB, IDAHO
d. STREET ADDRESS (If rural, give location): 4232 MTN VILLAGE, MTN HOME AFB, IDA

3. NAME OF DECEASED (Type or Print): a. (First) MARY; b. (Middle) ANN 585; c. (Last) SCHAFFER

4. DATE OF DEATH: (Month) JUN (Day) 13 (Year) 1965

5. SEX: FEMALE

6. COLOR OR RACE: CAU

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED

8. DATE OF BIRTH: 12 JUN 1965

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 2; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE 02

10b. KIND OF BUSINESS OR INDUSTRY: 02

11. BIRTHPLACE (State or foreign country): IDAHO

12. CITIZEN OF WHAT COUNTRY?: AMERICA

13. FATHER'S NAME: HAROLD G. SCHAFFER — BIRTHPLACE: OSWEGO, NEW YORK

14. MOTHER'S MAIDEN NAME: MARIA DEL PILAR GARCIA LOPEZ — BIRTHPLACE: TANGIER, MORACCO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: -

17. INFORMANT'S OWN SIGNATURE: Harold G. Schaffer — ADDRESS: 4232 MTN. Village

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

776X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12 June, 1965, *to* 13 June, 1965, *that I last saw the deceased alive on* 13 June, 1965, *and that death occurred at* 8:23 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert D Ring, Jr 585 M.D.

23b. ADDRESS: Mountain Home AFB, Idaho

23c. DATE SIGNED: 16 Jun 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6-15-65

24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cem.

24d. LOCATION (City, town, or county) (State): Mt. Home, Idaho

DATE REC'D BY LOCAL REG.: June 26 1965

REGISTRAR'S SIGNATURE: [signature]

25. EMBALMER: [signature] — LICENSE NO.: E-403

FIRM NAME: Bey Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

65-5825

BIRTH NO.

Certificate of Death

RECEIVED JUL 23 1965 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 3062
Local Reg. No. 35
Reg. Dist. No. 380 391

1. PLACE OF DEATH
a. COUNTY: ELMORE 200 — 4-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME AFB, IDAHO — LENGTH OF STAY (in this place): 4 HOURS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): USAF HOSPITAL, 808TH MED GP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 200 — b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME AFB, IDAHO
d. STREET ADDRESS (If rural, give location): 411 W 3rd N, MTN HOME, IDAHO

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	DAWN	MARIE 585	JAMES	JUN	18	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	CAU	NEVER MARRIED 7	17 JUN 65				4	35

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE 02	-00	IDAHO	AMERICA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
BILLY D. JAMES	MCALESTER, OKLAHOMA	HELEN WAGEMAN	TWIN FALLS, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	-	-	Billy D. James	411 W. 3 Mtn Home

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	INTERVAL BETWEEN ONSET AND DEATH
(a)	Prematurity 2766	4 hrs
	ANTECEDENT CAUSES	
DUE TO (b)	*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	
DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS	
	Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 17 June, 1965, *to* 18 June, 1965, *that I last saw the deceased alive on* 18 June, 1965, *and that death occurred at* 0035 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John P Russell 585	MD	MHAFB Hosp Idaho	18 June 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-19-65	Mt. View Cem.	Mt. Home, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 26 1965	[signature]	Arthur Smith	E-403

FIRM NAME: Bay Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3063
Local Reg. No. 36
Reg. Dist. No. 380 391

Certificate of Death

RECEIVED
JUL 23 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore 200 3-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elmore Memorial Hospital 080

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 200
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): 540 East 12th North

3. NAME OF DECEASED (Type or Print)
a. (First) MRS. b. (Middle) MAXINE c. (Last) THERESA HYER

4. DATE OF DEATH (Month) (Day) (Year): July 1, 1965

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2
8. DATE OF BIRTH: March 30, 1919
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office Supervisor 34
10b. KIND OF BUSINESS OR INDUSTRY: 600 USAF Civil Service
11. BIRTHPLACE (State or foreign country): Manchester, New Hampshire
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Claus Johnson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Adolfina Wennerstrand — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 003-09-4719
17. INFORMANT'S OWN SIGNATURE: Robert A. Hyer — ADDRESS: 540 E 12 N

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 170X Adenocarcinoma of Breast with generalized metastasis — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 10, 1959, *to* July 1, 1965, *that I last saw the deceased alive on* July 1, 1965, *and that death occurred at* 9:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jungle C M Downs 145 MD
23b. ADDRESS: 890 N 6 E Mountain Home Idaho
23c. DATE SIGNED: July 3 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 2
24b. DATE: 7/6/65
24c. NAME OF CEMETERY OR CREMATORY: Mt. View Crematory
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: July 6 1965
REGISTRAR'S SIGNATURE: R Anderson
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: Mtn. Home, Idaho
Bey Mortuary, Inc.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 23 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 28 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

AUG 4 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

FEB 29 1968

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

Certificate of Death

STATE OF IDAHO

State File No. 3064
Local Reg. No. 37
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED
AUG 4 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Elmore 700 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Swan Holm Creek
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weatherby Lumber Camp 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian Rural
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print): a. (First) Doris b. (Middle) Irene c. (Last) Reed

4. DATE OF DEATH: (Month) (Day) (Year): July 9, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: April 9, 1913

9. AGE (In years last birthday): 52
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 81

10b. KIND OF BUSINESS OR INDUSTRY: 0

11. BIRTHPLACE (State or foreign country): Eagle, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: W. D. Scrivner
BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Leona May Farnham
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT'S OWN SIGNATURE: Harry J. Reed
ADDRESS: Atlanta, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Probable Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — Sev. yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 4:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Arthur Smith 582 (Degree or title): Coronet
23b. ADDRESS: Mountain Home Idaho
23c. DATE SIGNED: 7-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-13-65
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: July 12 1965
REGISTRAR'S SIGNATURE: E Anderson

25. EMBALMER: Leo Reed
LICENSE NO.: E-366

FIRM NAME: Robison Chapel of the Chimes

Federal Security Agency
United States Public Health Service
Form DH-63021

AUG 6 1995

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3065
Local Reg. No. 39
Reg. Dist. No. 380 391

Certificate of Death

STATE OF IDAHO

RECEIVED
AUG 4 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore 200 3-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elmore Memorial Hospital 080

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 370
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grand View
d. STREET ADDRESS (If rural, give location): Grand View

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): ROSS
c. (Last): McKEETH

4. DATE OF DEATH (Month) (Day) (Year): July 18, 1965

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: May 29, 1878
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Businessman 35
10b. KIND OF BUSINESS OR INDUSTRY: grocer 01
11. BIRTHPLACE (State or foreign country): Ettrick, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William McKeeth — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Josephine Bowerman — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 527-28-7138
17. INFORMANT'S OWN SIGNATURE: Ethel B. McKeeth — ADDRESS: Grand View

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Ess. Hypertension
Diabetes Mel
Benign Prostatic Hypert.
Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-14, 1965 *to* 7-18, 1965, *that I last saw the deceased alive on* 7-18, 1965, *and that death occurred at* 3:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Malone N Jackson 289 MD
23b. ADDRESS: Mountain Home Idaho
23c. DATE SIGNED: 7-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/21/65
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Grand View, Idaho

DATE REC'D BY LOCAL REG.: Jul 26 1965
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: Bey Mortuary, Inc. Mtn. Home, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AUG 5 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3066
Local Reg. No. 40
Reg. Dist. No. 380 391

BIRTH NO.

AUG 4 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Elmore 200 4-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): ½ hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elmore Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 370
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Bruneau
d. STREET ADDRESS (If rural, give location): Rural - Bruneau

3. NAME OF DECEASED (Type or Print)
a. (First): CHESTER
b. (Middle): WEAVER 080
c. (Last): SELLMAN

4. DATE OF DEATH (Month) (Day) (Year): July 18, 1965

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: May 30, 1918
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher, Businessman 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Shoshone, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jack Claude Sellman
BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Lillian Evelyn Hill
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1
(If yes, give war or dates of service): World War II 4
16. SOCIAL SECURITY NO.: 519-16-1735
17. INFORMANT'S OWN SIGNATURE: Mrs Chester W. Sellman
ADDRESS: Bruneau, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain damage Internal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Skull fracture - Inter Tem — 1 hour

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 06
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 51 13
21c. (CITY, TOWN, OR TOWNSHIP) 370 **(COUNTY)** **(STATE)**: Bruneau, Owyhee, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 18, 1965 8:00 PM
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Two pick-up truck crash, victim thrown out and rolled on.

22. *I hereby certify that I attended the deceased from* July 18 1965 *to* _____, 19__, *that I last saw the deceased alive on* July 18, 1965, *and that death occurred at* 9:55 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Cell Davies MD 145
23b. ADDRESS: 890 N. 6 E. Mt Home Idaho
23c. DATE SIGNED: 7/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/22/65
24c. NAME OF CEMETERY OR CREMATORY: Bruneau Cemetery
24d. LOCATION (City, town, or county) (State): Bruneau, Idaho

DATE REC'D BY LOCAL REG.: July 26 1965
REGISTRAR'S SIGNATURE: [signature] Anderson
25. FUNERAL DIRECTOR: Arthur Smith
ADDRESS: Mtn. Home, Idaho
Bey Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DPH-48021

AUG 5 1965

SEP 7 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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State File No. 3067
Local Reg. No. 41
Reg. Dist. No. 380 391

RECEIVED
AUG 4 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore 200 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elmore Memorial Hospital 680

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 200
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): 920 South 5th West

3. NAME OF DECEASED (Type or Print)
a. (First): PAUL
b. (Middle): HOSTETLER
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): July 23, 1965

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: October 31, 1913
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postal Supervisor 42
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Post Office 68
11. BIRTHPLACE (State or foreign country): Hill City, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: B. F. Hostetler — BIRTHPLACE: Oklahoma
14. MOTHER'S MAIDEN NAME: Eva Green — BIRTHPLACE: Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-01-7178
17. INFORMANT'S OWN SIGNATURE: Mrs Paul Hostetler — ADDRESS: Mtn. Home

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-obstructive Disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Coronary Artery disease — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cor Pulmonale — years
Renal failure & uremia due to above

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1964, *to* July 23, 1965, *that I last saw the deceased alive on* July 22, 1965, *and that death occurred at* 7:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Malone N Hoebeke 289 MD
23b. ADDRESS: Mountain Home Idaho
23c. DATE SIGNED: 7.30.65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/27/65
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: Aug 2 1965
REGISTRAR'S SIGNATURE: P. Anderson
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: Smith Mortuary Mtn. Home, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AUG 4 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 10 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

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RECEIVED
AUG 4 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3068
Local Reg. No. 42
Reg. Dist. No. 380 391

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Atlanta
c. LENGTH OF STAY (in this place): Transient
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8 miles west in Middle Fork of Boise River 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 8111 Queen Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LARRY	LEE	NEDDO	July 23, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Nov. 7, 1936	28				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrician 48	Electrical 01	Malta, Idaho	USA

13. FATHER'S NAME, BIRTHPLACE	14. MOTHER'S MAIDEN NAME, BIRTHPLACE
I. J. Neddo, III, Malta, Idaho	Eunice Parke, Malta, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE, ADDRESS
No ---	Unknown	I. J. Neddo III Route #2 Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8223.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) pick-up truck accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident 06	highway 2	Atlanta, Elmore County, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
July 23, 1965 9:30PM		Single pick-up accident, plunged off road into Md. Fk. Boise R.

22. *I hereby certify that I attended the deceased from* Did not see alive _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Arthur Smith Coroner 4	Mountain Home, Idaho	7/26/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-27-65	Cloverdale Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 2 1965	[illegible]	[illegible]	E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 5 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 5 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 24 1979

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 4 1965 Bureau of Vital Statistics

State File No. 3069
Local Reg. No. 43
Reg. Dist. No. 380 391

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore 002
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Atlanta
c. LENGTH OF STAY (in this place): Transient

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 044
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3914 Neel Street

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8 miles west in the Middle Fork of the Boise River

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	NOLAN	RAY 002	NELSON	July 23, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	Feb. 14, 1932	33				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrician 45	Electrical Service 01	Mansfield, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James R. Nelson	Hobart, Oklahoma	Lillie M. Bazal	Mansfield, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	Korean 6	519-34-3957	Mrs. Kathleen R. Nelson	Boise, Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Accidental Drowning — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) pick-up truck accident

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	06 highway 15	Atlanta, Elmore County, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
July 23, 1965 9:30 PM		Single pick-up accident, plunged off road into Md. Fk. Boise R.

22. *I hereby certify that I attended the deceased from* Did not see alive, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Arthur Smith 5835	Coroner 4	Mountain Home, Idaho	7/26/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	7-24-65		Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 2 1965	A. Lindsay	Ray C. Heikkila	E419

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 5 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 10 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 19 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3070
Local Reg. No. 24
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin 21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 43 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 36 S 1st W 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 21
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 36 S 1st W

3. NAME OF DECEASED (Type or Print): a. (First) Eugene; b. (Middle) Clair; c. (Last) Anderson

4. DATE OF DEATH: (Month) July (Day) 5, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Sep 17, 1894

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper 40

10b. KIND OF BUSINESS OR INDUSTRY: Accounting 63

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David Smith Anderson — BIRTHPLACE: Salt Lake City, Ut

14. MOTHER'S MAIDEN NAME: Annie Simpson — BIRTHPLACE: Salt Lake City, Ut

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs Eugene C. Anderson — ADDRESS: Preston, Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerotic Heart

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Disease of Coronary Arteries
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: (a) 1 yr

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1965, *to* July 5, 1965, *that I last saw the deceased alive on* July 5, 1965, *and that death occurred at* 1/2 11 *m., from the causes and on the date stated above.*

23a. SIGNATURE: O. R. Cutler — (Degree or title): Mgr

23b. ADDRESS: Preston Idaho

23c. DATE SIGNED: 7-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 8, 1965

24c. NAME OF CEMETERY OR CREMATORY: Farmington City Cemetery

24d. LOCATION (City, town, or county) (State): Farmington, Utah

DATE REC'D BY LOCAL REG.: 7-8-65

REGISTRAR'S SIGNATURE: Eppie W. Brewer

25. EMBALMER: Douglas S. Webb — LICENSE NO.: 488

FIRM NAME: WEBB FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

SEP 3 1969

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3071
Local Reg. No. 1
Reg. Dist. No. 540

BIRTH NO. 1

AUG 5 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 35
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Preston Golf Course

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 202 North State

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	Barnes	Garrett	July 15, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Dec. 22, 1898	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bookkeeper	Utah Power & Light	Wellsville, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William C. Garrett	Salt Lake City Ut.	Rachel Barnes	Wellsville, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWI	518-07-9814	Conrad W. Garrett	Preston Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Occlusion	15 min
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary Insufficiency	5 yr
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan 19 65 *to* July 15, 1965, *that I last saw the deceased alive on* July 15, 1965 *and that death occurred at* 2 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. R. Cutler	MD	Preston Idaho	7-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 19, 1965	Logan Cemetery	Logan, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-19-1965	Eggie W. Brower	O. Sherwin Webb	316

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Webb Funeral Home

Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 6 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 10 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 22 1970

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

AUG 30 1994

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

.....

.....

Informant
be

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 3072
Local Reg. No. 2
Reg. Dist. No. 540

BIRTH NO.

RECEIVED STATE OF IDAHO
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Franklin AUG 9 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riverdale
c. LENGTH OF STAY (In this place): 67 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Riverdale (At home)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riverdale (Rural)
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): a. (First) Lewis b. (Middle) A. c. (Last) Barrington

4. DATE OF DEATH (Month) (Day) (Year): July 30, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 6, 1898	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer (Retired)	Agriculture	Riverdale, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Barrington	Florence, Neb.	Rebecca Walker Stones	St. Louis, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 07 9712	Ross T. Barrington	Riverdale, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Occlusion	1 hr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	3 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 26, 1965, *to* July 30, 1965, *that I last saw the deceased alive on* July 30, 1965, *and that death occurred at* 4:47 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. K. Cullen MD	Preston, Idaho	7-31-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	August 2, 1965	Hillcrest Cemetery	Riverdale, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-2-1965	Eggie W. Brouwer	O. Sherwin Webb	316

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: O. Sherwin Webb

AUG 10 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3073
Local Reg. No. 23
Reg. Dist. No. 657

RECEIVED
AUG 2 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont 220
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hospital 083

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 220
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Drummond
d. STREET ADDRESS (If rural, give location): R. F. D.

3. NAME OF DECEASED (Type or Print): a. (First) EDNA b. (Middle) MARIAM c. (Last) SPRAGUE

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: 25 May 1896

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 0---

11. BIRTHPLACE (State or foreign country): Junction, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edwin Elmer Sprague
BIRTHPLACE: Grantsville, Utah

14. MOTHER'S MAIDEN NAME: Edna Mariam Lebaron
BIRTHPLACE: Santequim, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ------

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Ashton, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Coronary heart disease — 6 mos

DUE TO (c): Arteriosclerosis — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cerebral arteriosclerosis & brain damage — 3 years

420.1

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-15- 1965, *to* 6-18- 1965, *that I last saw the deceased alive on* 6-18- 1965, *and that death occurred at* 12:05 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 298 (Degree or title)

23b. ADDRESS: Ashton - Idaho

23c. DATE SIGNED: 6-25-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 22 June 1965

24c. NAME OF CEMETERY OR CREMATORY: Pineview Cemetery

24d. LOCATION (City, town, or county) (State): Ashton, Fremont Co., Idaho

DATE REC'D BY LOCAL REG.: July 6 65

REGISTRAR'S SIGNATURE: [signature]

25. EMBALMER: [signature]

LICENSE NO.: E-456

FIRM NAME: Bean Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED JUL 13 1965 BUREAU OF VITAL STATISTICS

STATE OF IDAHO

State File No. 3074
Local Reg. No. 1
Reg. Dist. No. 240-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 23
b. CITY OR TOWN: Emmett
c. LENGTH OF STAY IN THIS PLACE: 7 years
d. FULL NAME OF HOSPITAL OR INSTITUTION: 813 So. Hayes 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 23
b. COUNTY: Gem
c. CITY OR TOWN: Emmett
d. STREET ADDRESS: 813 So. Hayes

3. NAME OF DECEASED (Type or Print): a. (First) Angeline; b. (Middle) Wartenbe; c. (Last)

4. DATE OF DEATH: July 5, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed 2	Dec. 1, 1880	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 57	home 07	Quebec, Canada	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Greenier	France	unknown	France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	X Mrs Goldie A. Sanders	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Malacia 334 X — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Essential Hypertension
DUE TO (c) Gen. Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May, 1958, *to* July, 1965, *that I last saw the deceased alive on* July 5, 1965, *and that death occurred at* 11:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm B. Jewell 260	MD.	107 N. Comm., Emmett, Idaho	7-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	July 9, 1965	Elgin	Elgin, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 8, 1965	Jean A. Beatty	Thomas W. Beatty	E392

FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3075
Local Reg. No. 2
Reg. Dist. No. 340-341

Certificate of Death

STATE OF IDAHO

RECEIVED
JUL 13 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 231 3-12
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hosp. 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 231
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 305 East 2nd Street

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Elsworth Sherwood
c. (Last): Lahman

4. DATE OF DEATH (Month) (Day) (Year): July 7, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Jan. 18, 1874
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months 5, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): minister 61
10b. KIND OF BUSINESS OR INDUSTRY: gospel 01
11. BIRTHPLACE (State or foreign country): Washington Court House, Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel F. Lahman — BIRTHPLACE: West Virginia
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 540-40-8970
17. INFORMANT'S OWN SIGNATURE: X D. E. Lahman — ADDRESS: 305 E 2nd St.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-3, 1964, *to* 7-7, 1965, *that I last saw the deceased alive on* 7-6, 1965, *and that death occurred at* 1:17A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harmon E. Holverson M.D. 241
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: 7-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: July 9, 1965
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: July 8, 1965
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. EMBALMER: [signature] — LICENSE NO.: E-392
FIRM NAME: THE BEATTY CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 26 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3076
Local Reg. No. 3
Reg. Dist. No. 340-34

BIRTH NO.

RECEIVED AUG 2 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem 23 2-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 3 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Emmett Valley Manor 3-02

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 23 b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 412 East 3rd.

3. NAME OF DECEASED (Type or Print): a. (First) Thomas b. (Middle) J. c. (Last) Campbell

4. DATE OF DEATH (Month) (Day) (Year): July 15, 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: May 12, 1881

9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR Months: 2 Days: 3 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: farm 01

11. BIRTHPLACE (State or foreign country): Heber City, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Campbell — BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Margaret McNaughtan — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-56-2355

17. INFORMANT'S OWN SIGNATURE: X Bess Rae Campbell — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive C-V disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebro vascular accident — 6 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

443X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* 15 July 1965, *and that death occurred at* 6:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 184 — **23b. ADDRESS**: Emmett, Ida — **23c. DATE SIGNED**: 19 July 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: July 17, 1965

24c. NAME OF CEMETERY OR CREMATORY: Emmett

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: July 19, 1965

REGISTRAR'S SIGNATURE: Jean A Beatty

25. EMBALMER: Glenn W Beatty — **LICENSE NO.**: E-392

FIRM NAME: THE BEATTY CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

FEB 3 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 2 1965 Bureau of Vital Statistics

State File No. 3077
Local Reg. No. 4
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 23
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
LENGTH OF STAY (in this place): 7 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 23
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 401 So. Commercial

3. NAME OF DECEASED (Type or Print): a. (First) Carl; b. (Middle) Wesley; c. (Last) Davis

4. DATE OF DEATH (Month) (Day) (Year): July 18, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Feb. 21, 1881	84	4	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY: construction 07
11. BIRTHPLACE (State or foreign country): Millersburg, Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Franklin Davis — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Mary Livingston — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 03 1151
17. INFORMANT'S OWN SIGNATURE: X Hazle P Davis — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible], 19[illegible], *to* ____, 19____, *that I last saw the deceased alive on* July 19, 1965, *and that death occurred at* 5 35a m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] 184, Emmett (Degree or title)
23b. ADDRESS: Emmett, Ida.
23c. DATE SIGNED: July 19, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: July 20, 1965
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: July 19, 1965
REGISTRAR'S SIGNATURE: Jean A Beatty
25. EMBALMER: Glenn W Beatty
LICENSE NO.: E-392
FIRM NAME: THE BEATTY CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 4 1965

NOV 27 1987

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3078
Local Reg. No. 5
Reg. Dist. No. 340 341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gem 230 AUG 2 1965
b. CITY OR TOWN Emmett
LENGTH OF STAY (in this place) 42 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Route 2 022

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 238
b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location) Route 2

3. NAME OF DECEASED (Type or Print)
a. (First) Willard
b. (Middle) Theodore
c. (Last) Bisom

4. DATE OF DEATH (Month) (Day) (Year) July 19, 1965

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 2

8. DATE OF BIRTH December 30, 1886

9. AGE (In years last birthday) 78
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) lineman 45

10b. KIND OF BUSINESS OR INDUSTRY Power Co. 61

11. BIRTHPLACE (State or foreign country) Newton, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Bisom
BIRTHPLACE Iowa

14. MOTHER'S MAIDEN NAME Addie Kenyon
BIRTHPLACE New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518 07 2693

17. INFORMANT'S OWN SIGNATURE X Dora-Etta Bisom
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ----- , 19___, *to* ----- , 19___, *that I last saw the deceased alive on* ----- , 19___, *and that death occurred at* 7:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Harmon E. Halverson M.D 24/

23b. ADDRESS Emmett, Idaho

23c. DATE SIGNED 7-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE July 23, 1965

24c. NAME OF CEMETERY OR CREMATORY Emmett

24d. LOCATION (City, town, or county) (State) Emmett, Idaho

DATE REC'D BY LOCAL REG. July 24, 1965

REGISTRAR'S SIGNATURE Jean A Beatty

25. EMBALMER Glenn W Beatty

LICENSE NO. E392

FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3079
Local Reg. No. 6
Reg. Dist. No. 340-341

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 23 Gem AUG 5 1965
b. CITY OR TOWN Emmett
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Walter Knox Hospital 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 23 b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural----Emmett
d. STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print) a. (First) Edwin b. (Middle) Franklin c. (Last) Kent

4. DATE OF DEATH (Month) (Day) (Year) July 28, 1965.

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH March 19, 1897
9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Beekeeper 90
10b. KIND OF BUSINESS OR INDUSTRY Bees 12
11. BIRTHPLACE (State or foreign country) Juniata, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John G. Kent BIRTHPLACE Clarence, Iowa
14. MOTHER'S MAIDEN NAME Beulah Durham BIRTHPLACE Cottage, Iowa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. 720-03-6588
17. INFORMANT'S OWN SIGNATURE ADDRESS Emmett, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 ACUTE MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH 48 HRS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. PATIENT HAS HAD PREVIOUS ATTACKS — 2 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 25, 1965, *to* July 28, 1965, *that I last saw the deceased alive on* July 28, 1965, *and that death occurred at* 10:10P m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Ernest P. Lewerenz MD
23b. ADDRESS Emmett Ida
23c. DATE SIGNED 7/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 2, 1965
24c. NAME OF CEMETERY OR CREMATORY Emmett Cemetery
24d. LOCATION (City, town, or county) Emmett, Idaho. (State)

DATE REC'D BY LOCAL REG. Aug 2 1965
REGISTRAR'S SIGNATURE Jean A Beatty
25. EMBALMER Von M Simpson
LICENSE NO. E 496
FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 10 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 15 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Bodmer

Certificate of Death

STATE OF IDAHO

State File No. 3080
Local Reg. No. 2980
Reg. Dist. No. 42-0

BIRTH NO.

RECEIVED JUL 13 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding Co. Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho. 240
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hagerman
d. STREET ADDRESS (If rural, give location) Box # 301

3. NAME OF DECEASED (Type or Print)
a. (First) Charles
b. (Middle) Augustus 095
c. (Last) Lindburg

4. DATE OF DEATH (Month) July (Day) 2 (Year) 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Aug. 23, 1878

9. AGE (In years last birthday) 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick Layer 81

10b. KIND OF BUSINESS OR INDUSTRY Construction 05

11. BIRTHPLACE (State or foreign country) Gilchrist, Illinois.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Peter Lindburg
BIRTHPLACE Sweden

14. MOTHER'S MAIDEN NAME Mary E. Peterson
BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None
(If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. [redacted]-04-5306

17. INFORMANT'S OWN SIGNATURE Velma Carlson
ADDRESS Hagerman Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Bronchial — INTERVAL BETWEEN ONSET AND DEATH 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Vascular Accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1965, *to* 2 July, 1965, *that I last saw the deceased alive on* 2 July, 1965, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Bernard H. Edmonson M.D.

23b. ADDRESS Gooding Idaho

23c. DATE SIGNED 3 July 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7-6-1965

24c. NAME OF CEMETERY OR CREMATORY Hagerman Cemetery

24d. LOCATION (City, town, or county) Hagerman Gooding (State) Idaho.

DATE REC'D BY LOCAL REG. 7-3-65

REGISTRAR'S SIGNATURE Robert S. Meyer

25. EMBALMER Robert S. Meyer
LICENSE NO. E-424
FIRM NAME Thompson Chapel Gooding, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

JUL 16 1965
AUG 2 1965
AUG 11 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. M. V. Klingler

RECEIVED JUL 13 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3081
Local Reg. No. 2781
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding Co. Mem. Hosp.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding Co. Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 45 Utah 555
b. COUNTY Weber
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ogden
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Wilford
b. (Middle) Henry 090
c. (Last) Goodliffe

4. DATE OF DEATH (Month) (Day) (Year) July 4 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Oct. 16, 1893
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter 23
10b. KIND OF BUSINESS OR INDUSTRY Construction 00
11. BIRTHPLACE (State or foreign country) St. John, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Goodliffe — BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Anna Jane Josephson — BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 519-01-4150
17. INFORMANT'S OWN SIGNATURE X [signature] — ADDRESS Gooding Ida.

420.0

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure, Acute — INTERVAL BETWEEN ONSET AND DEATH 4 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart Disease with failure.
DUE TO (c) Parkinsonism, idiopathic.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Moderate hypertension
Cerebro-vascular Accidents (3)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 7, 1965, *to* July 4, 1965, *that I last saw the deceased alive on* July 4, 1965 *and that death occurred at* 11:20 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE 285 [signature] (Degree or title)
23b. ADDRESS Gooding, Idaho
23c. DATE SIGNED July 7, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-8-1965
24c. NAME OF CEMETERY OR CREMATORY Ogden Memorial Gardens
24d. LOCATION (City, town, or county) (State) Ogden, Utah

DATE REC'D BY LOCAL REG. 7-8-65
REGISTRAR'S SIGNATURE Robert Meyer
25. EMBALMER Robert Meyer
LICENSE NO. E-424

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Thompson Chapel Gooding, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Esther Davis

Certificate of Death

STATE OF IDAHO

State File No. 3084
Local Reg. No. 2784
Reg. Dist. No. 420

RECEIVED
JUL 19 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding 240 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding Co. Mem. Hosp. 90

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho. 240
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) 112 Main Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Esther	Olivia	Davis	July	11	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	March 29, 1889	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 57	Home 01	San Diago, California.	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Edward Johnson	Sweden	Josephine K. Johnson	Sweden.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	344-18-9277	[signature]	Gooding, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

581.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver, Post-Necrotic — INTERVAL BETWEEN ONSET AND DEATH: 5-6 mon.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease with Failure, and Hypertension.
DUE TO (c) Uremia, right pyelonephritis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Emphysema. Possible Cancer of uterus.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* March 1, 1965, *to* July 11, 1965, *that I last saw the deceased alive on* July 11, 1965, *and that death occurred at* 4:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Martin [illegible] MD	Gooding, Idaho	July 12, 196

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-15-1965	Elmwood Cemetery	Gooding Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-16-65	Robert Meyer	Robert Meyer	E-424

FIRM NAME Thompson Chapel Gooding, Idaho.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3083
Local Reg. No. 2783
Reg. Dist. No. 420

RECEIVED
JUL 19 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: GOODING 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
c. LENGTH OF STAY (in this place): 50 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 240
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
d. STREET ADDRESS (If rural, give location): SO.E.

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): E
c. (Last): INLOW

4. DATE OF DEATH (Month) (Day) (Year): JULY 9, 1965

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 3
8. DATE OF BIRTH: APR. 25, 1890
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER 64
10b. KIND OF BUSINESS OR INDUSTRY: AGG. 01
11. BIRTHPLACE (State or foreign country): PEABLES OHIO
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: ELIAS INLOW — BIRTHPLACE: OHIO.
14. MOTHER'S MAIDEN NAME: NANCY WISECUP — BIRTHPLACE: OHIO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-40-9414
17. INFORMANT'S OWN SIGNATURE: HOMER ALLEN INLOW — ADDRESS: WENDELL IDAHO.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): antero-sclerotic Heart

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): disease c
DUE TO (c): sudden occlusion

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: of coronary —

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* occas. 19 *to* 7-9, 1965, *that I last saw the deceased alive on* 7-, 1965, *and that death occurred at* 1:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice E. Scheel M.D. 457
23b. ADDRESS: Wendell Ida.
23c. DATE SIGNED: 7-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7/14/1965
24c. NAME OF CEMETERY OR CREMATORY: WENDELL
24d. LOCATION (City, town, or county) (State): CITY IDAHO.

DATE REC'D BY LOCAL REG.: 7-16-65
REGISTRAR'S SIGNATURE: Robert Meyer
25. EMBALMER: J. Farrish Weaver
LICENSE NO.: E 353

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: WEAVER MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr Badmer

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3082
Local Reg. No. 2785
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding 240 AUG 2 1965 600
b. CITY OR TOWN Gooding
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Gooding County Mem. Hosp

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240 b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) 1402 1st Av. East

3. NAME OF DECEASED (Type or Print) a. (First) Ednah b. (Middle) Elego 090 c. (Last) Devaney

4. DATE OF DEATH (Month) (Day) (Year) July 6, 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Sept. 7, 1965

9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months 9 Days 29 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk, Housewife 81

10b. KIND OF BUSINESS OR INDUSTRY 0

11. BIRTHPLACE (State or foreign country) Provo, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Nathan Barrett-unknown BIRTHPLACE

14. MOTHER'S MAIDEN NAME Anna Laura Snyder BIRTHPLACE Provo, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-30-9778

17. INFORMANT'S OWN SIGNATURE Ross A Devaney ADDRESS Murtaugh Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH Instantaneous

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes Mellitus

336X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 19—, *to* 6 July 1965, *that I last saw the deceased alive on* May, 1965 *and that death occurred at* 4:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Edmund A Badmer M.D.

23b. ADDRESS Gooding Idaho

23c. DATE SIGNED 7 July 65

24a. BURIAL, CREMATION, REMOVAL (Specify) 7-9-1965

24b. DATE 7-9-1965

24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery

24d. LOCATION (City, town, or county) (State) Gooding, Idaho Idaho.

DATE REC'D BY LOCAL REG. 7-29-65

REGISTRAR'S SIGNATURE Robert L Meyer

25. EMBALMER Robert L Meyer LICENSE NO. E-424

FIRM NAME: Thompson Chapel Gooding, Idaho.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Mrs. Bodmer

Certificate of Death

State File No. 3085
Local Reg. No. 2786
Reg. Dist. No. 420

BIRTH NO.

RECEIVED AUG 2 1965 STATE OF IDAHO
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Gooding 24
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY in this place
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho. 24
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) 429 3rd Avenue East

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Effie	Clarice 09	Brooks	July	12	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Sept 28, 1890	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home 01	Montgomery Co. Tenn.	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Williams	Tenn	Lou Ida Jackson	Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-42-1657	X Clarice M Brooks	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 720 Adeno Carcinoma Left Breast — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with Metastasis Brain

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 15 June, 1965, *to* 12 July, 1965; *that I last saw the deceased alive on* 12 July, 1965, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Samuel M Palmer M D	Gooding Idaho	7-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	7-15-1965	Elmwood Cemetery	Gooding	Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-29-65	Robert L Meyer	Robert L Meyer	E-424

FIRM NAME: Thompson Chapel Gooding, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 3 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Klingler

Certificate of Death

STATE OF IDAHO

State File No. 3086
Local Reg. No. 2788
Reg. Dist. No. 420

BIRTH NO.

RECEIVED
AUG 2 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Gooding
c. LENGTH OF STAY (In this place): transient
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 Miles West, Hwy 20-26

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1607 Dora Street

3. NAME OF DECEASED (Type or Print): a. (First) MARIE b. (Middle) CAIN c. (Last) GORTON

4. DATE OF DEATH (Month) (Day) (Year): July 20, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 17, 1894
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher 12
10b. KIND OF BUSINESS OR INDUSTRY: Music 0
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David James Cain — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: (Unknown) — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: W F Wallace — ADDRESS: 1911 N. 16th Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8254

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1) Fracture of Neck, Compound Skull — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Fracture

DUE TO (c) 2) Multiple Fracture of Both Lower Extremities

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE): 4 Miles West Gooding Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7 - 20 - 65 3:20 PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Auto accident

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—; *that I last saw the deceased alive on* —— 19—, *and that death occurred at* 3:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Marvin L. Klingler MD
23b. ADDRESS: Gooding Idaho
23c. DATE SIGNED: 7-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-22-65
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 729-65
REGISTRAR'S SIGNATURE: Robert Morgan
25. EMBALMER: Clarence Persons
LICENSE NO.: E-377

FIRM NAME: Thompson Chapel Gooding Idaho

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 10 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Klingler

RECEIVED
AUG 2 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3087
Local Reg. No. 2787
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding 240 500
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Gooding
c. LENGTH OF STAY (in this place): transient
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 Miles West, Hwy 20-26 500

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2202 State Street

3. NAME OF DECEASED (Type or Print): a. (First) ESTELLA b. (Middle) MARGARETTE c. (Last) HOPPER

4. DATE OF DEATH (Month) (Day) (Year): July 20, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 1, 1924
9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher 12
10b. KIND OF BUSINESS OR INDUSTRY: Music 01
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harold Gorton — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Marie Cain — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: W F Walleck — ADDRESS: 1911 N. 16th Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 825.4 Fracture of Neck — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) 240 (COUNTY) (STATE): 13 Gooding Gooding Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-20-65 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I attended the deceased from —, 19__, to —, 19__, that I last saw the deceased alive on —, 19__, and that death occurred at 3:20 P m., from the causes and on the date stated above.

23a. SIGNATURE: 285 Marion V. Klingler MD (Degree or title)
23b. ADDRESS: Gooding Idaho
23c. DATE SIGNED: 7-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-22-65
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-29-65
REGISTRAR'S SIGNATURE: Robert Smeyer
25. EMBALMER: Clarence Persons
CENSE NO.: 377
FIRM NAME: Thompson Chapel Gooding Idaho

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 10 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 30 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3088
Local Reg. No. 320
Reg. Dist. No. 240

Certificate of Death

RECEIVED AUG 4 1965

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bureau of Vital Statistics
Grangeville
c. LENGTH OF STAY (in this place): One week

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho 250
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Whitebird.

d. FULL NAME OF HOSPITAL OR INSTITUTION: General Hospital 092
d. STREET ADDRESS (If rural, give location): Whitebird, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) MILLARD b. (Middle) F c. (Last) DALY

4. DATE OF DEATH (Month) (Day) (Year): July 17, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 28, 1884

9. AGE (In years last birthday): 81
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06

10b. KIND OF BUSINESS OR INDUSTRY: Various 03

11. BIRTHPLACE (State or foreign country): Putman County ? Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph D. Daly
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Rebekka Ellis
BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE
ADDRESS: Whitebird, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis, cerebral — unkn.
~~DUE TO (c)~~ Coronary, and generalized

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive Heart Failure — 2 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1960, *to* July 17, 1965 *that I last saw the deceased alive on* July 17, 1965, *and that death occurred at* 2:32 Am., *from the causes and on the date stated above.*

23a. SIGNATURE 273 (Degree or title): Wm Morrison MD

23b. ADDRESS: Grangeville, Ida.

23c. DATE SIGNED: July 23, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY: Prairieview

24d. LOCATION (City, town, or county) (State): Grangeville, Idaho

DATE REC'D BY LOCAL REG.: July 31 1965

REGISTRAR'S SIGNATURE: Irma Cone

25. FUNERAL DIRECTOR: Robert R Hansen — Robert R Hansen E 433

ADDRESS: Grangeville, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert R Hansen Lic. No. E 433 at Grangeville on 7/17/65

ADDITIONAL REMARKS by Physician

State File No. 3089
Local Reg. No. 1
Reg. Dist. No. 640

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

JUL 29 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby (rural)
c. LENGTH OF STAY (in this place): 35 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 1/2 Mi. N. 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 260
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby (rural)
d. STREET ADDRESS (If rural, give location): 1 1/2 Mi. N.

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): HARRIETT LAVERNE HUTCHINGS

4. DATE OF DEATH (Month) (Day) (Year): July 2, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 29, 1886
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Nephi, Utah.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James E. Lunt — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Mary Ann Shaw — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S OWN SIGNATURE: Edwin M. Hutchings — ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Carcinomatosis — 4 months
DUE TO (c) Carcinoma of Colon — 8 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December, 1964, *to* July 2, 1965, *that I last saw the deceased alive on* July 1, 1965, *and that death occurred at* 8:00 *A.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Eldon Tall, M.D. (521)
23b. ADDRESS: Rigby, Idaho.
23c. DATE SIGNED: 7/7/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 6, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pioneer
24d. LOCATION (City, town, or county) (State): Rigby Jefferson Idaho

DATE REC'D BY LOCAL REG.: 7/7/65
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: Bruce A. Eckersell — ADDRESS: Rigby, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho, on 7/2/1965

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 3090
Local Reg. No. 2
Reg. Dist. No. 640

BIRTH NO.

RECEIVED JUL 29 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby
c. LENGTH OF STAY (in this place) 24 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 457 West 1st No. St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 260
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby
d. STREET ADDRESS (If rural, give location) 457 West 1st No. St.

3. NAME OF DECEASED (Type or Print) a. (First) LYDIA b. (Middle) JANE c. (Last) DUNN

4. DATE OF DEATH (Month) (Day) (Year) July 8, 1965

5. SEX F.
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH July 8, 1890
9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home 01
11. BIRTHPLACE (State or foreign country) Coalville, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Beard
BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Mahaleth Abiah Tanner.
BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.
(If yes, give war or dates of service) X
16. SOCIAL SECURITY NO. X
17. INFORMANT'S OWN SIGNATURE Albert B Dunn ADDRESS Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 9

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Hypertension — 10 Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1950, to July 8, 1965, that I last saw the deceased alive on March 6, 1965, and that death occurred at 7:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clifford B Rigby M.D
23b. ADDRESS Rigby, Idaho
23c. DATE SIGNED 9 JUL 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12 JUL 65
24c. NAME OF CEMETERY OR CREMATORY Central
24d. LOCATION (City, town, or county) (State) Grant, Jefferson, Idaho

DATE REC'D BY LOCAL REG. 9 July 65
REGISTRAR'S SIGNATURE Mrs A B Eckersell
25. FUNERAL DIRECTOR A B Eckersell
ADDRESS Rigby, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

SEP 18 19

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of A. B. Eckersell Lic. No. E236 at Rigby on 8 JUL 65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 29 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3091
Local Reg. No. 3
Reg. Dist. No. 641

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewisville
c. LENGTH OF STAY (in this place): 1 1/2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): X 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 260 b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewisville
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RHODA		GERARD	July 16, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Oct. 28, 1879	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home maker 0	Home 0	East Millcreek, Utah.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Benjamin Francis Ward	England	Harriet Groom	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None		Melba L. Wallace	Lewisville, Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hypostatic Pneumonia	12 hours
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic Heart Disease	years
DUE TO (c)	Generalized arteriosclerosis	years
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Arthritis	years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None Performed	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May, 1964, *to* July 16, 1965, *that I last saw the deceased alive on* July 16, 1965, *and that death occurred at* 9:22P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Asael Tall M.D.	Rigby, Idaho.	July 19 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 19, 1965	Lewisville	Lewisville Jefferson Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
19 July 65	Mae Cockerell	Bruce D. Eckersell	Rigby, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

SEP 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho, on 7-16-1965

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3092
Local Reg. No. 4
Reg. Dist. No. 6-40

BIRTH NO.

JUL 29 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: JEFFERSON 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RIGBY
c. LENGTH OF STAY (in this place): 33 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lowder Nursing Home 096

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 260
b. COUNTY: Jefferson 2-01
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewisville
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print): a. (First) NEPHI b. (Middle) GERARD c. (Last)

4. DATE OF DEATH: (Month) (Day) (Year): July 17, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Feb. 15, 1870

9. AGE (In years last birthday): 95
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming 01

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: David Louis Gerard. BIRTHPLACE: Switzerland

14. MOTHER'S MAIDEN NAME: Cezarine Andrez. BIRTHPLACE: France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): X
(If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.: X

17. INFORMANT'S OWN SIGNATURE: Melba G. Williamson ADDRESS: Lewisville, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — years
DUE TO (c) Generalized arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Osteo arthritis - Senility — years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: none performed

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 14 June, 1965, *to* July 17, 1965, *that I last saw the deceased alive on* July 17, 1965, *and that death occurred at* 4:50P m., *from the causes and on the date stated above.*

23a. SIGNATURE: 572 Asael Tall, M.D. (Degree or title)

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 19 July 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 19 JUL 65

24c. NAME OF CEMETERY OR CREMATORY: Lewisville

24d. LOCATION (City, town, or county) (State): Lewisville, Jefferson, Ida.

DATE REC'D BY LOCAL REG.: 19 July 65

REGISTRAR'S SIGNATURE: Mrs A B Eckersell

25. FUNERAL DIRECTOR: Bruce A. Eckersell ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

SEP 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No E404 at Rigby on 18 JUL 65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 3093
Local Reg. No. 5
Reg. Dist. No. 640

BIRTH NO.

JUL 29 1965
Bureau of Vital Statistics

1. PLACE OF DEATH 260
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lowder Nursing Home 096

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 260
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roberts
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print): a. (First) EARL b. (Middle) c. (Last) HENDRICKS

4. DATE OF DEATH (Month) (Day) (Year): July 18, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: Aug. 12, 1897

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 04

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 02

11. BIRTHPLACE (State or foreign country): Cripplecreek, Colorado

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lee Hendricks. BIRTHPLACE: South Carolina

14. MOTHER'S MAIDEN NAME: Nancy Horton BIRTHPLACE: South Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown
(If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.: 518-30-3712

17. INFORMANT'S OWN SIGNATURE: Nellie M Crace
ADDRESS: Omaha, Neb.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Embolism - Stroke — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* 18 July, 1965, *that I last saw the deceased alive on* 18 July, 1965, *and that death occurred at* 11:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Asael Fall (Degree or title): M. D.

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 19 July 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 21 JUL 65

24c. NAME OF CEMETERY OR CREMATORY: Pioneer

24d. LOCATION (City, town, or county) (State): Rigby, Jefferson, Idaho

DATE REC'D BY LOCAL REG.: 19 July 65

REGISTRAR'S SIGNATURE: Mrs A B Eckersell

25. FUNERAL DIRECTOR: Bruce A. Eckersell ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E404 at Rigby on 18 JUL 65

ADDITIONAL REMARKS by Physician

State File No. 3094
Local Reg. No. 783
Reg. Dist. No. 440

Certificate of Death

RECEIVED JUL 9 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 153 West Main 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): Crystal Motel # K1

3. NAME OF DECEASED (Type or Print)
a. (First): Russell
b. (Middle):
c. (Last): Muir

4. DATE OF DEATH (Month) (Day) (Year): July 6, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: April 19, 1904
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer D4
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 0
11. BIRTHPLACE (State or foreign country): Mendon, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Muir — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Rose Ellen Ladle — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 529 10 3179
17. INFORMANT'S OWN SIGNATURE: * Eddie Muir — ADDRESS: Gooding, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ——, 19__, *to* ——, 19__, *that I last saw the deceased alive on* ——, 19__, *and that death occurred at* 6:00 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. M. Neher M.D. 583 Coroner 4
23b. ADDRESS: Jerome
23c. DATE SIGNED: 9 Jul 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: July 7, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mendon Cemetery
24d. LOCATION (City, town, or county) (State): Mendon, Utah (Cache Co.)

DATE REC'D BY LOCAL REG.: July 7 1965
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel, Jerome

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3095
Local Reg. No. 784
Reg. Dist. No. 440

RECEIVED JUL 16 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. St. Benedict's Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 324 East Ave. "E"

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Guy	George	Bullen	7	9	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Sept. 20, 1887	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 01
11. BIRTHPLACE (State or foreign country): Greenville, Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Bullen — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Margaret Deerstone — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-30-9949
17. INFORMANT'S OWN SIGNATURE: X Ernest Bullen — ADDRESS: Modesto Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myo Cardial failure	1 wk.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Myocarditis	?
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Chronic Nephritis	?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-8, 1965, *to* 7-9, 1965, *that I last saw the deceased alive on* 7-8, 1965, *and that death occurred at* 5 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Reuben C. Matson	M.D.	Jerome Ida	7-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 12, 1965	Jerome Cemetery	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 12 1965	Lowell M. Nelson	W. L. Howe	E-431

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAR 29 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 16 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3096
Local Reg. No. 785
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedicts Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 328 East Ave. "B"

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Stella	Jane	Moore	July	11	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	8-22-1875	89				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 0	At Home 0	Grant City, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Mary Hagens	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	X Margaret Noedel	Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	INTERVAL BETWEEN ONSET AND DEATH
(a)	Bronchial Pneumonia 451X	12-16 hrs.
	ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	
DUE TO (b)	Abdominal Aortic Aneurysm	4 yr.
DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Senility	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Apr, 1965, *to* July 11, 1965, *that I last saw the deceased alive on* July 11, 19 65 *and that death occurred at* 6:05 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Reuben C. Matson 336 M.D.	Jerome Ida	7-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-14-1965	Jerome Cemetery	Jerome Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 13, 1965	Louella M. Deherer	W. L. Hove	E-431

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hove Funeral Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3097
Local Reg. No. 789
Reg. Dist. No. 440

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 26 1965 Bureau of Vital Statistics

BIRTH NO. 49

1. PLACE OF DEATH
a. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hosp. 099

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 300 East Ave. "C"

3. NAME OF DECEASED (Type or Print)
a. (First): Pearl
b. (Middle): H.
c. (Last): Buckley

4. DATE OF DEATH (Month) 7 (Day) 15 (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 1-29-1882
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School teacher 12
10b. KIND OF BUSINESS OR INDUSTRY: Education 01
11. BIRTHPLACE (State or foreign country): Geneseo, New York
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Howell — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Adelaide Lyon — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Mrs. Betty O'Harrow — ADDRESS: Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) myocarditis
DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senility —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1951, *to* 7-14, 1965, *that I last saw the deceased alive on* 7-14, 1965, *and that death occurred at* 12:25A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Reuben C. Matson M.D. 336 (Degree or title)
23b. ADDRESS: Jerome Ida
23c. DATE SIGNED: 7-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-19-1965
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county): Jerome — (State): Idaho

DATE REC'D BY LOCAL REG.: July 22, 1965
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. EMBALMER: W. L. Hove — LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 2 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 6 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

DEC 13 1965

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3098
Local Reg. No. 786
Reg. Dist. No. 440

RECEIVED JUL 23 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome (rural)
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Jennett 099
c. (Last): Finch

4. DATE OF DEATH (Month) (Day) (Year): July 15, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 25, 1884
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At home 01
11. BIRTHPLACE (State or foreign country): Malad, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David T. Davis — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Amy A. Sawyer — BIRTHPLACE: London, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 543 09 5833
17. INFORMANT'S OWN SIGNATURE: Mrs Leona George — ADDRESS: Jerome, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4/8X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Superior mesenteric artery thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) embolism from mural — 3 hrs
DUE TO (c) thrombosis cardiac mitral heart disease — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/2, 1952 *to* 7/15, 1965, *that I last saw the deceased alive on* 7/15, 1965, *and that death occurred at* 4:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE J. E. Moore 476 (Degree or title) M.D.
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 7/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 19, 1965
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: July 21, 1965
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 12 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3099
Local Reg. No. 796
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 270 Jerome 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome (LENGTH OF STAY in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Benedicts Hosp. 099

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 070 b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
d. STREET ADDRESS (If rural, give location) Croy St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	KATHERIN	B.	KOHLMETZ	July 15, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married 3	Jan. 11, 1884	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hoauswife 01	01	Diamond, Utah	U.S.A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John W. Brown	UNK	Mary E. McKinna	UNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		G. R. Kohlmetz	Hailey, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 493X Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. arterio-sclerotic Heart disease — 15 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6-21, 19 65, *to* 7-15, 19 65, *that I last saw the deceased alive on* 7-15, 19 65 *and that death occurred at* 9:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. E. Moar M.D.	476	Sun Valley Ida	7/17/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	7/17/65	Hailey Cemetery	Hailey, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug. 9, 1965	Lorella M. Scherer	Keith Burd C. 373	Hailey, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

AUG 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3100
Local Reg. No. 787
Reg. Dist. No. 440

BIRTH NO.

RECEIVED JUL 23 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Jerome 270 600
b. CITY OR TOWN Jerome
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Benedict's Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 270
b. COUNTY Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. STREET ADDRESS (If rural, give location) 324 East Ave. "B"

3. NAME OF DECEASED (Type or Print) — a. (First) Albert — b. (Middle) Edwin 099 — c. (Last) Gould

4. DATE OF DEATH (Month) (Day) (Year) July 15, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Jan. 18, 1884

9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairy Owner & opr.

10b. KIND OF BUSINESS OR INDUSTRY Dairy 28

11. BIRTHPLACE (State or foreign country) Cambridge, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frank Gould 74 — BIRTHPLACE New Hampshire

14. MOTHER'S MAIDEN NAME Ella Hipman 99 — BIRTHPLACE Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518 26 4631

17. INFORMANT'S OWN SIGNATURE X [signature] — ADDRESS Phoenix, Ariz.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation with toxic pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Rheumatic mitral regurgitation — Many yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Senility —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1955, 19__, to 7/15, 1965, *that I last saw the deceased alive on* 7/15, 1965, *and that death occurred at* 11:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] — (Degree or title) MD — 23b. ADDRESS Jerome, Idaho — 23c. DATE SIGNED 7/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 24b. DATE July 20, 1965 — 24c. NAME OF CEMETERY OR CREMATORY Jerome Cemetery — 24d. LOCATION (City, town, or county) Jerome, Idaho (State)

DATE REC'D BY LOCAL REG. July 21 1965 — REGISTRAR'S SIGNATURE Louella M. Scherer — 25. EMBALMER W. L. Hove — LICENSE NO. E-431

FIRM NAME: Hove Funeral Chapel

(Federal Security Agency, United States Public Health Service) Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 26 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 3 1991

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 23 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3101
Local Reg. No. 758
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
c. LENGTH OF STAY (in this place) WD
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 270
b. COUNTY Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome (rural)
d. STREET ADDRESS (If rural, give location) Rt. 2

3. NAME OF DECEASED (Type or Print) a. (First) Sadie b. (Middle) 099 c. (Last) Weigle

4. DATE OF DEATH (Month) (Day) (Year) July 16, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan. 17, 1875
9. AGE (In years last birthday) 90 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY At home 01
11. BIRTHPLACE (State or foreign country) Mexico, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Stevenson BIRTHPLACE Ohio
14. MOTHER'S MAIDEN NAME Mary E. Stevenson BIRTHPLACE Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE X George B. Weigle ADDRESS Jerome, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterial hypertension with cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19__, to 7/16/65, 19__, *that I last saw the deceased alive on* 7/16, 1965, *and that death occurred at* 3:07p m., *from the causes and on the date stated above.*

23a. SIGNATURE N. Carlyle Smith (Degree or title) MD
23b. ADDRESS Jerome, Idaho
23c. DATE SIGNED 7/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 20, 1965
24c. NAME OF CEMETERY OR CREMATORY Jerome Cemetery
24d. LOCATION (City, town, or county) Jerome, Idaho (State)

DATE REC'D BY LOCAL REG July 21 1965
REGISTRAR'S SIGNATURE Lovella M. Doherer
25. EMBALMER W. L. Hove
LICENSE NO. E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3102
Local Reg. No. 793
Reg. Dist. No. 440

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

AUG 12 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Jerome 270 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Benedicts Hosp. 099

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 070 b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN b. (Middle) HENRY c. (Last) GUTCHES

4. DATE OF DEATH (Month) (Day) (Year) July 21, 1965

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 4
8. DATE OF BIRTH Aug. 25, 1903
9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Heavy Equip. Operator
10b. KIND OF BUSINESS OR INDUSTRY 00
11. BIRTHPLACE (State or foreign country) Shoshone, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank Gutches 52 BIRTHPLACE Iowa
14. MOTHER'S MAIDEN NAME Magnolia Johnstone, BIRTHPLACE West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-01-3380
17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS Ketchum, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 ds

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-16, 1965, *to* 7-21, 1965, *that I last saw the deceased alive on* 7-21, 1965, *and that death occurred at* 1:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 385 (Degree or title)
23b. ADDRESS Jerome
23c. DATE SIGNED 5 Aug 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/24/65
24c. NAME OF CEMETERY OR CREMATORY Hailey Cemetery
24d. LOCATION (City, town, or county) Hailey, (State) Idaho

DATE REC'D BY LOCAL REG. Aug. 9, 1965
REGISTRAR'S SIGNATURE Louella M. Scherer
25. FUNERAL DIRECTOR Keith Bird ADDRESS Keith Bird * E-373 Hailey, Idaho
Bird Funeral Home

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

SEP 9 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Keith Bird Lic. No. 373 at Hailey on 7/21/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 3103
Local Reg. No. 790
Reg. Dist. No. 440

RECEIVED JUL 29 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270 002
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hosp. 099

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 509 3rd Ave. East

3. NAME OF DECEASED (Type or Print)
a. (First): Birdie
b. (Middle): Rae
c. (Last): Morgan

4. DATE OF DEATH: July 22, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: 4-7-1923

9. AGE (In years last birthday): 42
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home 01

11. BIRTHPLACE (State or foreign country): Hailey, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ray Rockwell
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Hazel Fleming
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519 28 6107

17. INFORMANT'S OWN SIGNATURE: Mrs. W. D. Morgan
ADDRESS: Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of Cervix metastatic — INTERVAL BETWEEN ONSET AND DEATH: 11 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 11 1964 *to* July 22 19 65, *that I last saw the deceased alive on* July 22, 1965, *and that death occurred at* 2:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 7-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-26-1965
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: July 27 1965
REGISTRAR'S SIGNATURE: Lucella M. Scherer
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431
FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3104
Local Reg. No. 794
Reg. Dist. No. 440

BIRTH NO.

RECEIVED
AUG 10 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benedicts Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome 270
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Benito
b. (Middle): 099
c. (Last): Hernandez

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1965

5. SEX: Male

6. COLOR OR RACE:

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 7

8. DATE OF BIRTH: March 21 1888

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR — Months: 4 Days: 9
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06

10b. KIND OF BUSINESS OR INDUSTRY: 02

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Not Known
BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Not Known
BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 527-48-9058

17. INFORMANT'S OWN SIGNATURE: Julian Flores
ADDRESS: Hazelton Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1887

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma left kidney with metastases
INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan, 1965, *to* July 30, 1965, *that I last saw the deceased alive on* July 29, 1965, *and that death occurred at* 2:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): N. Carlyle Gunil, MD

23b. ADDRESS: Jerome, Idaho

23c. DATE SIGNED: 8/2/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug 2 1965

24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery

24d. LOCATION (City, town, or county): Jerome (State): Idaho

DATE REC'D BY LOCAL REG.: Aug. 6, 1965

REGISTRAR'S SIGNATURE: Louella M. Deherrera

25. FUNERAL DIRECTOR: JR Tilley
ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of J.R. Wiley Lic. No. E 258 at Jerome Idaho on July 30-1945

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 3105
Local Reg. No. 791
Reg. Dist. No. 440

RECEIVED
AUG 10 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: JEROME 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEROME
c. LENGTH OF STAY (in this place): 2 MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. BENEDICT 099

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 240
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) PETER b. (Middle) J c. (Last) PETERSON

4. DATE OF DEATH: (Month) (Day) (Year) JULY 31, 1965

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: OCT. 18, 1876
9. AGE (In years last birthday): 88 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED 04
10b. KIND OF BUSINESS OR INDUSTRY: FARMER 01
11. BIRTHPLACE (State or foreign country): ALBURG DENMARK
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES P. PETERSON — BIRTHPLACE: DENMARK
14. MOTHER'S MAIDEN NAME: UNK — BIRTHPLACE: DENMARK.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S OWN SIGNATURE: Kenneth W. Peterson ADDRESS: 610 1st West Gooding

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial Infarction	2 mo
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary Atherosclerosis	10 years
DUE TO (c)	Valvular Heart Disease	15 yrs
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Pulmonary Emphysema	15 yrs
	Osteoporosis	5 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1947, 19__, *to* death, 19__, *that I last saw the deceased alive on* 7-30, 1965, *and that death occurred at* 5 pm *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold G. Salinger MD
23b. ADDRESS: Wendell, Ida
23c. DATE SIGNED: 8/4/65

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 7/31/1965
24c. NAME OF CEMETERY OR CREMATORY: WENDELL
24d. LOCATION (City, town, or county) (State): CITY IDAHO.

DATE REC'D BY LOCAL REG.: Aug. 5 1965
REGISTRAR'S SIGNATURE: Louella M. Nelson
25. EMBALMER: L. Farrell Weaver
LICENSE NO.: 2353
FIRM NAME: Weaver Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 1 1 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 1 0 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3106
Local Reg. No. 792
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) D.O.A. St. Benedict's Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 270
b. COUNTY Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. STREET ADDRESS (If rural, give location) 213 North Cedar

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Evan	Clarence 099	Robison	July 31, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	Jan. 26, 1901	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic 70	Railroad 22	Dutton, Arkansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David E. Robison	Unknown	Frances Ann Hibbard	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	712 07 6957	X Mrs Phelby Robison	Jerome, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — OR —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary embolism
DUE TO (c) (DOA - St. Benedict's, Jerome, Ida.)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Atrial fibrillation

INTERVAL BETWEEN ONSET AND DEATH: Sudden death

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7/26, 1965, *to* 7/29, 1965, *that I last saw the deceased alive on* 7/29/65, 19___, *and that death occurred at* 2:55p *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. Carlyle Guirl	MD	Jerome Idaho	8/3/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 3, 1965	Jerome Cemetery	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 3, 1965	Lowella M. Doherer	W. L. Howe	E-431

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hove Funeral Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Amended July 29, 1965

Certificate of Death

STATE OF IDAHO

State File No. 3107
Local Reg. No. 140
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
c. LENGTH OF STAY (in this place): 19 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. STREET ADDRESS (If rural, give location): Rt 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	George	S.	Gordon	July	2,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 14, 1887	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farming 01	Stevens Point, Wis.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alvin Gordon	Unknown	Frances	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	539-24-6138	Mrs. Lillie Gordon	Rathdrum, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial Infarction — 420.1 — seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — Years
DUE TO (c): Hypertension — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arteriosclerotic Heart disease c — Years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Fibrillation	YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8-8, 19 62, *to* 7-2, 19 65, *that I last saw the deceased alive on* 3-24, 19 65, *and that death occurred at* 9:25 *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. G. Barclay 026	M.D.	Coeur d'Alene, Idaho	7-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-6-65	Restlawn Memorial Park	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 7, 1965	Lorraine K. Brush	Fred Noland	493

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Yates-Morse Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item-17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Kootenai }

Certificate No.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)

for George S. Gordon (Name on Original Certificate) who died (Was Born or Died) on July 2, 1965 (Date of Event)

in Rathdrum, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Records (Bible Record, Insurance Policy, Etc.) prepared on Many Years ago (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#9 - Age of Deceased	73	78

Subscribed and sworn to before me this 27th. day of July, 1965

Notary Public, residing at

My commission expires

(Seal)

Signed G. D. Lates
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

744 N. 4th. St. Coeur d'Alene, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th. day of July, 1965

Notary Public, residing at Coeur d'Alene, Ida.

My commission expires Aug. 1st. 1968

(Seal)

Signed Oscar Anderson
(Signature of Any Credible Person)

744 N. 4th. St. Coeur d'Alene Idaho
(Street Address, City, State)

FORM DH 60-155

1 copy pd Rec 18166

L. 7-26-65

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 140
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JUL 19 1965

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN: Rathdrum
c. LENGTH OF STAY IN THIS PLACE: 19 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
George	S.	Gordon	7/2/65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	6/14/1887	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Stevens Point, Wis.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alvin Gordon	Unknown	Frances	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	539-24-6138	Mrs. Lillie Gordon	Rathdrum, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — Years

DUE TO (c) Hypertension — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease & auricular fibrillation — Years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8-8, 1962, *to* 7-2, 1965, *that I last saw the deceased alive on* 3-24, 1965, *and that death occurred at* 9:25 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Coeur d'Alene, Idaho	7-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/6/65	Restlawn Memorial Park	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 7, 1965	Lorraine K. Brush	Fred Noland	~~30~~ 493

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Yates-Morse Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 20 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 29 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 7 1969

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

DEC 4 1979

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3108
Local Reg. No. 143
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 1 9 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai (28) (3-10)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): (002)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (280)
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Rt. 1.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	J.	Hruska	7/3/65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married (3)	11/2/1880	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Farmer (04)	Farming (01)	Stangelville, Wis.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Christ Hruska	Czechoslovakia	Unknown	Czechlovakia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-03-9228	Mrs. Anna Hruska	Coeur d'Alene, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Recent C.V.A. — 2 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19 42 *to* 7-3, 19 65, *that I last saw the deceased alive on* 7-3, 19 65, *and that death occurred at* 6:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood M.D.	Coeur d'Alene, Idaho	7-6-'65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/7/65	St. Thomas	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 7, 1965	Lorraine K. Brush	Frank Morse	350

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 20 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 9 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 20 1978

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAR 11 1987

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Gumprecht

Certificate of Death

STATE OF IDAHO

State File No. 3109
Local Reg. No. 142
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JUL 19 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 28/ L-03
b. CITY OR TOWN Coeur d' Alene
c. LENGTH OF STAY IN (this place) 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Coeur d' Alene Homes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 28/ b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) Idaho

3. NAME OF DECEASED (Type or Print) a. (First) Jennie b. (Middle) Ellen 103 c. (Last) Horne

4. DATE OF DEATH (Month) (Day) (Year) July 8, 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH May 19, 1890

9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Own Home 01

11. BIRTHPLACE (State or foreign country) Antwerd, New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Frazier BIRTHPLACE Mich.

14. MOTHER'S MAIDEN NAME Mary Brown BIRTHPLACE Mich.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE (Brs), ADDRESS Frazier Tracht, Eastport, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Lymphatic Leucemia — INTERVAL BETWEEN ONSET AND DEATH 7 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

204.0

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* ____, 1956, *to* July, 1965, *that I last saw the deceased alive on* July, 1965, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS 302 N 5th

23c. DATE SIGNED 12 July

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 12, 65

24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery

24d. LOCATION (City, town, or county) (State) Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG. July 14, 1965

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. EMBALMER Bill Duff LICENSE NO. E-439

FIRM NAME: English Chapel-Coeur d' Alene,

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 9 1974

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 22 1979

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 3110
Local Reg. No. 147
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JUL 19 1965 STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK int or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai 28/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY IN (this place): 17 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pinewood Manor 26/

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28/
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1017 Garden St.

3. NAME OF DECEASED (Type or Print): a. (First) Elizabeth; b. (Middle) Mary; c. (Last) Thompson

4. DATE OF DEATH: (Month) July (Day) 9 (Year) 1965

5. SEX: F

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: May 16, 1874

9. AGE (In years last birthday): 91
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home 01

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Oliver Holiver
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Anna Moen
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Kenneth Thompson
ADDRESS: Coeur d"Alene, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Several years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Hypertension. — 11 11
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Coeur d'alene Kootenai Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* 7-9, 1965, *that I last saw the deceased alive on* 6-29, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: William T. Ford, M.D. (Degree or title)

23b. ADDRESS: Coeur d'alene, Idaho

23c. DATE SIGNED: 7-13-'65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/15/65

24c. NAME OF CEMETERY OR CREMATORY: Palouse Cemetery

24d. LOCATION (City, town, or county) (State): Palouse, Washington

DATE REC'D BY LOCAL REG.: July 14, 1965

REGISTRAR'S SIGNATURE: Lorraine K. Breuch

25. EMBALMER: Fred H. Noland

LICENSE NO.: E-493

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3111
Local Reg. No. 147
Reg. Dist. No. 126

BIRTH NO.

RECEIVED JUL 19 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 28/2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 2 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pinewood Manor 261

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28/ b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 421 Reid

3. NAME OF DECEASED (Type or Print): a. (First) Maude b. (Middle) C. c. (Last) Pointner

4. DATE OF DEATH (Month) (Day) (Year): 7/10/65

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: 8/2/1886

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: at home 01

11. BIRTHPLACE (State or foreign country): Vienna, Minn.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Albert H. Campbell — BIRTHPLACE: Ill.

14. MOTHER'S MAIDEN NAME: Inez Harradon — BIRTHPLACE: Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE — ADDRESS: John H. Pointner, Coeur d'Alene, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 260X Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — years
DUE TO (c) Diabetes mellitus — months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Urinary tract infection — months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* 5-13, 1965, *to* 7-10, 1965, *that I last saw the deceased alive on* 7-8, 1965, *and that death occurred at* 10:30 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Barclay M.D. M.D.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED: 7-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/13/65

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: July 14, 1965

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Fred Noland — LICENSE NO.: E-439

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 11 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED.. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
JUL 19 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3112
Local Reg. No. 139
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH 281 3003
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): C.d'A.General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1902 N. 4th. St.

3. NAME OF DECEASED (Type or Print)
a. (First): Carl
b. (Middle): D. 101
c. (Last): Evans

4. DATE OF DEATH (Month) (Day) (Year): 7/10/65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 10/18/1885
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Miner & Miller
10b. KIND OF BUSINESS OR INDUSTRY: Mining & Sawmill 01
11. BIRTHPLACE (State or foreign country): Duluth, Minn.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Durgin Evans 07
BIRTHPLACE: New Hampshire
14. MOTHER'S MAIDEN NAME: Vilda Muffly
BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-03-9439
17. INFORMANT'S OWN SIGNATURE: Mrs. Ina Moore
ADDRESS: Coeur d'Alene, Ida.

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Accident
DUE TO (c) Generalized Arteriosclerosis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 10:40 AM *from the causes and on the date stated above.*

23a. SIGNATURE 128 (Degree or title): Ida Daugherty M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/13/65
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: July 14, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Fred Noland
LICENSE NO.: E-493

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Yates-Morse Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3113
Local Reg. No. 145
Reg. Dist. No. 120

RECEIVED JUL 19 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
STATE (in this place): Ida.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Junction of Hiways 41 & 10

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington 48
b. COUNTY: Spokane 55
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): S. 174 Brown

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Myron	Kenneth 080	Scribner	7/11/65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Single 1	6/14/1916	49		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Aluminum Worker 06	Kaiser Aluminum 03	Spirit Lake, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Warren Scribner	Minn.	Mary Racy	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes / WW 2	518-03-8370	Mrs. Ira Womack	Spokane, Wn.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Accidental traumatism - auto accident	Less than 30 minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Skull Fracture - C	
DUE TO (c)	Multiple Crush injuries	11
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 28 (COUNTY) (STATE)
Accident	06 Highway	13 Kootenai, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
7- 11-65 4 10 p m. 2	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Car struck by another on side

22. *I hereby certify that I attended the deceased from* Did not, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 4:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood M.D. Coroner 4	Coeur d'Alene, Idaho	7-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/16/65	Greenwood Cemetery	Spirit Lake, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 14, 1965	Lorraine K. Brush	Fred Noland	E-493

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 21 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3114
Local Reg. No. 147
Reg. Dist. No. 120

Certificate of Death

RECEIVED
JUL 19 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 903 Sherman

3. NAME OF DECEASED (Type or Print)
a. (First): Carroll
b. (Middle): D. 101
c. (Last): Heath

4. DATE OF DEATH (Month) (Day) (Year): July 11, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: July 18,1880
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Selling Insurance
10b. KIND OF BUSINESS OR INDUSTRY: INsurance Bus. 01
11. BIRTHPLACE (State or foreign country): Shawno, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James DeWitt Heath 19
BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Alice Jackson
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-20-0149
17. INFORMANT'S OWN SIGNATURE: Marian Buyle
ADDRESS: Sda. Sandpoint

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* July 11, 1965, *and that death occurred at* 7 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D M Gingrich 192 MD
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 13,65
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: July 14, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Bill Duff
LICENSE NO.: E-439

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: English Chapel-Coeur d' Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3115
Local Reg. No. 146
Reg. Dist. No. 12

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai 28 JUL 19 1965 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Bureau of Vital Statistics) Coeur d'Alene
c. LENGTH OF STAY Min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Junction of Hiways 41 & 10

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 48 Washington
b. COUNTY Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spokane
d. STREET ADDRESS (If rural, give location) S. 174 Brown

3. NAME OF DECEASED (Type or Print)
a. (First) Relland
b. (Middle) Keith
c. (Last) Scribner

4. DATE OF DEATH (Month) (Day) (Year) 7/11/65

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 10/29/1908

9. AGE (In years last birthday) 56
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saw Mill Worker

10b. KIND OF BUSINESS OR INDUSTRY at Sawmills

11. BIRTHPLACE (State or foreign country) Potlatch, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Warren Scribner
BIRTHPLACE Minn

14. MOTHER'S MAIDEN NAME Mary Racy
BIRTHPLACE Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) WW 2

16. SOCIAL SECURITY NO. 518-03-9561

17. INFORMANT'S OWN SIGNATURE Mrs. Ira Womack
ADDRESS Spokane, Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) accidental traumatism - auto accident — INTERVAL BETWEEN ONSET AND DEATH: less than 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Skull Fracture, Chest — 11
DUE TO (c) Crushd. — "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway

21c. (CITY, TOWN, OR TOWNSHIP) 280 (COUNTY) 13 Kootenai (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-11-'65 4:10 p. m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Car struck on side by another car.

22. *I hereby certify that I attended the deceased from* Did Not, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 4:10P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) William T. Dood Coroner & M.D.

23b. ADDRESS Coeur d'Alene, Idaho

23c. DATE SIGNED 7-13-'65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7/16/65

24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery

24d. LOCATION (City, town, or county) (State) Spirit Lake, Idaho

DATE REC'D BY LOCAL REG. July 14 1965

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. EMBALMER Fred Noland

LICENSE NO. E-493

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 21 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3116
Local Reg. No. 156
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
AUG 9 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #1, Box 348

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location): Route #1, Box 348

3. NAME OF DECEASED (Type or Print): a. (First) Alfred b. (Middle) Lester c. (Last) Cane

4. DATE OF DEATH: July 12, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 17, 1895

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Oregon

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frederick Cane
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Lavinia Hutchcroft
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 541-34-5991

17. INFORMANT'S OWN SIGNATURE: Louisa Cane (RD)
ADDRESS: Hayden Lake, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Probable acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Several hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Didn't, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Nord M.D. Coroner
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 7-16-'65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-15-1965
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: Aug. 4 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Bill Wuff
LICENSE NO.: E-439
FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service
Form DH-63021

AUG 13 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3117
Local Reg. No. 149
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
JUL 27 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bayview
c. LENGTH OF STAY (in this place): 3 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bayview Hghts., Bayview

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bayview
d. STREET ADDRESS (If rural, give location): Bayview Heights, Bayview

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Fred	F.	Kautz	7-14-1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married 3	4-14-1899	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carman 70	GNRR 05	Ritzville, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Michael Kautz	Unknown	Marie Yearling	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	701-10-9967	Mrs. Fred Kautz	Bayview, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial infarction	acute
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Cardiomegaly & Decompensation	1 yr.
DUE TO (c)	Arteriosclerosis	10 years
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March, 56, *to* Date, 19___, *that I last saw the deceased alive on* 7-6, 1965, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 724	Suite 408 Sixth Ave Med Bldg. W. 508 Sixth Ave Spokane,	Wn 7-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-17-65	Fairmount Memorial	Spokane Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 20 1965	Lorraine K. Brush	Smith & Co.- S. May	1124 W. Riverside Spokane, Wash.

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 27 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 8110
Local Reg. No. 150
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1031 Pine

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1031 Pine

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Chauncey	Ray	Kochel	7/15/65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	9/11/1888	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Mill Worker	Sawmill	Hopkins, Mo.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel Kochel	Ohio	Catherine Slattery	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-01-0361	Edward Kochel	Spokane, Wash.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause ill-defined. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probable Coronary occlusion
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Dad M.D., Coroner	Coeur d'Alene, Idaho	7-19-'65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/19/65	Forest Cemeterey	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 20, 1965	Lorraine K. Brush	Fred Noland EX	E 493

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

JUL 30 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 27 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3119
Local Reg. No. 148
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 22 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1511 Boyd Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1511 Boyd Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ervin	Herbert	Heuer	7/17/65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
MAle	White	Married	2/19/1913	52		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Custodian	Pres Church.	Cass County, N. Dak.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wilhelm Heuer	Unknown	Unknown	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	502-16-1665	Esther Heuer	Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Acute coronary occlusion	1½ hrs.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Gen. arteriosclerosis	5 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct. 14, 1963, *to* July 17, 1965, *that I last saw the deceased alive on* July 17, 1965, *and that death occurred at* 5:20A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. W. Hawkins 215 M.D.	Coeur d'Alene, Idaho	7/17/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/20/65	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 20 1965	Lorraine K. Brush	Frank Morse	350

FIRM NAME: ~~Yates-Morse Funeral Home~~

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JUL 30 1965

JAN 21 1966

APR 10 1990

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3120
Local Reg. No. 15
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
JUL 27 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY 280 Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Medimont Lake
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 408
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osburn
d. STREET ADDRESS (If rural, give location) 202 West Mullan Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Evelyn
b. (Middle) Marie (202)
c. (Last) Norris

4. DATE OF DEATH (Month) (Day) (Year) July 18, 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH July 10, 1956

9. AGE (In years last birthday) 9
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student 03

10b. KIND OF BUSINESS OR INDUSTRY 01

11. BIRTHPLACE (State or foreign country) Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Donald L. Norris
BIRTHPLACE

14. MOTHER'S MAIDEN NAME Edna West
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE X Donald L Norris
ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 9298 accidental Drowning
INTERVAL BETWEEN ONSET AND DEATH —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / ~~SUICIDE~~ / HOMICIDE (Specify) accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Medimont Lake

21c. (CITY, TOWN, OR TOWNSHIP) 280 (COUNTY) (STATE) 3 Medimont Kootenai Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7 - 18 - '65 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Drowned while swimming

22. *I hereby certify that I attended the deceased from* Did not, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE William T. Wood, M.D. (Degree or title) 583 Coroner

23b. ADDRESS Coeur d'alene Idaho

23c. DATE SIGNED 7-21-'65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE July 21, 1965

24c. NAME OF CEMETERY OR CREMATORY Restlawn Cemetery

24d. LOCATION (City, town, or county) Coeur d'Alene (State) Idaho

DATE REC'D BY LOCAL REG. July 21, 1965

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. EMBALMER Dale L. Cornell

LICENSE NO. E-406

FIRM NAME: Cornell's Ward Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JUL 30 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3121
Local Reg. No. 155
Reg. Dist. No. 120

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

AUG 2 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d'Alene Homes 103

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Coeur d'Alene Homes

3. NAME OF DECEASED (Type or Print)
a. (First): Maude
b. (Middle):
c. (Last): Pierson

4. DATE OF DEATH (Month) (Day) (Year): July 21 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 4-4-1878
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Moyers — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Rhoda Lamar — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Don English — ADDRESS: Cd'g

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

522X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility and debility — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October, 1965, *to* July 21, 1965, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 11:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 568 W. Wray Wilson M.D.
23b. ADDRESS: Coeur d'Alene
23c. DATE SIGNED: July 23, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 7-25-65
24c. NAME OF CEMETERY OR CREMATORY: Cowlitz Memorandum
24d. LOCATION (City, town, or county): Kelso (State): Wash

DATE REC'D BY LOCAL REG.: July 27, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. T. Kiplinger J. — LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Daugherty

Certificate of Death

STATE OF IDAHO

State File No. 3122
Local Reg. No. 152
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
AUG 2 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF DEATH (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d' Alene General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1315 5th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Olga
b. (Middle): M. 101
c. (Last): Anderson

4. DATE OF DEATH (Month) (Day) (Year): July 23, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: August 19, 1909
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own HOme 01
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Martin Danielson — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Hannah Hansen — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Daniel A Anderson — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive Heart Failure — 420.0

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): A.S.H.D.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-19-65, 19__, *to* 7-23-65, 19__, *that I last saw the deceased alive on* 7-23-65, 19__, *and that death occurred at* 9:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. A. Daugherty M.D. 128
23b. ADDRESS: 816 Sherman, Coeur d'Alene, Ida
23c. DATE SIGNED: 7-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 27, 65
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: July 27, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. F. Riplinger Jr.
LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel-Coeur d' Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 5 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3123
Local Reg. No. 154
Reg. Dist. No. 120

Dr. Gumprecht

RECEIVED AUG 2 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai 281 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Coeur d' Alene General 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 17 Kansas 555
b. COUNTY Pratt
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pratt
d. STREET ADDRESS (If rural, give location) 1004 E. School St.

3. NAME OF DECEASED (Type or Print)
a. (First) Charles
b. (Middle) W.
c. (Last) Crebs

4. DATE OF DEATH (Month) (Day) (Year) July 24, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH September 26, 1883
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm work 04
10b. KIND OF BUSINESS OR INDUSTRY Farming 02
11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Crebs — BIRTHPLACE Penn.
14. MOTHER'S MAIDEN NAME Belle — BIRTHPLACE Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 525-22-2048
17. INFORMANT'S OWN SIGNATURE Mrs. Max Helphingstine — ADDRESS Denver Colo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 36 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 23, 19__, *to* July 24, 19__, *that I last saw the deceased alive on* July 24, 1965, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE D M Gumprecht 192 (Degree or title) MD
23b. ADDRESS 302 N 5th
23c. DATE SIGNED 26 July

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-26-65
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Pratt, Kansas

DATE REC'D BY LOCAL REG. July 27, 1965
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER N. K. Riphmer Jr.
LICENSE NO. E-397

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME English Chapel-Coeur d' Alene

AUG 4 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 2 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3124
Local Reg. No. 153
Reg. Dist. No. 120

RECEIVED AUG 2 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 2 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 714 Davidson 602

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 714 Davidson

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Adda	May	Cary	7/24/65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	9/14/1876	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	at home 01	Malaga, Ohio	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Travis	Ohio	Mary Mason	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	unknown	Mrs. Stanley Chipley, Coeur d'Alene	Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 794 General Senile Debility — INTERVAL BETWEEN ONSET AND DEATH: 2 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 11, 1963, to 7-21, 1965, that I last saw the deceased alive on 7-21, 1965, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Stanley Chipley M.D.	Coeur d'Alene, Idaho	7-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	7/24/65	Pleasant Hill Cem.	Pleasant Hill, Mo.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 27 1965	Lorraine K. Brush	Fred Noland	E-493

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3125
Local Reg. No. 160
Reg. Dist. No. 120

BIRTH NO.

RECEIVED AUG 9 1965 5-65 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 280 Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Athol
c. LENGTH OF STAY (in this place) Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) On S.I.Ry.Track 602

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 280 Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Post Falls
d. STREET ADDRESS (If rural, give location) 515 1st. St.

3. NAME OF DECEASED (Type or Print) a. (First) Stanley b. (Middle) Joe c. (Last) Sieczkowski

4. DATE OF DEATH (Month) (Day) (Year) 7/28/65

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH 4/7/1907

9. AGE (In years last birthday) 58
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Laborer 70

10b. KIND OF BUSINESS OR INDUSTRY S.I.Ry. 01

11. BIRTHPLACE (State or foreign country) Monarch, Wyoming

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Leon Sieczkowski
BIRTHPLACE Poland

14. MOTHER'S MAIDEN NAME Unknown
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 520-01-8994

17. INFORMANT'S OWN SIGNATURE Morihe Sieczkowski ADDRESS Post Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not, 19____, to ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE William T. Lood M.D. (Degree or title) Coroner

23b. ADDRESS Coeur d'Alene, Idaho

23c. DATE SIGNED 7-31-'65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7/31/65

24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery

24d. LOCATION (City, town, or county) (State) Post Falls Idaho

DATE REC'D BY LOCAL REG. Aug. 4, 1965

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. EMBALMER Fred Noland

LICENSE NO. E-493

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 10 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 17 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Fox

Certificate of Death

STATE OF IDAHO

State File No. 3120
Local Reg. No. 159
Reg. Dist. No. 120

RECEIVED AUG 9 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 281
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Coeur d' Alene General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 281
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 1225 Ash

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) F. 101 c. (Last) McNaughton

4. DATE OF DEATH (Month) (Day) (Year) July 28, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH November 30, 1875
9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney 11
10b. KIND OF BUSINESS OR INDUSTRY Private Practice 01
11. BIRTHPLACE (State or foreign country) Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Finley McNaughton BIRTHPLACE Canada
14. MOTHER'S MAIDEN NAME Melissa Washburn BIRTHPLACE New YOrk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 535-38-3817A
17. INFORMANT'S OWN SIGNATURE Mrs. Herbert Sanderson (BD) ADDRESS Coeur d'alene, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Diabetes — 10 yr

DUE TO (c) arteriosclerosis — 10 yr

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19 ___, to July, 1965 that I last saw the deceased alive on July 28, 1965, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE 174 (Degree or title) Chester Fox MD
23b. ADDRESS Coeur d'alene
23c. DATE SIGNED 7/31/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 31, 65
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) Coeur d' Alene (State) Idaho

DATE REC'D BY LOCAL REG. Aug. 2, 1965
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER N. F. Riplinger Jr.
LICENSE NO. E-397

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME English Chapel-Coeur d' Alene

Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should ...rely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record ...filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 10 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3127
Local Reg. No. 158
Reg. Dist. No. 120

RECEIVED AUG 9 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 281 2-08
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 8 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pinewood Manor 261

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 939 6th St

3. NAME OF DECEASED (Type or Print)
a. (First): Leverette
b. (Middle): F.
c. (Last): Lanterman

4. DATE OF DEATH (Month) (Day) (Year): July 30 1965

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 15, 1888
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner 07
10b. KIND OF BUSINESS OR INDUSTRY: Hecla Mine 01
11. BIRTHPLACE (State or foreign country): Elkhart Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Lanterman — BIRTHPLACE: Unkown
14. MOTHER'S MAIDEN NAME: Elizabeth Constant — BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-03-1071
17. INFORMANT'S OWN SIGNATURE: Mrs. Alta Lanterman — ADDRESS: CdA. Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Duodenal ulcer.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1965, *to* July, 1965, *that I last saw the deceased alive on* July 29, 1965, *and that death occurred at* 6:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 192 MD
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: July 30 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/3/65
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: Aug. 2, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Gilbert Yates — YATES-MORSE
LICENSE NO.: E-365

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Coeur d'Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: OCT 11 1979

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

n Dr. Hughes

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3128
Local Reg. No. 162
Reg. Dist. No. 120

BIRTH NO.

AUG 12 1965

1. PLACE OF DEATH
a. COUNTY: Kootenai 281 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d' Alene Homes 103

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Cd'a Homes

3. NAME OF DECEASED (Type or Print)
a. (First): Malcom
b. (Middle):
c. (Last): Dolan

4. DATE OF DEATH (Month) (Day) (Year): July 30, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 8-11-77
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired County Emp. 62
10b. KIND OF BUSINESS OR INDUSTRY: Kootenai 00
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Dolan — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Alice Crowder — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Cd'a Homes (N.F.) — ADDRESS: Cd'a, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Basal Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis
DUE TO (c): Advanced senile degeneration
years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* ____, 19__, *that I last saw the deceased alive on* 7-27, 1965, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard D. Hughes MD 251
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: 8-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-3-1965
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: Aug. 6, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. F. Replinger Jr.
LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3129
Local Reg. No. 161
Reg. Dist. No. 120

RECEIVED AUG 12 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 280
a. COUNTY Kootenai 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mica Bay 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 48 Washington 555 b. COUNTY Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spokane
d. STREET ADDRESS (If rural, give location) W. 2941 Summit Blvd.

3. NAME OF DECEASED (Type or Print) a. (First) H. b. (Middle) Earl c. (Last) Davis

4. DATE OF DEATH (Month) July (Day) 30 (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH 1/8/1898
9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney-at-law 22
10b. KIND OF BUSINESS OR INDUSTRY Lawyer 01
11. BIRTHPLACE (State or foreign country) Oskosh, Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Thomas Davis BIRTHPLACE (unobtainable)
14. MOTHER'S MAIDEN NAME Elenor Hart BIRTHPLACE (Unobtainable)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 539-38-2230
17. INFORMANT'S OWN SIGNATURE Wife: Mrs Marie Davis ADDRESS W. 2941 Summit Blvd. Spokane, Wash.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 probable acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE William T. Wood, M.D. 583 4 (Degree or title) Coroner
23b. ADDRESS Coeur d'alene, Idaho
23c. DATE SIGNED 8-3-'65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 7/31/1965
24c. NAME OF CEMETERY OR CREMATORY Thornhill-Geraghty
24d. LOCATION (City, town, or county) (State) Spokane, Wash

DATE REC'D BY LOCAL REG. Aug. 6, 1965
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER N. F. Piplinger Jr.
LICENSE NO. E-397

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: English Chapel, Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 28 1965

MAR 28 1984

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3130
Local Reg. No. 74
Reg. Dist. No. 200

RECEIVED JUL 9 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 297 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Matilda 112
c. (Last): Rasmussen

4. DATE OF DEATH (Month) (Day) (Year): July 3 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 7, 1878
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Family 01
11. BIRTHPLACE (State or foreign country): Pound, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Matt Mathis — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Anna Jensen — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: James Rasmussen — ADDRESS: Princeton, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion 420.1 — INTERVAL BETWEEN ONSET AND DEATH: 3 day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerotic Heart disease
DUE TO (c): Generalized arteriosclerosis 50 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Gangrene left foot

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 5-28-38, 19__, *to* July 3, 1965, *that I last saw the deceased alive on* July 3, 1965, *and that death occurred at* 6:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph H. Wilson MD (Degree or title) 561
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 7, 1965
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county): Moscow (State): Idaho

DATE REC'D BY LOCAL REG.: July 8, 1965
REGISTRAR'S SIGNATURE: Ruth L. Bruce
25. EMBALMER: Donald Ward
LICENSE NO.: E-380
FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 17 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3131
Local Reg. No. 75
Reg. Dist. No. 200

RECEIVED
JUL 13 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Highway 95
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Six miles south Potlatch 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 29
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 627 N. Hays

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Terry	Lee	Burnham	July 3 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	White	Divorced 4	5/6/1943	22				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 77	University 03	Kellogg Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hershell Burnham	Idaho	Louise Little	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	535 40 4815	Hershell Burnham	Newport, Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

825.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Head Injuries — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 290 (COUNTY) (STATE)
Accident	Highway	13 Latah, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
July 3, 1965 12:25 PM		Automobile accident

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 12:25 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D. Adams, MD 583	Coroner	Moscow, Idaho	July 7, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	7/3/65	Sherman Funeral Home	Newport, Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	EMBALMER	LICENSE NO.
July 12, 1965	Helen D. Bruce, Deputy	E. Russell Short	E. 420

FIRM NAME: Shorts Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 19 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 2 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 21 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 13 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3132
Local Reg. No. 76
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah 291 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DOA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 290 b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Troy
d. STREET ADDRESS (If rural, give location) in town

3. NAME OF DECEASED (Type or Print) a. (First) Cora b. (Middle) Charlotte c. (Last) Jensen

4. DATE OF DEATH (Month) (Day) (Year) July 5 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH May 19 1884

9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Family 01

11. BIRTHPLACE (State or foreign country) Bear Creek, Wisconsin

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Louis Jasperson — BIRTHPLACE Denmark

14. MOTHER'S MAIDEN NAME Anna Jensen — BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ———

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Leslie P. Youngs, M.D. — ADDRESS Troy

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stomach cancer — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Pulmonary tuberculosis, inactive — Many years
Old age

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-21- *, 19*63*, to* 7-5- *, 19*65*, that I last saw the deceased alive on* 7-5 *, 19*65*, and that death occurred at* 8:20 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE Leslie P. Youngs 580 — (Degree or title) M.D.

23b. ADDRESS Troy Idaho

23c. DATE SIGNED 7-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

24b. DATE July 9 1965

24c. NAME OF CEMETERY OR CREMATORY Hazen & Jaegers

24d. LOCATION (City, town, or county) Spokane (State) Spokane Washington

DATE REC'D BY LOCAL REG. July 12 1965

REGISTRAR'S SIGNATURE Signed by Helen B. Hill Deputy

25. EMBALMER E. Russell Short — LICENSE NO. 420

FIRM NAME: Shorts Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician Very pt ient pt ient. She denied any pain at any time, and this led to not discovering the cancer until autopsy.

Certificate of Death

State File No. 3133
Local Reg. No. 79
Reg. Dist. No. 200

RECEIVED STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah 29 | JUL 19 1965 | 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY IN (in this place) 1 Day
Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 29 | b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 109 East 4th.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Eva	Altha	Dawson	July 6, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Jan. 14, 1907	58				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Manager 74	Eggan Apartments	Chehalis, Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joe Duffy	Idaho	Ada Byers	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-26-5539	Ralph A. Dawson	Moscow, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis Insufficiency with Myocardial infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7-6-65	Incomplete Small Bowel obstruction Adhesions	YES X NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7-1-, 1965, *to* 7-6-, 1965, *that I last saw the deceased alive on* 7-6-, 1965, *and that death occurred at* 5 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
David C. Valder MD	Moscow Idaho	7-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 9, 1965	Buelah Cemetery	Troy Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 15, 1965	Helen D. Hill, Deputy	Donald Ward	E-380

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 20 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 19 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3134
Local Reg. No. 78
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah 29 — 3-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY in this place: 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 29 — b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 712 East 8th

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Katharine	Bell	Lanphear	July 6, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Sept. 2, 1895	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Corydon, Indiana	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Quebberman	Indiana	Mary Dietich	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518224618	L. Carter Taylor	Moscow, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Sigmoid Colon Diverticulitis with Abscess

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Jaundice
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bleeding gastric ulcers; Pulmonary edema

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7-2-65	Several diverticula Sigmoid Colon - Abscess.	YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7-1-, 1965, *to* 7-6-, 1965, *that I last saw the deceased alive on* 7-6-, 1965, *and that death occurred at* 9:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
David C. Volder MD	Moscow, Idaho	7-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 8, 1965	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 15, 1965	Julia D. Hill, Deputy	Donald Ward	E-380

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 77-3135
Local Reg. No. 200
Reg. Dist. No.

BIRTH NO.

RECEIVED JUL 16 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Latah 29
b. CITY OR TOWN Moscow
c. LENGTH OF STAY (in this place) Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Moscow Clinic 251

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 290
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Potlatch
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) EUGENE b. (Middle) c. (Last) COCHRANE

4. DATE OF DEATH (Month) (Day) (Year) July 8, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2
8. DATE OF BIRTH February 3, 1896
9. AGE (In years last birthday) 69 | If UNDER 1 YEAR Months Days | If UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Wheat Farm 01
11. BIRTHPLACE (State or foreign country) Princeton, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME George Cochrane BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Orpha Chambers BIRTHPLACE Indiana
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI 3
16. SOCIAL SECURITY NO. 518-16-3243
17. INFORMANT'S OWN SIGNATURE Marlyn Cochrane ADDRESS Princeton, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 8, 1965, *to* July 8, 1965, *that I last saw the deceased alive on* July 8, 1965, *and that death occurred at* 3:15 PM m., *from the causes and on the date stated above.*

23a. SIGNATURE N Adams MD (Degree or title)
23b. ADDRESS Moscow, Idaho
23c. DATE SIGNED 7/12/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-12-1965
24c. NAME OF CEMETERY OR CREMATORY Freeze Cemetery
24d. LOCATION (City, town, or county) (State) Latah Co., Idaho

DATE REC'D BY LOCAL REG. July 14, 1965
REGISTRAR'S SIGNATURE Helen D. Hill, Deputy
25. EMBALMER H E Kimball
LICENSE NO. E269
FIRM NAME: Kimball Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under item 1 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3136
Local Reg. No. 80
Reg. Dist. No. 200

RECEIVED JUL 19 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): 23 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6 Miles S. W. of Potlatch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah 290
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): 6 Miles S. W. of Potlatch

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WANDA	R	RAE TIPLER	July 10, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married 2	3-15-1915	50		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home 01	Oakesdale, Washington	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Estel	Va.	Mattie Reed	Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Charles Tipler	Palouse Wash.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial Infarction 420.1	Instant
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary Thrombosis	Instant
DUE TO (c)	Coronary Atherosclerosis	5 years +
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Congestive Heart Failure, Essential Hypertension, Anasarca, Nephritis	4 years +

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* ____, 1956, *to* 7-12, 1965, *that I last saw the deceased alive on* 7-2, 1965, *and that death occurred at* 10:15 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. Dean Barth MD 628	Garfield, Wash.	7-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-15-1965	Oakesdale Cemetery	Oakesdale, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 16, 1965	Helen D. Hill, Deputy	H. E. Kimball	E269

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Kimball Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 8 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3137
Local Reg. No. 82
Reg. Dist. No. 200

BIRTH NO.

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Latah 29 / JUL 21 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Latah Nursing Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 29 / b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 324 East Morton

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) ——— c. (Last) Howard

4. DATE OF DEATH (Month) (Day) (Year): July 13 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	June 28 1885	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Railroad Man 70	Great Northern R.R.	Buffalo Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	———	518-01-8347	K Wellthea M. Howard	Moscow, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Valvular Heart Disease
DUE TO (c) Arterio-sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Rheumatic Heart Disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No.	None	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
—		—

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct. 1959 *to* 7-12 1965, *that I last saw the deceased alive on* 6-21 1965, *and that death occurred at* 4:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Guy E. Owens M.D.	Moscow, Idaho	7-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 16 1965	Viola Cemetery	Viola Latah Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 20, 1965	Helen A. Hill Deputy	Arnold Ward	380

FIRM NAME: Shorts Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

JUL 22 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3138
Local Reg. No. 83
Reg. Dist. No. 200

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

JUL 21 1965 291

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 17 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latah Nursing Home 115

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 291
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 516 West A Street

3. NAME OF DECEASED (Type or Print)
a. (First): Floyd
b. (Middle): Nathanial
c. (Last): Blaylock

4. DATE OF DEATH (Month) (Day) (Year): July 14 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 19 1886
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor 06
10b. KIND OF BUSINESS OR INDUSTRY: General Labor 03
11. BIRTHPLACE (State or foreign country): Perryville Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John E. Blaylock — BIRTHPLACE: Perryville, Mo.
14. MOTHER'S MAIDEN NAME: Susan Bollinger — BIRTHPLACE: Perryville, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-09-5507
17. INFORMANT'S OWN SIGNATURE: A. Blaylock — ADDRESS: Portland Oregon

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary artery disease with infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Congestive Heart failure
DUE TO (c): Coronary Sclerosis — years
Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Hydrothorax bilateral
Diverticulosis of Colon

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-9, 1956, *to* July 14, 1965, *that I last saw the deceased alive on* July 14, 1965 *and that death occurred at* 9 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph H. Wilson 567 (Degree or title) MD
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 7-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 16 1965
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Latah Idaho

DATE REC'D BY LOCAL REG.: July 20, 1965
REGISTRAR'S SIGNATURE: [signature] Dean D. Hill, Deputy
25. EMBALMER: E. Russell Short — LICENSE NO. 410

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Shorts Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 19 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIV[illegible] JUL 27 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3139
Local Reg. No. 84
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): D. O. A. Moscow
c. LENGTH OF STAY (in this place): none
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 48 Washington 555
b. COUNTY: King
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seattle
d. STREET ADDRESS (If rural, give location): 13233- 24th. Ave. So.

3. NAME OF DECEASED (Type or Print)
a. (First): Howard
b. (Middle): Richard 112
c. (Last): Wagar

4. DATE OF DEATH (Month) (Day) (Year): July 18, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 9, 1916
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Control Inspector 06
10b. KIND OF BUSINESS OR INDUSTRY: Boeing Aircraft 34
11. BIRTHPLACE (State or foreign country): Towner N.D.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph M. Wagar — BIRTHPLACE: Towner N.D.
14. MOTHER'S MAIDEN NAME: Edith Wagar — BIRTHPLACE: Towner N.D.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518123090
17. INFORMANT'S OWN SIGNATURE: Eldora J. Wagar — ADDRESS: Seattle, Wn.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Hypertension

~~DUE TO (c)~~ this case reported to Latah County coroners office + Dr. Vukov of Seattle Wash. confirmed history + attendance of this pt

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* -0- *19*__, *to* 7/18/65 *19*__, *that I last saw the deceased alive on* -0-, *19*__, *and that death occurred at* 6 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Thomas D. Baird MD 017 (Degree or title)
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 7/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 21, 1965
24c. NAME OF CEMETERY OR CREMATORY: Genesee City Cemetery
24d. LOCATION (City, town, or county) (State): Genesee Idaho

DATE REC'D BY LOCAL REG.: July 23, 1965
REGISTRAR'S SIGNATURE: Helen D. Hill, Deputy Bruce L.
25. EMBALMER: Donald Ward
LICENSE NO.: E-380

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Short's Funeral Chapel

AUG 9 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3140
Local Reg. No. 86
Reg. Dist. No. 200

BIRTH NO.

RECEIVED JUL 30 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: LATAH
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOSCOW
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GRITMAN MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: WASHINGTON
b. COUNTY: WHITMAN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UNIONTOWN
d. STREET ADDRESS (If rural, give location): RFD BOX 48

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	ANTON	S.	REISENAUER	JULY	21,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
MALE	WHITE	MARRIED	10-20-1885	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER 04	GRAIN FARM 01	FORT SCOTT, KANSAS	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
FRED REISENAUER	GERMANY	JOHANNA BOLINGER	GERMANY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	531-36-0529	Raymond A. Reisenauer	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac & respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of left lung with generalized metastases — 1 year

DUE TO (c) 1637

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Ulcer of groin

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-4, 1957, *to* 7-21, 1965, *that I last saw the deceased alive on* 7-21-1965, *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph A. Wilson 1567	MD	Moscow Idaho	7-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	JULY 24, 1965	COLTON CATHOLIC	COLTON, WASHINGTON

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 28, 1965	Ruth L. Bruce	Howard D. Kimball	QL 801

FIRM NAME: KIMBALL FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JUN 2 3 1988

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 30 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3141
Local Reg. No. 87
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah 39
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (in this place) 14 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 305 East 5th.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 39
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 305 East 5th.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Helen	Mae	Naylor	July 23, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Oct. 21, 1892	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	at home 01	Fairfield, Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Calvin Phelps	Unknown	Mary Stallings	Fairfield, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519462344	Ralph Naylor	Box Y Moscow

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis
DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-15-57, 19___, *to* 7-23, 1965, *that I last saw the deceased alive on* 5-6, 1965, *and that death occurred at* 3:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph A. Wilson	M.D.	Moscow Idaho	7-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 27, 1965	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 29, 1965	Ruth L. Bruce	E.R. Short	E-420

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Short's Funeral Chapel

AUG 16 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAR 23 1983

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

RECEIVED JUL 30 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3142
Local Reg. No. 89
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital 12

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location): 840 Pine Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOSEPH	ALONZO	STONE	July 23, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 2	8-18-02	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk 29	Lumber Mill 04	Moscow, Idaho	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Stone	Unknown	Irene Hathaway	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-01-0297	Irene L. Stone	Potlatch, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Arteriosclerotic Heart Disease.	7 yrs.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Acute myocardial Infarction	1 hr.
DUE TO (c)	Congestive Heart Failure + Anuria	6 wks.
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2/28, 1964, *to* 7/23, 1965, *that I last saw the deceased alive on* 7/23, 1965, *and that death occurred at* 4:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Morris A. Biggerstaff, M.D.	850 Pine St. Potlatch, Ida	7/26/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	7-28-1965	Hazen & Jaeger Crematory	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 26, 1965	Ruth L. Bruce	H. E. Kimball	E269

FIRM NAME: Kimball Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

AUG 3 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 23 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3143
Local Reg. No. 88
Reg. Dist. No. 200

RECEIVED AUG 9 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 2 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital 12

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bovill
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Clara	Ann	Sanderson	July 26, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married 3	Aug. 8, 1906	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	at home 01	Rockford, Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Beck	Germany	Melvina Stewart	West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	L Bussell Sanderson	Bovill, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Metastatic malignancy to lungs — 40 days

DUE TO (c) Renal cell carcinoma (hypernephroma) with lymph node metastasis — since 1962

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* family physician *to* _____, 19___, *that I last saw the deceased alive on* July 26, 1965, *and that death occurred at* 1:40 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald M Goehner	MD	Box 402, Moscow, Idaho	7-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 29, 1965	Sunset Memorial Gardens	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 6, 1965	Ruth L Bruce	E Russell Short	E-420

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 10 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 24 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3146
Local Reg. No. 89
Reg. Dist. No. 200

RECEIVED
Bureau of Vital Statistics
AUG 9 1965

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah 29 1 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 48 Washington 555
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): near Moscow
d. STREET ADDRESS (If rural, give location): 5 mi. SW of Moscow

3. NAME OF DECEASED (Type or Print)
a. (First): Howard
b. (Middle): Carlyane
c. (Last): Brown

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2

8. DATE OF BIRTH: March 9, 1896

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: wheat 21

11. BIRTHPLACE (State or foreign country): Whitman Co., Wash.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: T.A. Brown
BIRTHPLACE: Ill.

14. MOTHER'S MAIDEN NAME: Sierra N. Doggett
BIRTHPLACE: Cal.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-42-3136

17. INFORMANT'S OWN SIGNATURE: X John R. Brown
ADDRESS: Pullman, Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4280.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 32 HOURS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY EMPHYSEMA — YEARS.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* APRIL, 1960, *to* July 28, 1965, *that I last saw the deceased alive on* July 28, 1965, *and that death occurred at* 10:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 328

23b. ADDRESS

23c. DATE SIGNED: 30 July 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 30, 1965

24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery

24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: Aug. 6, 1965

REGISTRAR'S SIGNATURE

25. EMBALMER: Norman Ward

LICENSE NO.: E-380

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

AUG 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3145
Local Reg. No. 90
Reg. Dist. No. 200

RECEIVED AUG 9 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 290 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): near Troy
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Randall Flat Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lloyd	Allen	Torell	July	30	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	never married	July 21, 1927	38				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Troy, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gustaf Torell — BIRTHPLACE: Minn.
14. MOTHER'S MAIDEN NAME: Sophia Fredrickson — BIRTHPLACE: Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW 2
16. SOCIAL SECURITY NO.: 723-01-0628
17. INFORMANT'S OWN SIGNATURE: Carl H. Torell — ADDRESS: Troy, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Gunshot wound of Head — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) 290 (COUNTY) 13 Latah County (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
583 W E Adams, M.D. Coroner 4	Moscow, Idaho	8/3/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Aug 3, 1965	Moscow Cemetery	Moscow	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 6, 1965	Ruth L. Quast	E. Russell Short	E-420

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 2 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3146
Local Reg. No. 91
Reg. Dist. No. 200

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 9 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 291 — 3-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 291
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 326 East A St.

3. NAME OF DECEASED (Type or Print)
a. (First): Eston
b. (Middle): Andrew
c. (Last): Willis

4. DATE OF DEATH (Month) (Day) (Year): July 31 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Feb 20, 1894
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): store owner 35
10b. KIND OF BUSINESS OR INDUSTRY: Grocery 01
11. BIRTHPLACE (State or foreign country): Canton, N.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: C.P. Willis — BIRTHPLACE: N.C.
14. MOTHER'S MAIDEN NAME: Nancy Murray — BIRTHPLACE: N.C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-36-3724
17. INFORMANT'S OWN SIGNATURE: X Mrs E. A. Willis — ADDRESS: Moscow, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinomal of Submaxillary Gland — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

142.7

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1963 *to* 7-31, 1965, *that I last saw the deceased alive on* 7-31, 1965, *and that death occurred at* 31 *m., from the causes and on the date stated above.*

23a. SIGNATURE: David C. Valder MD (Degree or title)
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 8-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-3-1965
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: Aug. 6, 1965
REGISTRAR'S SIGNATURE: Ruth L. Bruce
25. EMBALMER: Donald Ward — LICENSE NO.: E-380

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Short's Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 26 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 1 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 30 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3147
Local Reg. No. 690
Reg. Dist. No.

Certificate of Death

RECEIVED AUG 6 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi 300 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Mem. Hosp. 117

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 300
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Lilla
b. (Middle): B.
c. (Last): Murdoch

4. DATE OF DEATH (Month) 6 (Day) 28 (Year) 65

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Oct. 17, 1871
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months 8, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 60
10b. KIND OF BUSINESS OR INDUSTRY: 60
11. BIRTHPLACE (State or foreign country): Seaforth Onterio Canada
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Authur Viel — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Susan Hanna — BIRTHPLACE: Nova Scotia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: T. Milton Havemann — ADDRESS: Salmon, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

450.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arterio sclerosis, gen. — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c): Terminal pneumonia — 2 days

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 49, *to* Death, 19___, *that I last saw the deceased alive on* 6-28-65, 19___ *and that death occurred at* 8A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. B. Harbaden M.D. 045
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-30-65
24c. NAME OF CEMETERY OR CREMATORY: Salmon Cemetery
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 7-14-65
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Albert C. Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Jones Funeral Home Lic. No. E369 at Salmon, Ida. on 6-28-65

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3148
Local Reg. No. 690
Reg. Dist. No.

RECEIVED JUL 19 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lemhi 300 3-07
b. CITY OR TOWN Salmon
LENGTH OF STAY (in this place) 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Casabelo Rest Home 272

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 03
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Heber b. (Middle) G. c. (Last) Wood

4. DATE OF DEATH (Month) (Day) (Year) July 1, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH March 26, 1881
9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months 3 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Farm 01
11. BIRTHPLACE (State or foreign country) Mendon, Utah
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Joseph T. Wood BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Julia A. Kimball BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Floyd W Whitnah ADDRESS Am. Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4280.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible] INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Sudden death Prol
DUE TO (c) due to Coronary Occlusion 0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible], 19[illegible], *to* _____, 19____, *that I last saw the deceased alive on* [illegible], 19[illegible], *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [illegible] 045 (Degree or title)
23b. ADDRESS Salmon Ida
23c. DATE SIGNED 7-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Rem. & Burial
24b. DATE 7-3-65
24c. NAME OF CEMETERY OR CREMATORY Malad City Cemetery
24d. LOCATION (City, town, or county) Malad City, (State) Idaho

DATE REC'D BY LOCAL REG. 7-14-65
REGISTRAR'S SIGNATURE Viola E. Johnson
25. EMBALMER Delbert C. Jones LICENSE NO. E369
FIRM NAME: Jones Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3149
Local Reg. No. 640
Reg. Dist. No.

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

JUL 19 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lemhi 300
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Deadwater (near Salmon)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 60
b. COUNTY: 600
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Maluhia
c. (Last): Enos

4. DATE OF DEATH (Month) 7 (Day) 3 (Year) 65

5. SEX: male
6. COLOR OR RACE:
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 0
8. DATE OF BIRTH: August 5, 1940
9. AGE (In years last birthday): 24
IF UNDER 1 YEAR: Months 10 Days 28
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Seattle, Washington
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Daniel Enos
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Jewell Wilson
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 457-68-3234
17. INFORMANT'S OWN SIGNATURE:
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

981X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) gun shot wound-head

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [x] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M Moore MD 369
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: 7-7-65
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Seattle, Wash.

DATE REC'D BY LOCAL REG.: 7-14-65
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones
ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 20 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 28 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Jones Funeral Home No. E369 at Salmon, Ida. on 7-3-65

ADDITIONAL REMARKS by Physician.....

State File No. 3150
Local Reg. No. 690
Reg. Dist. No.

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi 300 AUG 24 1965 3-14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon, Rural — Bureau of Vital Statistics
c. LENGTH OF STAY (In this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Salmon River near Shoupe 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 10 1
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1060 Bear Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): JIMMIE
b. (Middle): WAYNE
c. (Last): HOLVERSON

4. DATE OF DEATH (Month) (Day) (Year): July 5, 1965

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: Oct. 25, 1946
9. AGE (In years last birthday): 18 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY: Pub. Schools 03
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Archie M. Holverson — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Vinnie E. Fellabum — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 519-52-8947
17. INFORMANT'S OWN SIGNATURE: Archie M. Holverson — ADDRESS: I.F.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 823.4 Accidental Drawning — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 06
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Forest Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13 Rural 300 Lemhi Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7 5 65 5:35 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Car skidded off road

22. *I hereby certify that I attended the deceased from* None *, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 5:45 p*m., from the causes and on the date stated above.*

23a. SIGNATURE: M J Moore M.D. 369 (Degree or title)
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: 8-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: July- 12, 1965
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: 8-4-65
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. EMBALMER: R. W. Madland — LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 25 1965

APR 18 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3151
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED
JUL 19 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lemhi 300 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 190
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle): J 117
c. (Last): Hinze

4. DATE OF DEATH (Month) 7 (Day) 5 (Year) 65

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single 1
8. DATE OF BIRTH: August ?, 1884
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 11, Days ?; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): miner 07
10b. KIND OF BUSINESS OR INDUSTRY: mining 01
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-12-6400
17. INFORMANT'S OWN SIGNATURE: Fred Leuzinger — ADDRESS: Clayton, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 162.1 Carcinoma Bronchogenic ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 045 (Degree or title)
23b. ADDRESS: Salmon Ida
23c. DATE SIGNED: 7-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 7-8-65
24c. NAME OF CEMETERY OR CREMATORY: Clayton Cemetery
24d. LOCATION (City, town, or county) (State): Clayton, Ida.

DATE REC'D BY LOCAL REG.: 7-14-65
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Mary A. Jones FD 35
ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Jones Funeral Home Lic. No. E369 at Salmon, Ida. on 7-5-65

ADDITIONAL REMARKS by Physician.....

Amended Aug 18, 1965

Certificate of Death

STATE OF IDAHO

State File No. 3152
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi 300 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial 117

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 300
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Sarah b. (Middle) (Sadie) Drucilla c. (Last) Neal

4. DATE OF DEATH (Month) (Day) (Year): July 17, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: October 22, 1903

9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 9, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Hominy, Okl.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William T. Blesingame — BIRTHPLACE: Marshall, Ark.

14. MOTHER'S MAIDEN NAME: Cordellia Cooper — BIRTHPLACE: Marshall, Ark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 529-28-0702

17. INFORMANT'S OWN SIGNATURE: Sharon Neal Neuswanger — ADDRESS: Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 10 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 15, 1965, *to* July 17, 1965, *that I last saw the deceased alive on* July 17, 1965, *and that death occurred at* 8:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 474 Roy D. Sinclair, M.D.

23b. ADDRESS: Salmon, Idaho

23c. DATE SIGNED: 7-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 20, 1965

24c. NAME OF CEMETERY OR CREMATORY: Salmon Cemetery

24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 8-4-65

REGISTRAR'S SIGNATURE: Viola E. Johnson

25. EMBALMER: Glenn Ailor

LICENSE NO.: E 252

FIRM NAME: Jones Funeral Home, Salmon, Idaho

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH - BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1965
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Lemhi

Certificate No.
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)
for Sarah D. Neal (Name on Original Certificate) who died (Was Born or Died) on July 17, 1965 (Date of Event)
in Salmon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Bible (Bible Record, Insurance Policy, Etc.) prepared on August 6, 1965 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Sarah D. Neal	Sarah (Sadie) Drucilla Neal
Birth Date	October 2, 1903	October 22, 1903

Subscribed and sworn to before me this 6th day of August, 1965

Mary A. Jones
Notary Public, residing at Salmon, Idaho
My commission expires 10-1-67
(Seal)

Signed Henry F Neal
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Husband
Salmon, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lemhi

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of August, 1965

Mary A. Jones
Notary Public residing at Salmon Idaho
My commission expires 10-1-67
(Seal)

Signed Delbert C Jones
(Signature of Any Credible Person) Funeral Director
Salmon, Idaho
(Street Address, City, State)

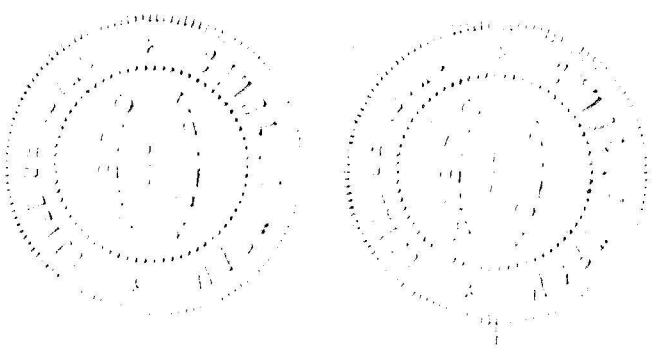

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 690
Reg. Dist. No.

RECEIVED
AUG 6 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steel Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location): Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): D.
c. (Last): Neal

4. DATE OF DEATH (Month) (Day) (Year): July 17. 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 2, 1903
9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months 9 Days 15
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hominy, Olk.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William T, Blesingame
BIRTHPLACE: Marshall Ark.
14. MOTHER'S MAIDEN NAME: Cordellia Cooper
BIRTHPLACE: Marshall Ark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 529-28-0702
17. INFORMANT'S OWN SIGNATURE: Sharon Neal Neuswanger
ADDRESS: Idahofalls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 10 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 15, 1965, *to* July 17, 1965, *that I last saw the deceased alive on* July 17, 1965, *and that death occurred at* 7:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy M Sinclair MD
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: 7-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 20, 1965
24c. NAME OF CEMETERY OR CREMATORY: Salmon Cemetery
24d. LOCATION (City, town, or county) (State): Salmon, Idaho Lemhi

DATE REC'D BY LOCAL REG.: 8-4-65
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Glenn Ailor
ADDRESS: Salmon Ida.
Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 24 1996

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Glenn Aiken Lic. No E-252 at Salmon on 7/17/65

ADDITIONAL REMARKS by Physician

RECEIVED
JUL 27 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3153
Local Reg. No. 4
Reg. Dist. No. 237

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Lewis 310
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nezperce
c. LENGTH OF STAY (in this place): 57 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): own home ood

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 310
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nezperce
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Nicholas; b. (Middle); c. (Last) Laier

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: June 18, 1879

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant, retired 35

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): Copenhagen, Denmark

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: unknown — BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Viola O'Harra — ADDRESS: Clarkston Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonitis - (Terminal) — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive Heart Failure — ?
DUE TO (c) Arteriosclerotic Heart disease — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-7, 19 65, *to* 7-8, 19 65, *that I last saw the deceased alive on* 7-7-65, 19 ___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE: K. Holmes (Degree or title): MD
23b. ADDRESS: Craigmont Ida
23c. DATE SIGNED: 7-11-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem-burial
24b. DATE: 7-10-65
24c. NAME OF CEMETERY OR CREMATORY: Nezperce, Cemetery
24d. LOCATION (City, town, or county) (State): Nezperce, Idaho

DATE REC'D BY LOCAL REG.: 7-11-65
REGISTRAR'S SIGNATURE: K. Holmes
25. EMBALMER:
LICENSE NO.:
FIRM NAME:

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED JUL 28 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3154
Local Reg. No. 623
Reg. Dist. No. 430

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lincoln 320
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 822

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 320
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Harrison c. (Last) Turnbull

4. DATE OF DEATH: (Month) July (Day) 21, (Year) 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Aug. 1, 1887
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 11, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91
10b. KIND OF BUSINESS OR INDUSTRY: 03
11. BIRTHPLACE (State or foreign country): Sterling, Colorado
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles M. Turnbull — BIRTHPLACE: Ontario, Canada
14. MOTHER'S MAIDEN NAME: Mary Ellen Dunkle — BIRTHPLACE: Tarkio, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): N
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Mrs. Mona Turnbull — ADDRESS: Shoshone, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anemia severe — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myelofibrosis — 10 months
DUE TO (c) Arteriosclerotic H Disease — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

292.3

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1964, *to* 7-21, 1965, *that I last saw the deceased alive on* 6-25-65, 1965, *and that death occurred at* 5:32 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert Nichols MD (Degree or title)
23b. ADDRESS: Twin Falls Id
23c. DATE SIGNED: 7-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-24-1965
24c. NAME OF CEMETERY OR CREMATORY: Shoshone Cemetery
24d. LOCATION (City, town, or county) (State): Shoshone, Idaho

DATE REC'D BY LOCAL REG.: 7-27-65
REGISTRAR'S SIGNATURE: Francis M. Bergin
25. EMBALMER: Francis M. Bergin — LICENSE NO.: E-463
FIRM NAME: Bergin Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 3 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 11 2006

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

65-8194

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3155
Local Reg. No. 20
Reg. Dist. No. 630

BIRTH NO.

JUL 19 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Madison 331 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial 123

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 331
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Baby
b. (Middle):
c. (Last): Rockford

4. DATE OF DEATH (Month) (Day) (Year): July 4, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant 1
8. DATE OF BIRTH: July 4, 1965
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 12 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Rexburg, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lemmie Rockford — BIRTHPLACE: Rose Nebraska
14. MOTHER'S MAIDEN NAME: Lorraine Johnson — BIRTHPLACE: Emmett, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Lemmie O Rockford — ADDRESS: Rexburg, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

7748

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Circulatory & Pulmonary insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Prematurity — 12 hours
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 4, 1965, *to* July 4, 1965, *that I last saw the deceased alive on* July 4, 1965, *and that death occurred at* 6:16 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B H Cassey 409 — **23b. ADDRESS**: Rexburg Idaho — **23c. DATE SIGNED**: 7-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: July 6, 1965
24c. NAME OF CEMETERY OR CREMATORY: Dallas, Oregon
24d. LOCATION (City, town, or county) (State): Dallas, Oregon

DATE REC'D BY LOCAL REG.: 7-5-65
REGISTRAR'S SIGNATURE: Leona Flamm
25. EMBALMER: Kenneth R Flamm — LICENSE NO. E347

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Flamm Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 13 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3156
Local Reg. No. 52
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) one day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 380
b. COUNTY Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Plymouth
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Darrell b. (Middle) 25 c. (Last) Davis

4. DATE OF DEATH (Month) July (Day) 1 (Year) 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Oct 31 1903	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter 37	Construction 06	Ritter Oregon	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Cornelious Ed Davis	Iowa	Maude Ella Overlander	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	517-09-5539	x Mrs Dorothy A Davis	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION 902.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basilar Skull Fracture with Severe brain injury. — INTERVAL BETWEEN ONSET AND DEATH: 26 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fall from Scaffolding.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
ACCIDENT	Amalgamated Sugar Factory	13 Paul 340	Minidoka	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
June	30	65	10:00 A.m.		Fell from scaffolding

22. *I hereby certify that I attended the deceased from* July 1, 1965, *to* July 1, 1965, *that I last saw the deceased alive on* July 1, 1965, *and that death occurred at* 10:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C F Dalley 127 MD	702 G St Rupert Idaho	July 3, 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal to	July 2 1965	New Plymouth Idaho	New Plymouth Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-8-65	Mary Ellen Barlow	Robert A Walk	E 294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JUL 15 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 22 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 17 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

JUL 27 1965

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 3157
Local Reg. No. 53
Reg. Dist. No. 450

Bureau of Vital Statistics 340 2-03

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 340
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print)
a. (First): Phylorman
b. (Middle): Berzee 125
c. (Last): Wise

4. DATE OF DEATH (Month) (Day) (Year): July 2 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec 17 1872

9. AGE (In years on last birthday): 92
IF UNDER 1 YEAR — Months / Days
IF UNDER 24 HRS. — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Cedar Falls Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Wise
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Nancy Chatterton
BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: John E Wise
ADDRESS: Route 2 Rupert Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

450.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): General Senile debility — INTERVAL BETWEEN ONSET AND DEATH: not determinable

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebrial sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Post cerebrovascular accident syndrome. Gastric hemorrhage.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Gangrene right hand.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-26, 1965, *to* July 2, 1965, *that I last saw the deceased alive on* July 2, 1965, *and that death occurred at* 12:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A J Dalley 127
(Degree or title): M D

23b. ADDRESS: 702 C St Rupert Idaho

23c. DATE SIGNED: 7/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 6 1965

24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery

24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 7-92-65

REGISTRAR'S SIGNATURE: Mary Ellen Barker

25. EMBALMER: Robert C Walk
LICENSE NO.: E 294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3158
Local Reg. No. 37
Reg. Dist. No. 45d

BIRTH NO.

RECEIVED
JUL 13 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Minidoka 340 002
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY IN (this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 340
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 15th and D Street

3. NAME OF DECEASED (Type or Print)
a. (First) Alfred b. (Middle) August c. (Last) Nelson

4. DATE OF DEATH (Month) (Day) (Year): July 6 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Oct 1 1886

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Malmo Sweden

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: August Nilson
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Anna Pearson
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Mrs Mable Nelson
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self inflicted gunshot wound in chest from a 30-06 caliber rifle. — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Despondant as a result of ill health and old age.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide 01
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home 13
21c. (CITY, TOWN, OR TOWNSHIP) 340 **(COUNTY)** Rupert Minidoka County **(STATE)** Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 6 1965, 7 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Rifle barrel placed in center of chest and pulled the trigger. ~~pushed~~

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* did not see alive *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Coroner 4
23b. ADDRESS: 710 6th street Rupert Idaho
23c. DATE SIGNED: 7-7-1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: July 10 1965
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 7-8-65
REGISTRAR'S SIGNATURE: Mary Ellen Carlson
25. EMBALMER: Robert C Walk
LICENSE NO.: E 194
FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

JUL 15 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 27 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3159
Local Reg. No. 57
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka 340 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 905 D Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 905 D Street

3. NAME OF DECEASED (Type or Print) a. (First) Mary Frances Lee b. (Middle) c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) July 11 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Oct 17 1883
9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Conway Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Micheal Sweeney — BIRTHPLACE Ireland
14. MOTHER'S MAIDEN NAME — BIRTHPLACE U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 519-38-0140
17. INFORMANT'S OWN SIGNATURE Richard H Lee — ADDRESS 909 I St

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: not known

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) arterial sclerosis — not known
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 11, 1965, *to* July 4, 1965, *that I last saw the deceased alive on* dead on arrival, 19__, *and that death occurred at* 5:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE G F Dalley M D 127 (Degree or title)
23b. ADDRESS 702 Gst Rupert Idaho
23c. DATE SIGNED 7/15/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 10 1965
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 7-22-65
REGISTRAR'S SIGNATURE Mary Ellen Cadron
25. EMBALMER Robert C Walk
LICENSE NO. E 294

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Walk Mortuary

DUTIES:

DEC 27 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3160
Local Reg. No. 186
Reg. Dist. No. 450

BIRTH NO.

RECEIVED JUL 27 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 914 6th street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 348
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 914 6th street

3. NAME OF DECEASED (Type or Print): a. (First) Cora b. (Middle) May c. (Last) Hanson

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov 9 1888

9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Lincoln County Kentucky

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: G.H.McMullin — BIRTHPLACE: Lincoln County Kentucky

14. MOTHER'S MAIDEN NAME: Malitha Reynolds — BIRTHPLACE: Lincoln County Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 518-40-9626

17. INFORMANT'S OWN SIGNATURE: x M.A. Richmond — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 14, 1965, *to* July 14, 1965, *that I last saw the deceased alive on* July 14, 1965, *and that death occurred at* 1 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 365 MD

23b. ADDRESS: Rupert Idaho

23c. DATE SIGNED: 7-22-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 17 1965

24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery

24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 7-23-65

REGISTRAR'S SIGNATURE: Mary Ellen Carlson

25. EMBALMER: Robert C Walk — LICENSE NO.: E 294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

JUL 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. AUG 27 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 15 1969

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

65-7151 RECEIVED JUL 27 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3161
Local Reg. No. 55
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka 340 4-12
b. CITY OR TOWN (If outside corporate limits write RURAL and give township): Rupert
LENGTH OF STAY (in this place): 12 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 340
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
d. STREET ADDRESS (If rural, give location): *********

3. NAME OF DECEASED (Type or Print): a. (First) Melaney b. (Middle) Lyn 125 c. (Last) Garrett

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1965

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never

8. DATE OF BIRTH: July 16, 1965

9. AGE (In years last birthday): 12 hrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02

10b. KIND OF BUSINESS OR INDUSTRY: none 60

11. BIRTHPLACE (State or foreign country): Rupert, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Doyle R. Garrett — BIRTHPLACE: Rupert, Idaho

14. MOTHER'S MAIDEN NAME: Carol L. Amen — BIRTHPLACE: Elba, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Doyle R Garrett — ADDRESS: Heyburn, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration of amniotic fluid — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Possibly Premature

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) — **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* July, 19___, *to* ___, 19___, *that I last saw the deceased alive on* July 16, 1965 *and that death occurred at* 10:12 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 365 — (Degree or title): MD — **23b. ADDRESS**: Rupert Idaho — **23c. DATE SIGNED**

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3 — **24b. DATE**: July 20, 1965 — **24c. NAME OF CEMETERY OR CREMATORY**: Declo Cemetery — **24d. LOCATION** (City, town, or county) (State): Declo Idaho

DATE REC'D BY LOCAL REG.: 7-29-65 — **REGISTRAR'S SIGNATURE**: Mary Ellen Barlow — **25. EMBALMER**: George Farmer — LICENSE NO.: E-480

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician: baby lived about ~~8 hrs~~ 12 hours but was a respiratory problem

RECEIVED
JUL 30 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3162
Local Reg. No. 59
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 350 south on Hgway 24 00

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Heyburn
d. STREET ADDRESS (If rural, give location) Heyburn Idaho 400 south and 760 west

3. NAME OF DECEASED (Type or Print) a. (First) Milton b. (Middle) Lee c. (Last) Fernau

4. DATE OF DEATH (Month) (Day) (Year) July 21 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 7
8. DATE OF BIRTH Feb 17 1942
9. AGE (In years last birthday) 23 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer 54
10b. KIND OF BUSINESS OR INDUSTRY 82
11. BIRTHPLACE (State or foreign country) Ainsworth Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lee Fernau
BIRTHPLACE Ainsworth Nebraska
14. MOTHER'S MAIDEN NAME Donna Stahal
BIRTHPLACE Ainsworth Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 508-52-6762
17. INFORMANT'S OWN SIGNATURE Mrs Lloyd Allen ADDRESS Heyburn

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive internal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) left thopax
DUE TO (c) Transection of Aorta due to trauma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. these injuries were as a result of an automobile accident

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES XX NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Auto accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway 24
21c. (CITY, TOWN, OR TOWNSHIP) 340 (COUNTY) (STATE) Rupert Minidoka County Idaho
21d. TIME OF INJURY (Month) (Day) (Year) July 21 1965 (Hour) 11:50 p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK XX
21f. HOW DID INJURY OCCUR? Auto accident

22. *I hereby certify that I attended the deceased from* Did not see alive, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert E. Walk (Degree or title) Coroner
23b. ADDRESS 710 6th street Rupert Idaho
23c. DATE SIGNED 7-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE July 24 1965
24c. NAME OF CEMETERY OR CREMATORY Ainsworth
24d. LOCATION (City, town, or county) (State) Ainsworth Nebraska

DATE REC'D BY LOCAL REG. 7-28-65
REGISTRAR'S SIGNATURE Mary Ellen Barker
25. EMBALMER Robert E. Walk
LICENSE NO. E 294
FIRM NAME: Walk Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DH-63021

AUG 3 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 30 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3163
Local Reg. No. 58
Reg. Dist. No. 4-5-0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (In this place) 42 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 813 G Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 348
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 813 G Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ray	Dean	Armstrong	July 22 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Mar 8 1887	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Civil Engineer		Emmettsburg Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Armstrong	unknown	Myrtie Clark	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No None	519-16-9314	Hazel Deane Hunter	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocarditis. — INTERVAL BETWEEN ONSET AND DEATH: 3 months.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetis — 10 years.
DUE TO (c) ~~Sen~~

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 1940, *to* July 22, 1965, *that I last saw the deceased alive on* July 21, 1965, *and that death occurred at* 2A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C.M. Workman MD	Rupert Idaho.	7-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 26 1965	Rupert Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-28-65	Mary Ellen Carlson	Robert E Walk	E294

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Walk Mortuary

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3164
Local Reg. No. 60
Reg. Dist. No. 450

RECEIVED
AUG 9 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka 340 500
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Route 1 East Baseline

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 346
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print)
a. (First) Bertha
b. (Middle) 500 Alice
c. (Last) Nutting

4. DATE OF DEATH (Month) (Day) (Year) July 24 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Nov 5 1891
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired School Teacher
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Goodman Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Henry Nutting — BIRTHPLACE: Goodman Missouri
14. MOTHER'S MAIDEN NAME: Serena Hawley — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 535-24-5010
17. INFORMANT'S OWN SIGNATURE: x Clifford Nutting — ADDRESS: Rupert Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1965, *to* death, 19__, *that I last saw the deceased alive on* July, 1965, *and that death occurred at* 9 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. Moellmer MD 365 (Degree or title)
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: 8-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 28 1965
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert, Idaho

DATE REC'D BY LOCAL REG.: 8-5-65
REGISTRAR'S SIGNATURE: Mary Ellen Carlson
25. EMBALMER: Robert C Walk — LICENSE NO. E 294

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Walk Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3165
Local Reg. No. 162
Reg. Dist. No. 220

RECEIVED JUL 20 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 3-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 0232 - 22nd Street

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): DEMARCUS
c. (Last): LEWIS

4. DATE OF DEATH (Month) July (Day) 2, (Year) 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: August 9, 1880
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger 08
10b. KIND OF BUSINESS OR INDUSTRY: Lumbering 02
11. BIRTHPLACE (State or foreign country): Stewart, Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: W. K. Lewis — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Caroline Barnes — BIRTHPLACE: North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 05 0888
17. INFORMANT'S OWN SIGNATURE: Norman E. Hovey — ADDRESS: Moscow, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac failure

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): arteriosclerotic Heart disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Infirmities of age

INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 28, 1965, *to* July 2, 1965, *that I last saw the deceased alive on* July 1, 1965, *and that death occurred at* 2:58 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE: R M Stover, MD 507 (Degree or title)
23b. ADDRESS: 939 Bryden LEWISTON, IDAHO
23c. DATE SIGNED: 7-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 6, 1965
24c. NAME OF CEMETERY OR CREMATORY: Lewis-Clark Memo. Gar.
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 7-14-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: L. E. DeBaun
LICENSE NO.: E-295

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3166
Local Reg. No. 152
Reg. Dist. No. 220

RECEIVED JUL 13 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35 / 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Thain Rd, Near Stewart 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35 / b. COUNTY: Nez perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 3306 - 12th Street

3. NAME OF DECEASED (Type or Print)
a. (First): SHIRLEY
b. (Middle): JUNE
c. (Last): GREENE

4. DATE OF DEATH (Month) July (Day) 2 (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 22, 1931
9. AGE (In years last birthday): 34 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: 01 Own Home
11. BIRTHPLACE (State or foreign country): Ellensberg, Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Kenneth Dawson — BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: V M Lutzenhiser — BIRTHPLACE: Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 535 26 3456
17. INFORMANT'S OWN SIGNATURE: X James Greene — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock and hemhorrage

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Acc 04
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 2;ar St
21c. (CITY, TOWN, OR TOWNSHIP) 35 / (COUNTY) 13 Lewiston, nezperce (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): body found July 2,1965 9AM m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Auto Accident

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 9:00 A m., from the causes and on the date stated above.*

23a. SIGNATURE: Wilfred J Duclos 583 (Degree or title): coroner 4
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 7/5/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 2
24b. DATE: July 5,1965
24c. NAME OF CEMETERY OR CREMATORY: Smiths Crematory
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 7-6-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: L. E. DeBaun — LICENSE NO.: E-295
FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 15 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician..... It is believed that the car went into this canyon

at App 10:00 PM the evening of June 30th 1965

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3167
Local Reg. No. 133
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JUL 13 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: NezPerce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 508-4th St

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Minnie		Nuttman	July	3	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
female	White	Widowed 2	March 13,1891	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Effingham, Ill
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Dasenbrock, — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Mary Sonnen, — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Francis J Nuttman — ADDRESS: Colton Wash

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4517

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dissecting aortic aneurysm. — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — : 10+ yrs.
DUE TO (c) :

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3 July, 1965, *to* 3 July, 1965, *that I last saw the deceased alive on* 3 July, 1965, *and that death occurred at* 9 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Lewiston Idaho	6 July 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial		Normal Hill Cemetery	Lewiston, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-7-65	Mildred Hughes	Andrew R. Vassar (E-315)	Lewiston, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Vassar-Rawls Funeral Home

DUTIES: MAY 2 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

State File No. 3168
Local Reg. No. 156
Reg. Dist. No. 2-2

Certificate of Death

RECEIVED
JUL 20 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 358
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Arrow Junction
c. LENGTH OF STAY (in this place): Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Crearwater River 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1128 10th Street

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): DOUGLAS
c. (Last): SANTO

4. DATE OF DEATH (Month) (Day) (Year): July 5, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 18, 1941
9. AGE (In years last birthday): 24 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Warehouseman 29
10b. KIND OF BUSINESS OR INDUSTRY: Liquor 07
11. BIRTHPLACE (State or foreign country): Clarkston, Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert H Santo — BIRTHPLACE: Clarkston, Washington
14. MOTHER'S MAIDEN NAME: Hazel Hendrickson — BIRTHPLACE: Clarkston, Wash

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1959-1961 6
16. SOCIAL SECURITY NO.: 531-38-4512
17. INFORMANT'S OWN SIGNATURE: R H Santo — ADDRESS: Clarkston, Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): SUFFOCATION — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — DROWNING

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT 18
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): CLEARWATER RIVER
21c. (CITY, TOWN, OR TOWNSHIP): SPALDING 13 — (COUNTY): NEZPERCE 35 — (STATE): IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): JULY 6 1965 2:15 PM
body found
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: swept into current when swimming

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 2:15PM m., from the causes and on the date stated above.*

23a. SIGNATURE: Wilfred J Duclos 583 — (Degree or title): coroner 4
23b. ADDRESS: lewiston, Idaho
23c. DATE SIGNED: 7/7/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 7-9-1965
24c. NAME OF CEMETERY OR CREMATORY: Vineland
24d. LOCATION (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: 7-9-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: W C Merchant — W C Merchant- Clarkston, Wn
LICENSE NO.: FD 5

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 21 1965

OUTLES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 2 1974

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3169
Local Reg. No. 160
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho 35 / JUL 20 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
LENGTH OF STAY (in this place) 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 35
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 325 - 12th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	FLECIE		RYAN	July	5	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	May 14, 1890	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper 07	Own Home 01	Elmwood Co., Nebr.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry A. Shinn	Illinois	Georgia Bousman	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	538 22 2211	Fred Ryan	Clarkston, Wash.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Subarachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7/4/65, 19___, *to* 7/5/65, 19___, *that I last saw the deceased alive on* 7/4/65, 19___, *and that death occurred at* 2:35 am *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 160	Lewiston, Idaho	7/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 8, 1965	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-14-65	Mildred Hughes	L. E. DeBorn	E-295

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JUL 21 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3170
Local Reg. No. 154
Reg. Dist. No. 220

RECEIVED
JUL 13 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce 351 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Arizona 03 555
b. COUNTY: Pinal
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eloy
d. STREET ADDRESS (If rural, give location): 205-East Fresno Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): L.
c. (Last): Sylvester

4. DATE OF DEATH (Month) (Day) (Year): July 6, 1965

5. SEX: female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 27-1903
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home 01
11. BIRTHPLACE (State or foreign country): New York.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Glenn Lane — BIRTHPLACE: No record
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 266-03-8131
17. INFORMANT'S OWN SIGNATURE: x S G Sylvester — ADDRESS: Eloy, Arizona.

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lt. Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension. — 10+ yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3 July, 1965, *to* 6 July, 1965, *that I last saw the deceased alive on* 5 July, 1965, *and that death occurred at* 2:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: B R Stein 496 (Degree or title) MD
23b. ADDRESS: Lewiston Ida.
23c. DATE SIGNED: 6 July 65

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: July 7, 1965
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Eloy, Arizona.

DATE REC'D BY LOCAL REG.: 7-7-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. FUNERAL DIRECTOR: Andrew F. Vassar (E-315) — ADDRESS: Lewiston, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of A.P. Vassar Lic. No. E315 at Lewiston on July 6-65

ADDITIONAL REMARKS by Physician

State File No. 3171
Local Reg. No. 173
Reg. Dist. No. 220

Certificate of Death

RECEIVED
AUG 2 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 05 Calif. 555
b. COUNTY: Alameda
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Albany
d. STREET ADDRESS (If rural, give location): 831 Cerrito

3. NAME OF DECEASED (Type or Print)
a. (First): STELLA
b. (Middle):
c. (Last): CRABB

4. DATE OF DEATH (Month) July (Day) 6 (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Aug. 28, 1881
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Kight — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Rose Nessler — BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Theodore R. Crabb — ADDRESS: Nezperce, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial failure Due to toxins — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): overwhelming infection — 48 hrs
DUE TO (c): Possible, mesenteric thrombosis — 48 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 4th, 1965, *to* July 6th, 1965, *that I last saw the deceased alive on* July 6, 1965, *and that death occurred at* 4:29 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph E. Bardick Md. 022
23b. ADDRESS: 1022 17th St. Lewiston Idaho
23c. DATE SIGNED: 7/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 8, 1965
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 7-23-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: W. E. Block — LICENSE NO. E-426
FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 3 - 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3172
Local Reg. No. 155
Reg. Dist. No. 220

RECEIVED JUL 20 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 350
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Somerville Home 13

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 350
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
d. STREET ADDRESS (If rural, give location): Somerville Home

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ernest		Masters	July 7, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	never married	Sept. 25, 1876	88		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer 06	general 03	Odessa, Michigan	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
no record		no record	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-01-2782	Vivian O. Vasser	Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cremation 527.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Emphysema, bron-
DUE TO (c) chial Asthma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis

INTERVAL BETWEEN ONSET AND DEATH: Several wks.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov. *,* 1959 *, to* 7-7 *,* 1965 *, that I last saw the deceased alive on* 5-12 *,* 1965 *, and that death occurred at* 2:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. W. Eastwood M.D.	Lewiston Idaho	7-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	July 9, 1965	Normal Hill cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-9-65	Mildred Hughes	V. Vasser	Lewiston, Idah

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of V. Vassar Lic. No. E297 at Lewiston, Idaho on July 7, 1965

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3173
Local Reg. No. 157
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JUL 20 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 35 Nez Perce
b. CITY OR TOWN: Lewiston
c. LENGTH OF STAY IN (this place): 6 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewiston Manor 312

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 48 Washington
b. COUNTY: 555 Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pullman rural
d. STREET ADDRESS (If rural, give location): Route # 2

3. NAME OF DECEASED (Type or Print): a. (First) Inez b. (Middle) Irene c. (Last) Freebury

4. DATE OF DEATH (Month) (Day) (Year): July 8, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	widowed 2	Feb. 26, 1891	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home 01	own home 0	Elberton, Washington	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Bishop	Ohio	Jane Lawrence	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	Marjorie Harris	Pullman, Wash.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 3582X Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 1 Week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Hemiplegia

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 23, *19* 65, *to* July 7, *19*65, *that I last saw the deceased alive on* July 7, *19*65, *and that death occurred at* 5:10 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R M Glover MD 507	Lewiston, Idaho	7-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	7/10/65	Garfield Cemetery	Garfield, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-12-65	Mildred Hughes	Dale E. Kimball	L 59

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: [illegible] FUNERAL HOME

NOTES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

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IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

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ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (JCA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 20 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3174
Local Reg. No. 158
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 3309 - 11th Street

3. NAME OF DECEASED (Type or Print)
a. (First): PEARL
b. (Middle):
c. (Last): ANDERSON

4. DATE OF DEATH (Month) (Day) (Year): July 10, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 3, 1886
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: 01 Own Home
11. BIRTHPLACE (State or foreign country): Delano, Minnesota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Murphy — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Phoebee Cunningham — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 476 12 3913
17. INFORMANT'S OWN SIGNATURE: Alex Anderson — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Undetermined — INTERVAL BETWEEN ONSET AND DEATH: Ill 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Antemuscleratic heart disease?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Pneumonia at lung base.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-10, 1965, *to* 7-10, 1965, *that I last saw the deceased alive on* 7-10, 1965, *and that death occurred at* 10 pm *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 152 (Degree or title)
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 7-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 15, 1965
24c. NAME OF CEMETERY OR CREMATORY: Lewis-Clark Memo. Gar.
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 7-13-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: [signature]
LICENSE NO.: E-426

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Brower-Wann Memorial Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3175
Local Reg. No. 777
Reg. Dist. No. 220

BIRTH NO.

AUG 2 1965

1. PLACE OF DEATH
a. COUNTY: Nez Perce (350)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Genesee
c. LENGTH OF STAY (in this place): (600)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence (602)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (350)
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Genesee
d. STREET ADDRESS (If rural, give location): Located At 4 Corners (S. of Gen.)

3. NAME OF DECEASED (Type or Print): a. (First) Roy; b. (Middle); c. (Last) Fish

4. DATE OF DEATH (Month) (Day) (Year): July 12 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: July 14, 1902

9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 11, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (04)

10b. KIND OF BUSINESS OR INDUSTRY: Farming (01)

11. BIRTHPLACE (State or foreign country): Uniontown, Washington

12. CITIZEN OF WHAT COUNTRY?: United States

13. FATHER'S NAME: William Fish — BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Dora Shirrod — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs Carrie Fish — ADDRESS: Rural Genesee

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

153.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno Carcinoma of Colon — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastases to the Liver
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 6, 1965

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Colon c Metastases to Liver

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1964 *to* July 12, 1965, *that I last saw the deceased alive on* July 12, 1965, *and that death occurred at* 5:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 490 Philip D. Speckart MD

23b. ADDRESS: Genesee Idaho

23c. DATE SIGNED: 7-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: July 15, 1965

24c. NAME OF CEMETERY OR CREMATORY: Lewis-Clark Memorial Gardens

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 7-27-65

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: Robert Tawker

LICENSE NO.: 03 802

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Merchant Funeral Home Clarkston

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3176
Local Reg. No. 159
Reg. Dist. No. 220

BIRTH NO.

JUL 20 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 526 Preston Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): HOWARD
b. (Middle): JAY
c. (Last): BURTCH

4. DATE OF DEATH (Month) (Day) (Year): July 12, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Aug. 6, 1891
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Scaler 09
10b. KIND OF BUSINESS OR INDUSTRY: Logging & Lumbering 50
11. BIRTHPLACE (State or foreign country): Hogan, Montana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alfred E. Burtch — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Laura Bradford — BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes, WW-1 — (If yes, give war or dates of service): 1917 - 1919 3
16. SOCIAL SECURITY NO.: no record
17. INFORMANT'S OWN SIGNATURE: Toddie Burtch — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Occlusion ~~Arterio Sclerosis~~ — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Insufficiency — 5 yrs
DUE TO (c): Arterio Sclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Obesity, Age

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct., 1961, *to* July 12, 1965, *that I last saw the deceased alive on* July 10, 1965, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph E. Burtch Md 022 (Degree or title)
23b. ADDRESS: 1522 17th St Lewiston Idaho
23c. DATE SIGNED: 7/15/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: July 14, 1965
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State): Craigmont, Idaho

DATE REC'D BY LOCAL REG.: 7-13-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: W. E. Black
LICENSE NO.: E-~~2054~~26

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

JUL 21 1965

AUG 17 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to attest the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3177
Local Reg. No. 163
Reg. Dist. No. 220

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35 | JUL 20 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Same as Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 3519 - 8th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	VIRGINIA	HELEN	EDWARDS		July	13	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married 3	Apr. 20, 1935	30				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper 01	0 Own Home	Newport, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David McIntire	Washington	Helen Stanley	Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	No Record	David McIntire	Orofino, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

9767

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock and Hemhorrage

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) gunshot wound right temple
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: minutes

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
suicide	6 home	3 3519 8th Lewiston, NezPerce Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
7/13/65 3:;0PM m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	self inflicted 22 cal pistol

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 3:10pm *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard McIntire	coroner 4	lewiston, Idaho	7/14/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 16, 1965	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-14-65	Mildred Hughes	W. E. Black	E-426

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 6 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 2 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 2 1983

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

NOV 21 1985

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3178
Local Reg. No. 166
Reg. Dist. No. 220

Certificate of Death

RECEIVED JUL 27 1965

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce 351 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: nNezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 113-16th Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Elmer
b. (Middle): M.
c. (Last): Roise

4. DATE OF DEATH (Month) (Day) (Year): July 15 1965

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Sept 2,1905
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): clerk 79
10b. KIND OF BUSINESS OR INDUSTRY: County Assessor 80
11. BIRTHPLACE (State or foreign country): Moscow, Idaho.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Roise — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Dorthea Bertness, Madison. Minn. — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W.11 4
16. SOCIAL SECURITY NO.: 518-18-8493
17. INFORMANT'S OWN SIGNATURE: Leola M. Roise — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary athero
DUE TO (c) Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1951, *to* July 15, 1965, *that I last saw the deceased alive on* July 15, 1965, *and that death occurred at* 8:40 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. W. Eastwood 152 Mch
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 7-4-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 17,1965
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: 7-16-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: Andrew F. Vassar
LICENSE NO.: E315

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 27 1965

AUG 3 1965

NOV 9 1973

JUL - 9 1986

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3179
Local Reg. No. 164
Reg. Dist. No. 220

Certificate of Death

RECEIVED JUL 20 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 6 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewiston Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1824 Carson Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): HARRY
b. (Middle): SPENCER 312
c. (Last): ROWE

4. DATE OF DEATH (Month) (Day) (Year): July 15 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 4, 1885
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY: Stock & Grain 01
11. BIRTHPLACE (State or foreign country): Mandovi, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Irwin Rowe — BIRTHPLACE: Strodsburg, Penna
14. MOTHER'S MAIDEN NAME: Ida B. Ainsworth — BIRTHPLACE: Vermont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Glendale, Cal.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma prostate 177X

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): C metastases
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-19, 1963, *to* 6-15, 1965, *that I last saw the deceased alive on* 6-28, 1965, *and that death occurred at* 8:04 am *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 036 (Degree or title) MD
23b. ADDRESS: 626 5th Avenue, Lewiston
23c. DATE SIGNED: 7-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 17, 1965
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 7-16-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: [signature]
LICENSE NO.: E-~~295~~ 426

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 30 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3180
Local Reg. No. 165
Reg. Dist. No. 220

Certificate of Death

BIRTH NO. 65-7186 RECEIVED JUL 27 1965 STATE OF IDAHO

1. PLACE OF DEATH 351 4-04
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 48 ~~Idaho~~ Washington
b. COUNTY: 555 ~~Nez Perce~~ Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Lewiston~~ Clarkston
d. STREET ADDRESS (If rural, give location): 429-6th St.

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Fitzgerald
c. (Last): MacDermand

4. DATE OF DEATH (Month) (Day) (Year): July 15, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: July 15, 1965
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 24 hrs.: Hours 14 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02
10b. KIND OF BUSINESS OR INDUSTRY: none 07
11. BIRTHPLACE (State or foreign country): Lewiston, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Donald MacDermand
BIRTHPLACE: Seattle, Wash.
14. MOTHER'S MAIDEN NAME: Beryl Blandford
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Donald MacDermand
ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Erythroblastosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Hydrops Fetalis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 15, 1965, *to* July 15, 1965, *that I last saw the deceased alive on* July 15, 1965, *and that death occurred at* 8:45p *m., from the causes and on the date stated above.*

23a. SIGNATURE: W.H. Pierce MD 420 (Degree or title)
23b. ADDRESS: Lewiston Ida
23c. DATE SIGNED: 7/19/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: July ~~17~~ 21, 1965
24c. NAME OF CEMETERY OR CREMATORY: Normal Hillcemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 7-16-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: V. Vassar
LICENSE NO.: E297

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Pierce

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3181
Local Reg. No. 172
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nezperce 38 / AUG 2 1965 3-03
b. CITY OR TOWN Lewiston
Bureau of Vital Statistics
c. LENGTH OF STAY (In this place) 3 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 36
b. COUNTY Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Craigmont
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Temple c. (Last) Wayne

4. DATE OF DEATH (Month) July (Day) 15 (Year) 1965

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH April 3, 1887
9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming, retired 04
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Genesee Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Wayne BIRTHPLACE Adrian Co. Mo.
14. MOTHER'S MAIDEN NAME Carrie Miners BIRTHPLACE Silverton, Ore.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519 42 3021
17. INFORMANT'S OWN SIGNATURE Richard J. Wayne ADDRESS Craigmont, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 592.0 Right Heart failure. — INTERVAL BETWEEN ONSET AND DEATH 5+ days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Emphysema — 10+ yrs.
DUE TO (c) asthmatic bronchitis. — most of life.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Duodenal ulcer. — unknown.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 12, 1965 *to* July 15, 1965, *that I last saw the deceased alive on* July 15, 1965, *and that death occurred at* 1 PM, *from the causes and on the date stated above.*

23a. SIGNATURE B. R. Stem (Degree or title) MD
23b. ADDRESS Lewiston Idaho.
23c. DATE SIGNED July 21, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Rem-burial
24b. DATE 7-19-65
24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State) Craigmont, Idaho

DATE REC'D BY LOCAL REG. 7-22-65
REGISTRAR'S SIGNATURE Mildred Hughes
25. EMBALMER Robert Larabee
LICENSE NO. QL802
FIRM NAME: Clovis Mortuary Craigmont, Idaho

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

AUG 27 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3182
Local Reg. No. 169
Reg. Dist. No. 220

65-7185

BIRTH NO.

RECEIVED

Certificate of Death

STATE OF IDAHO

JUL 27 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: NezPerce 351 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1918-13th Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Kevin
b. (Middle): Charles
c. (Last): Scharnhorst

4. DATE OF DEATH (Month) (Day) (Year): July 16, 1965

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: July 14, 1965
9. AGE (In years last birthday): 00 — IF UNDER 1 YEAR: Months 0, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Lewiston, Idaho.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Scharnhorst — BIRTHPLACE: Genesee, Idaho.
14. MOTHER'S MAIDEN NAME: Adrianna Engles — BIRTHPLACE: New Rockford, N.D.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: John Scharnhorst — ADDRESS: Lewiston, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hyaline Membrane disease — INTERVAL BETWEEN ONSET AND DEATH: 36 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prematurity. — 5 wks
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-14, 1965, *to* 7-16, 1965, *that I last saw the deceased alive on* 7-16-65, 19__ *and that death occurred at* 1:40 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward G. Hoffman MD
23b. ADDRESS: 347 St Johns Way
23c. DATE SIGNED: 7-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: July 19, 1965
24c. NAME OF CEMETERY OR CREMATORY: St Marys Catholic Cemetery
24d. LOCATION (City, town, or county) (State): Genesee, Idaho.

DATE REC'D BY LOCAL REG.: 7-19-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: V. Vassar
LICENSE NO.: E297

Hoffman

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Vassar-Rawls Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 27 1965 BUREAU OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 3183
Local Reg. No. 167
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35 3-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 358
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Peck
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	BELLE	HENDERSON	July	16	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	3 Married	July 15, 1903	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper 01	0 Own Home	Bellingham, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel Wheeler	Missouri	Ethel Smith	no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Percy Henderson	Peck, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	INTERVAL BETWEEN ONSET AND DEATH
	Antero Septal infarction	5 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) Hypertensive Cardio Renal	10 years
	DUE TO (c) Diabetes Mellitus	2 years
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7-11, 1965, *to* 7-16, 1965, *that I last saw the deceased alive on* 7-16, 1965, *and that death occurred at* 12:21 am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
349 [illegible] MD	Lewiston Idaho	7-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 19, 1965	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-19-65	Mildred Hughes	R.E. De Baun	E-295

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

JUL 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 25 1986

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3184
Local Reg. No. 174
Reg. Dist. No. 220

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35 / AUG 2 1965 203
b. CITY OR TOWN: Lewiston
LENGTH OF STAY (in this place): 3 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewiston Manor 512

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 180
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	ADDIE	ANN	BLACKBURN		July	16	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	widowed	Jan. 1, 1883	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home 01	Trade Tennessee	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Rufus A. King	N. C.	Mary C. Harbin	N. C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	x Juanita Daniels	Southwick Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infirmities of Age — INTERVAL BETWEEN ONSET AND DEATH: 45 d.d

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hardening of Arteries
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 26, 1965, *to* July 16, 1965, *that I last saw the deceased alive on* July 15, 1965, *and that death occurred at* 7:20 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leon Stover MD	939 Bryden Ave., Lewiston, Idaho	7/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	7-20-65	Normal Hill	Lewiston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 22, 1965	Mildred Hughes	[illegible]	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL, INC.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

65-7190

BIRTH NO.

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3185
Local Reg. No. 176
Reg. Dist. No. 220

381 AUG 2 1965 600

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. STATE OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 180
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce--rural
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): LESLIE
b. (Middle): CARL
c. (Last): MC INTOSH

4. DATE OF DEATH (Month) (Day) (Year): July 17 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: July 17, 1965

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 3 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Lewiston, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Clifford E. McIntosh — BIRTHPLACE: Ione, Wash.

14. MOTHER'S MAIDEN NAME: Judith Bower — BIRTHPLACE: Orofino, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Clifford McIntosh — ADDRESS: Pierce, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 3 Months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-17, 1965, *to* 7-17-65, 19__, *that I last saw the deceased alive on* 7-17, 1965, *and that death occurred at* 12:00 noon *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward G. H. Lamb MD 232

23b. ADDRESS: 347 St. Johns Way Lewiston

23c. DATE SIGNED: 7-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 7-19-65

24c. NAME OF CEMETERY OR CREMATORY: Weippe

24d. LOCATION (City, town, or county): Weippe — (State): Idaho

DATE REC'D BY LOCAL REG.: 7-26-65

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: Lyle A. Strottmann — LICENSE NO. 476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3186
Local Reg. No. 168
Reg. Dist. No. 220

RECEIVED JUL 27 1965

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Nez Perce (35) (002) — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston — c. LENGTH OF STAY (in this place): Bur

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho (35) — b. COUNTY: Nez Perce — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital (28)

d. STREET ADDRESS (If rural, give location): 634 Stewart

3. NAME OF DECEASED (Type or Print): a. (First) HATTIE — b. (Middle) M. — c. (Last) LAMB

4. DATE OF DEATH: (Month) July (Day) 17, (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married (2)

8. DATE OF BIRTH: July 13, 1919

9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper (01)

10b. KIND OF BUSINESS OR INDUSTRY: Own Home (01)

11. BIRTHPLACE (State or foreign country): Vale, Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: A. T. Baugh — BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: Hattie M. Pickle — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No record

17. INFORMANT'S OWN SIGNATURE: Charles M. Lamb — ADDRESS: Lewiston, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cancer of Stomach — 7

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) — **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* July 12, 1965, *to* July 17, 1965, *that I last saw the deceased alive on* July 17, 1965, *and that death occurred at* 1:00 pm., *from the causes and on the date stated above.*

23a. SIGNATURE: Don Brower 507 (Degree or title) MD — **23b. ADDRESS**: 939 Bryden Ave., Lewiston, Idaho — **23c. DATE SIGNED**: 7/19/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation — **24b. DATE**: July 19, 1965 — **24c. NAME OF CEMETERY OR CREMATORY**: Smith Crematory — **24d. LOCATION** (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 7-19-65 — REGISTRAR'S SIGNATURE: Mildred Hughes — **25. EMBALMER**: W. F. Black — LICENSE NO.: E-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 27 1965

JUN 12 1967

JUL 14 1971

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3187
Local Reg. No. 171
Reg. Dist. No. 220

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 380
a. COUNTY Nez Perce AUG 2 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston Orchards
c. LENGTH OF STAY (in this place) 5 years
Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Somerville Home 131

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 380
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston Orchards
d. STREET ADDRESS (If rural, give location) Somerville Home

3. NAME OF DECEASED (Type or Print) a. (First) Carl August b. (Middle) Holberg c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) July 20, 1965

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH March 30, 1883
9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer 06
10b. KIND OF BUSINESS OR INDUSTRY general 03
11. BIRTHPLACE (State or foreign country) Sweden
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME no record BIRTHPLACE
14. MOTHER'S MAIDEN NAME no record BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no record
17. INFORMANT'S OWN SIGNATURE V. Vassar ADDRESS Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

795.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Undetermined — INTERVAL BETWEEN ONSET AND DEATH 1 wk

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) (Had diarrhea with blood in stools for

DUE TO (c) 1 wk but then was better when he died)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1960, *to* 7-20, 1965, *that I last saw the deceased alive on* July 7, 1965, *and that death occurred at* 11:15p *m., from the causes and on the date stated above.*

23a. SIGNATURE J. W. Eastman 152 (Degree or title) Lewiston Idaho
23b. ADDRESS
23c. DATE SIGNED 7-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE July 23, 1965
24c. NAME OF CEMETERY OR CREMATORY Normal Hill
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. 7-22-65
REGISTRAR'S SIGNATURE Mildred Hughes
25. EMBALMER V. Vassar
LICENSE NO. E297

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED

State File No. 3188
Local Reg. No. 170
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH — 35 / JUL 27 1965 — 2-01
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 29 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35 / b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 324½ Main St

3. NAME OF DECEASED (Type or Print): a. (First) Wilmot b. (Middle) c. (Last) Atkinson

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1965

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: Dec. 27, 1908

9. AGE (In years last birthday): 56 — If UNDER 1 YEAR: Months / Days — If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook 49

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant 82

11. BIRTHPLACE (State or foreign country): Redville Saskatchewan, Canada

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Atkinson — BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Katherine Walker — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-01-1934

17. INFORMANT'S OWN SIGNATURE: Mrs. Myron O Beatty — ADDRESS: 3133-5th St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis. — INTERVAL BETWEEN ONSET AND DEATH: 11+ days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pancreatitis. — 11+ days.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cardiac cirrhosis-
arteriosclerotic heart Disease. — 1+ yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — in Consultation

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9 July, 1965 *to* 20 July, 1965, *that I last saw the deceased alive on* 20 July, 1965, *and that death occurred at* 12:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: B K Stein — (Degree or title) 496 M.D.

23b. ADDRESS: Lewiston Idaho

23c. DATE SIGNED: 23 July 65.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 24, 1965

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: 7-22-65

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: Andrew F. Vassar — LICENSE NO.: E 315

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3189
Local Reg. No. 180
Reg. Dist. No. 220

Certificate of Death

RECEIVED AUG 11 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 814 Bryden Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Mildred
b. (Middle): Irene
c. (Last): Sandquist

4. DATE OF DEATH (Month) (Day) (Year): July 21 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 29, 1909
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Family 01
11. BIRTHPLACE (State or foreign country): Troy, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lanson H. Hilliard — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Anna Rudeen — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-54-0966
17. INFORMANT'S OWN SIGNATURE: x David A. Wenstrom — ADDRESS: Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

175.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Metastasis to lungs — INTERVAL BETWEEN ONSET AND DEATH: 1965

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Metastases — 1964
DUE TO (c): Adeno Ca of Ovary — 1964

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: No Surgery
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1964, *to* July 21, 1965, *that I last saw the deceased alive on* July 21st, 1965, *and that death occurred at* 7 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph E. Boedeker M.D. 022
23b. ADDRESS: 1522 17th St Lewiston Ida
23c. DATE SIGNED: 7/25/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 24, 1965
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county): Latah County — (State): Idaho

DATE REC'D BY LOCAL REG.: 7-30-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: E. Russell Short — LICENSE NO.: E-420

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 16 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3190
Local Reg. No. 178
Reg. Dist. No. 220

BIRTH NO.

RECEIVED

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: NezPerce 25 AUG 2 1965 2-03
b. CITY OR TOWN: Lewiston
c. LENGTH OF STAY IN THIS PLACE: Bureau of Vital Statistics 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Somerville Home 131

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35
b. COUNTY: NezPerce
c. CITY OR TOWN: Lewiston
d. STREET ADDRESS (If rural, give location): 726-8th St

3. NAME OF DECEASED (Type or Print): a. (First) Ernest; b. (Middle) Lee; c. (Last) Sanks

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1965

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 6-7-1884

9. AGE (In years last birthday): 81 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): labor 06

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): Grays Lake Ill.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Mo record — BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Mo record — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: A F Vassar - Hospital Records — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

465X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Age debility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Blind & Prostatic Hypertrophy

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1965, *to* July, 1965, *that I last saw the deceased alive on* 7-22, 1965, *and that death occurred at* 9:40 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Allen Cochrane M.D.

23b. ADDRESS: Lewiston, Idaho

23c. DATE SIGNED: 7-25-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 28, 65

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: 7-28-65

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: Andrew F. Vassar

LICENSE NO.: E 315

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3191
Local Reg. No. 179
Reg. Dist. No. 220

RECEIVED AUG 11 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce 35 3-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
LENGTH OF STAY (in this place) 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 188
b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	WILLIAM	OSCAR	NELSON		July	25	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	May 10, 1915	50				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver 13	Lumber 01	Denver, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John S. Nelson	Minnesota	Harriet Carpenter	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-05-0231	Gladys M Nelson	Orofino, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 203X Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Thrombosis — 3 mo.
DUE TO (c) Multiple Myeloma — 3 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
No Accident		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1965, *to* July 25th, 1965, *that I last saw the deceased alive on* May 25th, 1965, *and that death occurred at* 9 A M *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph E. Burdett	M.D.	1522 17th St Lewiston Idaho.	7/28/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-27-1965	Weseman	Orofino Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 30, 1965	Mildred Hughes	Lyle A Stratmann	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 18 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 30 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3192
Local Reg. No. 175
Reg. Dist. No. 220

Certificate of Death

RECEIVED
AUG 2 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 404 - 17th Street

3. NAME OF DECEASED (Type or Print)
a. (First): ALICE
b. (Middle): ELSIE
c. (Last): TAYLOR

4. DATE OF DEATH (Month) (Day) (Year): July 25, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 15, 1898
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Asotin, Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Zimeriah Newby — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Fields — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No Record
17. INFORMANT'S OWN SIGNATURE: X [signature] — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

153.9

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma bowel

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1964, *to* July, 1965, *that I last saw the deceased alive on* July 24, 1965, *and that death occurred at* 5:38AM *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 036 (Degree or title) MD
23b. ADDRESS 626 8th Ave.
23c. DATE SIGNED 7/27/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 28, 1965
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 7-26-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: [signature]
LICENSE NO.: E-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 6 1965

SEP 1 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3193
Local Reg. No. 186
Reg. Dist. No. 220

RECEIVED AUG 24 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce (35) (002)
b. CITY OR TOWN: Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital (128)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (35)
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 720 5th Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Ivan b. (Middle) Charles c. (Last) Morgan

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 1 1912
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months 2, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Packing business (06)
10b. KIND OF BUSINESS OR INDUSTRY (070): Pickles-groceries
11. BIRTHPLACE (State or foreign country): Nezperce, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel L. Morgan — BIRTHPLACE: Wales
14. MOTHER'S MAIDEN NAME: Emma Crabens — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-38-9194
17. INFORMANT'S OWN SIGNATURE: X Mrs Ivan Morgan — ADDRESS: Lewiston, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis, metastatic (199.2) — INTERVAL BETWEEN ONSET AND DEATH: Feb. 1965 to 7-7-65

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) and Hepatitis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-23-65, 19__, *to* 7-27, 1965, *that I last saw the deceased alive on* 7-26-, 1965, *and that death occurred at* 1:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE: G. D. White 563 (Degree or title): M.D.
23b. ADDRESS: Lewiston Ida.
23c. DATE SIGNED: 8-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 7-29-65
24c. NAME OF CEMETERY OR CREMATORY: Vineland Cemetery
24d. LOCATION (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: 8-5-65
REGISTRAR'S SIGNATURE: Mildred Hughes (Clk)
25. EMBALMER: Patrick Mahoney
LICENSE NO.: E-492

FIRM NAME: Merchant Funeral Home Clarkston Wn.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: DEC 9 1970

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3194
Local Reg. No. 181
Reg. Dist. No. 22c

RECEIVED AUG 11 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. IF NOT IN THIS PLACE, LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce 35
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 424-thain Rd.

3. NAME OF DECEASED (Type or Print): a. (First) Melvin b. (Middle) C c. (Last) Williams

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1965

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Sept. 12, 1905

9. AGE (In years last birthday): 59 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electriction 15

10b. KIND OF BUSINESS OR INDUSTRY: State Of Idaho Gov 07

11. BIRTHPLACE (State or foreign country): Great Falls, Mont.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hans Olsen BIRTHPLACE: Oslo Norway

14. MOTHER'S MAIDEN NAME: Carrie Gustafson BIRTHPLACE: Finland.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 539-10-0012

17. INFORMANT'S OWN SIGNATURE: John H Maynard ADDRESS: Lewiston, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus, acute — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture Rt. radius

19a. DATE OF OPERATION: 7-28-65

19b. MAJOR FINDINGS OF OPERATION: Fracture Rt. radius

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident On Highway

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 13

21c. (CITY, TOWN, OR TOWNSHIP) 350 (COUNTY) Nez Perce County (STATE) Idaho

21d. TIME OF INJURY (Month) 7 (Day) 24 (Year) 65 (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Automobile Collision

22. *I hereby certify that I attended the deceased from* 7-25, 1965, *to* 7-29, 1965, *that I last saw the deceased alive on* 7-28, 1965, *and that death occurred at* 9:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: L O Olsen 098 (Degree or title) MD

23b. ADDRESS: Lewiston, Idaho

23c. DATE SIGNED: 8-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 2, 1965

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: 8-2-65

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: Andrew F. Vassar LICENSE NO. E 315

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3195
Local Reg. No. 182
Reg. Dist. No. 220

Certificate of Death

RECEIVED
AUG 1 1 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 351
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 824 - 13th Av.e

3. NAME OF DECEASED (Type or Print)
a. (First): MERL
b. (Middle): EVANGELINE
c. (Last): NELSON

4. DATE OF DEATH (Month) (Day) (Year): July 29, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 21, 1890
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: 0 Own Home
11. BIRTHPLACE (State or foreign country): Canby, Minnesota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Norman S. Landru — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Bessie Louise Larson — BIRTHPLACE: Decora, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Alda M. LaDow — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH 163X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of LUNG — INTERVAL BETWEEN ONSET AND DEATH: 2 YRS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 3, 1964, *to* July 29, 1965, *that I last saw the deceased alive on* July 20, 1965, *and that death occurred at* 8:45 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 013 MD
23b. ADDRESS: 307 St Johns Way
23c. DATE SIGNED: 7/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 31, 1965
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 7-30-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: W. T. Black — LICENSE NO.: E-426
FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 18 1965

SEP 2 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3196
Local Reg. No. 184
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 24 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35 / 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence - 915 - 8th Ave. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35 / b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 915 - 8th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): HORACE
b. (Middle): WESLEY
c. (Last): GROW

4. DATE OF DEATH (Month) July (Day) 31 (Year) 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 18, 1900
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer 10
10b. KIND OF BUSINESS OR INDUSTRY: St. High-Way 01
11. BIRTHPLACE (State or foreign country): Iona, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Horace Issac Grow — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Rosella Rounds — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-16-0646
17. INFORMANT'S OWN SIGNATURE: Janet Price Grow — ADDRESS: Lewiston, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertensive C.V.R. dis. — 12 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept *, 19*63*, to* Aug *, 19*64*, that I last saw the deceased alive on* Aug July 31 *19*64*, and that death occurred at* 9:20 am *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B R Stein M D 496
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 4 Aug

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 3, 1965
24c. NAME OF CEMETERY OR CREMATORY: Lewis-Clark Memo. Gar.
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 8-2-65
REGISTRAR'S SIGNATURE: Mildred Hughes/lk
25. EMBALMER: W. G. Clark
LICENSE NO.: E-426

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 8 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 14 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 11 1975

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

NOV 19 1986

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3197
Local Reg. No. 183
Reg. Dist. No. 220

RECEIVED AUG 24 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 38 3-21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 38
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1029 - Cedar

3. NAME OF DECEASED (Type or Print): a. (First) HUGH b. (Middle) B. c. (Last) PUCKETT

4. DATE OF DEATH: (Month) July (Day) 31, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Oct. 20, 1903

9. AGE (In years last birthday): 61 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 64

10b. KIND OF BUSINESS OR INDUSTRY: Stock & Grain

11. BIRTHPLACE (State or foreign country): Craigmont, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Martin V. Puckett — BIRTHPLACE: Tenn.

14. MOTHER'S MAIDEN NAME: Retta Bryant — BIRTHPLACE: Ky.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518 22 6272

17. INFORMANT'S OWN SIGNATURE: Donald Puckett — ADDRESS: Craigmont, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Larynx — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1964, *to* July 31, 1965, *that I last saw the deceased alive on* July 20, 1965, *and that death occurred at* 7 a.m. m., *from the causes and on the date stated above.*

23a. SIGNATURE: John A. Anstey (Degree or title): MD

23b. ADDRESS: Lewiston, Idaho 307 1st John's Bldg.

23c. DATE SIGNED: Aug 8 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 3, 1965

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 8-2-65

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: W. E. Black — LICENSE NO.: E-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 25 1965

APR 1 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 23 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3198
Local Reg. No. 13
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida 36 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ONEIDA COUNTY JAIL 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 36
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 73 North 150 East St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JAMES	EDWARD	VAN LEUVEN	July 13, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	white	married 3	Sept. 8, 1935	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
mechanic 10	farm machinery 09	Cedar City, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lewis Beerdahl Van Leuven	Springville, Utah	Mary Huffhammer	Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	~~[illegible]~~ 974X	528-38-5848	Mary a Winder	Ogden, Utah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) strangulation due to hanging — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
suicide 21	Oneida Co. Jail	13 Malad 361	Oneida	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
July	13	1964	3:00 A.M.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	hung self from bars on window with leather belt

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* Approximately 3:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Rayford G. Benson 583	Coroner 4	Malad, Idaho	July 14, '65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 2	July 15, 1965	Ogden City Cemetery	Ogden, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 15 1965	Ruth D. Sweeten	Rayford G. Benson	Malad, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

FIRM: Benson Funeral Home

DUTIES:

JUL 23 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 29 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

AUG 4 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of R. G. Benson Lic. No. E-351 at Malad, Idaho on Jul. 13, 1965

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 4 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3199
Local Reg. No. 14
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida 361 2-09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place): 9 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 137 E. 155 South St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 361
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 137 East 155 South St.

3. NAME OF DECEASED (Type or Print)
a. (First): ALETHEA
b. (Middle): FELICIA
c. (Last): RINGWOOD NATTRESS

4. DATE OF DEATH (Month) (Day) (Year): July 26, 1965

5. SEX: FEMale
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: February 7, 1874
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): practical nurse
10b. KIND OF BUSINESS OR INDUSTRY: nursing 02
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Peachmon Ringwood 15 — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Caroline Althea Robbins — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs Margaretta Tippetts — ADDRESS: Malad, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1964, *to* July 26, 1965, *that I last saw the deceased alive on* July 13, 1965, *and that death occurred at* 10:25A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. Malley Jr. M.D. 315
23b. ADDRESS: Malad Idaho
23c. DATE SIGNED: 7-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: July 26, 1965
24c. NAME OF CEMETERY OR CREMATORY: Salt Lake City Cemetery
24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: July 26-1965
REGISTRAR'S SIGNATURE: Ruth G. Sweeten
25. FUNERAL DIRECTOR: Leon Manning — ADDRESS: Pocatello, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of R. G. Benson Lic. No. E-351 at Malad, Idaho on 7-26-65

ADDITIONAL REMARKS by Physician

State File No. 3200
Local Reg. No. 33
Reg. Dist. No. 330

Certificate of Death

BIRTH NO.

RECEIVED
JUL 19 1965
Bureau of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Payette 381 2-08
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (In this place): 6 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 380
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location): Pennsylvania Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): MARIE
b. (Middle): KATHRINE 243
c. (Last): CRUMROY

4. DATE OF DEATH (Month) (Day) (Year): July 2, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 18, 1883
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home 01
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Hein — BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - - - -
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Vilma Shaffer — ADDRESS: Fruitland, Ida.

18. CAUSE OF DEATH 450.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized atherosclerosis — Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. "Wanted to die"

19a. DATE OF OPERATION: - - - - - -
19b. MAJOR FINDINGS OF OPERATION: - -
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - -
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: - - - -

22. *I hereby certify that I attended the deceased from* Apr, 1959, *to* July 2, 1965, *that I last saw the deceased alive on* July 2, 1965 *and that death occurred at* 6:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Thomas W. Watts Jr 553 (Degree or title)
23b. ADDRESS: M.D. Payette, Idaho
23c. DATE SIGNED: 7/2/1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 5, 1965
24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery
24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: 7-5-65
REGISTRAR'S SIGNATURE: Roberta E Shaffer
25. EMBALMER: Gifford R. Shaffer
LICENSE NO.: E 344

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Shaffer Memory Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 2 1975

JUN 25 1981

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 3201
Local Reg. No. 22
Reg. Dist. No. 330

BIRTH NO.

RECEIVED
JUL 13 1965
Bureau of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Payette (38)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 19 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 316 North 11th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (38)
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 316 North 11th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Richard	Eugene	Larrabee	July	3,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	married	May 13, 1906	59 yrs.	- -	- - / - -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrician (45)	Construction (05)	Caldwell, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Daniel B. Larrabee	Pennsylvania	Nettie Mae Ramsdell	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	W W. 2	- - - - - - -	Dorothy Mae Larrabee	Payette, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) gun shot wound of abdomen — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) - - - - - - -

DUTIES:

JUL 13 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 15 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 20 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3202
Local Reg. No. 34
Reg. Dist. No. 330

Certificate of Death

RECEIVED
JUL 19 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 381 2-02
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 2 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Sanitarium 243

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 381
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Alva
c. (Last): Orr

4. DATE OF DEATH (Month) (Day) (Year): July 6, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb. 22, 1887
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months — Days — IF UNDER 1 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: Common Labor 03
11. BIRTHPLACE (State or foreign country): Utah
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John Orr — BIRTHPLACE: Scottland
14. MOTHER'S MAIDEN NAME: Harriet Tanner — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - - - - -
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Gladys Hill — ADDRESS: St. Anthony Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardiovascular Dis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic periph. Vascular Dis. — 2 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - - - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: - - - - - -

22. *I hereby certify that I attended the deceased from* Mar. 22, 1961, *to* July 6, 1965, *that I last saw the deceased alive on* June 30, 1965, *and that death occurred at* 10:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. Carroll, M.D. 082
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 7/9/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 10, 1965
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: July 10-65
REGISTRAR'S SIGNATURE: Roberta E. Shaffer
25. EMBALMER: Gifford R. Schaffer — LICENSE NO.: E-344
FIRM NAME: Shafer Memory Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3203
Local Reg. No. 22
Reg. Dist. No. 330

RECEIVED
JUL 19 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 381
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Sanatarium 243

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 380
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (New Plymouth)
d. STREET ADDRESS (If rural, give location): Rt. # 1 - New Plymouth, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Yotaro
b. (Middle): - - - - -
c. (Last): Imamura

4. DATE OF DEATH (Month) (Day) (Year): July 12, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 1
8. DATE OF BIRTH: Feb. 6, 1878
9. AGE (In years last birthday): 87 — If under 1 year: Months - - Days - - — If under 24 hrs.: Hours - - Min. - -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer 04
10b. KIND OF BUSINESS OR INDUSTRY: farm labor 02
11. BIRTHPLACE (State or foreign country): Hiroshimaken, Japan
12. CITIZEN OF WHAT COUNTRY?: Japan

13. FATHER'S NAME: no record — BIRTHPLACE: - - - - - - - -
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: - - - - - - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): - - - - - - -
16. SOCIAL SECURITY NO.: - - - - - - -
17. INFORMANT'S OWN SIGNATURE: George Shigeta — ADDRESS: New Plymouth, Idaho

18. CAUSE OF DEATH 334X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic cerebrovascular Disease — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - - - - - - - - - - - - - - - -
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - - - - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: - - - - - - - - - - - - - - - - - -

22. *I hereby certify that I attended the deceased from* January, 1965, *to* July 12, 1965, *that I last saw the deceased alive on* June 30, 1965, *and that death occurred at* 10:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE 082 (Degree or title): E. G. Carroll, M.D.
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 7-12-1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-16-1965
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24d. LOCATION (City, town, or county) (State): Ontario, Oregon

DATE REC'D BY LOCAL REG.: 7-16-65
REGISTRAR'S SIGNATURE: Roberta E. Shaffer
25. EMBALMER: Gifford R. Shaffer
LICENSE NO.: E-344
FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 7 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3204
Local Reg. No. 36
Reg. Dist. No. 330

RECEIVED
AUG 9 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette 381 2-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Sanatarium 243

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 381
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 749 N. 11th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): Myrtle
c. (Last): Nichols

4. DATE OF DEATH (Month) (Day) (Year): July 14, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 7, 1884
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months - Days - IF UNDER 24 HRS.: Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home 01
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John Mills — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Mary Isley — BIRTHPLACE: Alabama

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - - - -
16. SOCIAL SECURITY NO.: 518-30-0846
17. INFORMANT'S OWN SIGNATURE: Edna Nichols — ADDRESS: Payette Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cerebrovascular Dis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Artiosclerotic Cardiovascular Disease — 5 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - - - - - - - - - - - - - - - -
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: - - - - - - - - - - - - - - - - -

22. *I hereby certify that I attended the deceased from* January, 1958, *to* July 14, 1965, *that I last saw the deceased alive on* June 30, 1965 *and that death occurred at* 11:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. Harroll, M.D. 082
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 7-14-1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 17, 1965
24c. NAME OF CEMETERY OR CREMATORY: Riverside cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 7-17-65
REGISTRAR'S SIGNATURE: Roberta E. Shaffer
25. EMBALMER: Gifford R. Shaffer
LICENSE NO.: E-344

FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 10 1965

MAR 7 1983

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3205
Local Reg. No. 37
Reg. Dist. No. 330

RECEIVED
AUG 9 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette 381 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 13 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Sanitarium 243

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 381
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 35 N. 9th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Edna
b. (Middle): Jayne
c. (Last): Eddy

4. DATE OF DEATH (Month) (Day) (Year): July 23, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 31, 1883
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months - Days - IF UNDER 24 HRS.: Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home 01
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: C. M. Wickham — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Anna E. Steers — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - - - - - -
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Allie M. Catron — ADDRESS: Payette, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Broncho-pneumonia — 6 days
DUE TO (c): Inter-trochanteric fracture right hip — 2 months

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - - - - - - - - - - - - - - - -
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - - - - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: - - - - - - - - - - - - - - - - - -

22. *I hereby certify that I attended the deceased from* March, 1963, *to* July 23, 1965, *that I last saw the deceased alive on* 7-23-65, 19___, *and that death occurred at* 4:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 574
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 7-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-26-65
24c. NAME OF CEMETERY OR CREMATORY: Riverside cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 7-26-65
REGISTRAR'S SIGNATURE: Roberta E. Shaffer
25. EMBALMER: Gifford R. Shaffer — LICENSE NO. E-344
FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 10 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3206
Local Reg. No. 37
Reg. Dist. No. 330

RECEIVED AUG 9 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette 388
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. 2- New Plymouth
LENGTH OF STAY (in this place): 16 years
d. FULL NAME OF HOSPITAL OR INSTITUTION: Rt. 2- New Plymouth, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 388
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. 2 New Plymouth
d. STREET ADDRESS (If rural, give location): Rt. 2-- New Plymouth, Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Kathy	Jean	Manser	July	25,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	never married	Aug. 7, 1948	16 yrs	- -	- -	- -	- -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 27	High School 02	Payette, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
L.C. Manser	Wisconsin	Phyllis Williams	Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - - - - - - - -	L. C. Manser	New Plymouth, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Metastatic spread Carcinoma to pelvis, abdomen and liver	4 months
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	(Benign tumor) Osteosarcoma of left femur	2 yrs.
DUE TO (c)	Primary neuroblastoma of left kidney	3 yrs.
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Secondary hypercalcinemia, pelvis and pulmonary manifestations	one month

180X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- - - -	- - - - - - - - - - - - - - - -	- -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
- - - - - - - - - - m.		- -

22. *I hereby certify that I attended the deceased from* July 20, 1965, *to* July 25, 1965, *that I last saw the deceased alive on* July 25, 1965, *and that death occurred at* 11:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Les E. Davis M.D. 131	New Plymouth, Idaho	7-25-1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-28-1965	Park View Cemetery	New Plymouth, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-28-65	Juliette E. Shaffer	Gifford L. Shaffer	E-344

FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 13 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3207
Local Reg. No. 34
Reg. Dist. No. 330

BIRTH NO.

RECEIVED AUG 9 1965 BUREAU OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Payette 38
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in residence): Bureau of Vital Statistics 71 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 318 North 10th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 38
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 318 North 10th Street

3. NAME OF DECEASED (Type or Print): a. (First) Mary; b. (Middle) Blanche; c. (Last) Bateman

4. DATE OF DEATH: (Month) July (Day) 27, (Year) 1965

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: Oct. 27, 1893

9. AGE (In years last birthday): 71 years; IF UNDER 1 YEAR Months - Days - ; IF UNDER 24 HRS. Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 07

10b. KIND OF BUSINESS OR INDUSTRY: own home 07

11. BIRTHPLACE (State or foreign country): Millville, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Francis Robert Cantwell — BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Mary Alice Wood — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): - - - - - - -

16. SOCIAL SECURITY NO.: - - - - - - - -

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary thrombosis — 15 min
DUE TO (c) Arteriosclerotic cardiovascular disease — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - - - - -

19b. MAJOR FINDINGS OF OPERATION: - - - - - - -

AUG 30 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 28 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3208
Local Reg. No. 1
Reg. Dist. No. 500-602

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Power 390
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE California 05
b. COUNTY Orange 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fullerton
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RUTH	MARIE	SORENSON	July 22, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Oct. 18, 1909	55	9	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School Teacher 12	Schools 01	Waterloo, Montana	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ashley Fouts	Nebraska	Mattie England	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Ronald A Fouts	Whitehall, Mont.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Internal injuries (Hemorrhage)	1 day
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Atherosclerosis of aorta	10 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Fractured L 3 & L4 (no paralysis) 18 hour	

8164

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 390 (COUNTY)	(STATE)
Accident	Highway 30	Massacre Rocks Power	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Jul. 20, 1965 4:00 PM		Automobile struck another one

22. *I hereby certify that I attended the deceased from* July 20, 1965, *to* July 22, 1965, *that I last saw the deceased alive on* Jul. 22, 1965, *and that death occurred at* 12:55 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. L. Harris, 203 Ph D.	American Falls, Idaho	7-22-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem. & Burial	7-22-65	Whitehall Cemetery	Whitehall, Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 26, 1965	Frances Curtis	H. L. Davis	E-253

FIRM NAME: Davis Furniture & Mort., Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

AUG 30 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 21 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 30 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAR 29 1966

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3209
Local Reg. No. 2
Reg. Dist. No. 500-602

RECEIVED JUL 29 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power (390)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-American Falls
c. LENGTH OF STAY (in this place): Res.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake off Rainbow Beach

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (03)
b. COUNTY: Bannock (002)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 957 N. Buchanan

3. NAME OF DECEASED (Type or Print)
a. (First): DENNIS
b. (Middle): (002)
c. (Last): CABLE

4. DATE OF DEATH (Month) (Day) (Year): July 23, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: April 22, 1952

9. AGE (In years last birthday): 13
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student (93)

10b. KIND OF BUSINESS OR INDUSTRY: Public School (91)

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wesley A. Cable
BIRTHPLACE: Minn.

14. MOTHER'S MAIDEN NAME: Ethel Thomas
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Wesley Cable
ADDRESS: Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) (9229.8)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accidental drowning
INTERVAL BETWEEN ONSET AND DEATH: few min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident (18)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Rainbow Beach (18)
21c. (CITY, TOWN, OR TOWNSHIP) (390) (COUNTY) (STATE): 12 mi. N.E. Am. Falls Power Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 23, 1965 4:00 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Drowned while swimming

22. *I hereby certify that I attended the deceased from 7-23, 19 65, and that death occurred at 4:00 p.m., from the causes and on the date stated above.*

23a. SIGNATURE: Burl Kelly (583)
(Degree or title): Coroner (4)
23b. ADDRESS: American Falls, Idaho
23c. DATE SIGNED: 7-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal (3)
24b. DATE: July 23, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: July 28, 1965
REGISTRAR'S SIGNATURE: Frances Curtis
25. EMBALMER: John P. Downard
LICENSE NO.: 292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 30 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3210
Local Reg. No. 3
Reg. Dist. No. 500-602

BIRTH NO. RECEIVED AUG 2 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Power 390 307
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) FRANCISCA b. (Middle) / c. (Last) GARZA

4. DATE OF DEATH (Month) (Day) (Year): July 23, 1965

5. SEX: Female

6. COLOR OR RACE: Mex

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Feb. 10, 1899

9. AGE (In years last birthday): 66 | IF UNDER 1 YEAR Months: 5 Days: 13 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home 01

11. BIRTHPLACE (State or foreign country): Mexico

12. CITIZEN OF WHAT COUNTRY?: Unknown

13. FATHER'S NAME: Jeasus Venegas BIRTHPLACE: Mexico

14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE ADDRESS: x Carmen B Garza Aberdeen, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epidural hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) essential hypertension — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Mild Diabetes Mellitus — 1 year

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jul 21, 1965, *to* Jul 23, 1965, *that I last saw the deceased alive on* 2:00 PM 7/23/65, *and that death occurred at* 2:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. L. Harris 203 M.D.
23b. ADDRESS: American Falls, Idaho
23c. DATE SIGNED: 26 Jul. 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: July 25, 1965
24c. NAME OF CEMETERY OR CREMATORY: Hidalgo Cemetery
24d. LOCATION (City, town, or county) (State): McAllen Texas

DATE REC'D BY LOCAL REG.: July 29, 1965
REGISTRAR'S SIGNATURE: Frances Curtis
25. EMBALMER: Bud Kelly Bud Kelly E-467
FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3211
Local Reg. No. 47
Reg. Dist. No. 142

Certificate of Death

RECEIVED
JUL 13 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 400 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone Nursing Home 320

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 401
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): Kellogg, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): LOVELLA
b. (Middle): A.
c. (Last): FORD

4. DATE OF DEATH (Month) (Day) (Year): July 1, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Sept. 25, 1899
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant 35
10b. KIND OF BUSINESS OR INDUSTRY: Hardware 00
11. BIRTHPLACE (State or foreign country): Harvey, Washington
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: D.P, Harvey — BIRTHPLACE: Washington
14. MOTHER'S MAIDEN NAME: Emma Higginbotham — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519-36-8266
17. INFORMANT'S OWN SIGNATURE: Charles V Ford — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 29, 1964, *to* July 1, 1965, *that I last saw the deceased alive on* July 1, 1965, *and that death occurred at* 11:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Orland B Scott MD 461
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: July 2 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 1965
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 6-30-65
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Donald Maisel
LICENSE NO.: 452

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 15 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

65-7225

Certificate of Death

RECEIVED
JUL 13 1965
Bureau of Vital Statistics

STATE OF IDAHO

State File No. 3212
Local Reg. No. 54
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH 401 4-07
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 7 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 400
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Kellogg
d. STREET ADDRESS (If rural, give location): Sunshine Star Route

3. NAME OF DECEASED (Type or Print)
a. (First): TODD
b. (Middle): EUGENE 141
c. (Last): VANDERHOOF

4. DATE OF DEATH (Month) (Day) (Year): July 3, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 3, 1965
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 7, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 62
10b. KIND OF BUSINESS OR INDUSTRY: None 60
11. BIRTHPLACE (State or foreign country): Kellogg, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Gerald Vanderhoof — BIRTHPLACE: Montana
14. MOTHER'S MAIDEN NAME: Gerald D Charolette Doyle — BIRTHPLACE: Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Gerald D. Vanderhoof — ADDRESS:

18. CAUSE OF DEATH 773.5
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hyaline Membrane Dis — INTERVAL BETWEEN ONSET AND DEATH: 7 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prematurity
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-3, 1965, *to* 7-3, 1965, *that I last saw the deceased alive on* 7-3, 1965, *and that death occurred at* 12:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. E. Bonebrake MD 052
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 7.7.65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 6 1965
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 7/9/65
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Donald Maisel
LICENSE NO.: 452

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3213
Local Reg. No. 55
Reg. Dist. No. 142

RECEIVED JUL 19 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 40 1-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place): 2½ years
d. FULL NAME OF HOSPITAL OR INSTITUTION: Shoshone County Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 40
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): Kellogg, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) MURDOCK b. (Middle) 138 c. (Last) CAMERON

4. DATE OF DEATH (Month) (Day) (Year): July 4, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Jan. 22, 1878
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Millman 06
10b. KIND OF BUSINESS OR INDUSTRY: Mining 04
11. BIRTHPLACE (State or foreign country): Truro, Nova Scotia
12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Archie Cameron — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-03-2373
17. INFORMANT'S OWN SIGNATURE: Charles Wm Cameron — ADDRESS: Kellogg Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1965, to July 4, 1965, that I last saw the deceased alive on July 4, 1965, and that death occurred at 5:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE: A. M. Peterson, M.D. (Degree or title) — 414
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 7-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 7 1965
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 7-14-65
REGISTRAR'S SIGNATURE:
25. EMBALMER: Donald J. Maisel — LICENSE NO.: 452
FIRM NAME: MAISEL FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3214
Local Reg. No. 53
Reg. Dist. No. 142

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

JUL 13 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone 460 1-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (In this place): 20 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 401
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 330 N. Cedar

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle): 138
c. (Last): CAMP

4. DATE OF DEATH (Month) (Day) (Year): July 6, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 28, 1879
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mill Man 69
10b. KIND OF BUSINESS OR INDUSTRY: Lumber 67
11. BIRTHPLACE (State or foreign country): New Hartford, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Martin Camp — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Mary Rupert — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 533-05-5156
17. INFORMANT'S OWN SIGNATURE: Mrs Erma N. Camp — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): C.V.A. — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Essential Hypertension — 20 years
DUE TO (c): Arteriosclerosis — 15 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP): Kellogg — (COUNTY): Shoshone — (STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1949, *to* 6 July, 1965, *that I last saw the deceased alive on* 26 April, 1965, *and that death occurred at* 3:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glen M. Whiteul MD 539
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 8 July 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 8 1965
24c. NAME OF CEMETERY OR CREMATORY: Shoshone Memorial
24d. LOCATION (City, town, or county) (State): Pinehurst, Idaho

DATE REC'D BY LOCAL REG.: 7/9/65
REGISTRAR'S SIGNATURE: Joe Lawrence
25. EMBALMER: Donald Maisel — LICENSE NO.: 452

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 16 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 4 1965 Bureau of Vital Statistics

State File No. 3215
Local Reg. No. 44
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone 402
b. CITY OR TOWN Wallace (If outside corporate limits, write RURAL and give township) 1000
LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 402 b. COUNTY Shoshone
c. CITY OR TOWN Mullan
d. STREET ADDRESS (If rural, give location)

d. FULL NAME OF HOSPITAL OR INSTITUTION Providence Hospital 139

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Avonne	Francine	Deeney	July 11, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 2	Dec. 23, 1922	42				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 61	Home 61	Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
G. F. McReynolds		Lillie Allison	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-26-1747	X Lenore L. Haight	Spokane E1093-21st Ave

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Occlusion	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7-11-65 *to* 7-11-65, *that I last saw the deceased alive on* 7-11-65, *and that death occurred at about* 7:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G. M. Peterson 44 M.D.	Wallace, Idaho	7-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 16, 1965	Cloverdale Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 20 1965	Dale L. Cornell	Dale L. Cornell	E-406

FIRM NAME: Cornell's Ward Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3216
Local Reg. No. 45
Reg. Dist. No. 140

BIRTH NO. 65-7232 RECEIVED AUG 4 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Shoshone 402
b. CITY OR TOWN Wallace 000
c. LENGTH OF STAY IN (this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Providence Hospital 139

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 402
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Sheila b. (Middle) Ann c. (Last) Burmeister

4. DATE OF DEATH (Month) (Day) (Year) July 11, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH July 11, 1965
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 1 Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 02
10b. KIND OF BUSINESS OR INDUSTRY 00
11. BIRTHPLACE (State or foreign country) Wallace, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Burmeister BIRTHPLACE deceased
14. MOTHER'S MAIDEN NAME Patricia Stover BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE X Patricia Burmeister ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 768.0 Asphyxia Ballida — INTERVAL BETWEEN ONSET AND DEATH 1 hr. 20 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-11, 1965, to 7-11, 1965, that I last saw the deceased alive on 7-11, 1965, and that death occurred at 1:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE G. M. Peterson, M.D. (Degree or title)
23b. ADDRESS Wallace Idaho
23c. DATE SIGNED 7-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE July 13, 1965
24c. NAME OF CEMETERY OR CREMATORY Wallace Cemetery
24d. LOCATION (City, town, or county) Wallace (State) Idaho

DATE REC'D BY LOCAL REG. July 22 1965
REGISTRAR'S SIGNATURE Dale Cornell
25. EMBALMER Dale L. Cornell
LICENSE NO. E-406

FIRM NAME Cornell's Ward Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3217
Local Reg. No. 59
Reg. Dist. No. 142

Certificate of Death

RECEIVED
AUG 4 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Shoshone 401 3-16 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg c. LENGTH OF STAY (in this place): 16 days d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp.	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 400 b. COUNTY: Shoshone c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst d. STREET ADDRESS (If rural, give location): Box 358 Pinehurst, Idaho

3. NAME OF DECEASED (Type or Print)	a. (First): MARIE	b. (Middle): C. 141	c. (Last): JACOBSEN
4. DATE OF DEATH	(Month) July	(Day) 18	(Year) 1965
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3	
8. DATE OF BIRTH: July 9, 1912	9. AGE (In years last birthday): 53	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01	10b. KIND OF BUSINESS OR INDUSTRY: Home 01	11. BIRTHPLACE (State or foreign country): Denison, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Hans Thies	BIRTHPLACE: Germany	14. MOTHER'S MAIDEN NAME: Ida Bowling	BIRTHPLACE: Germany
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: 518-52-6193	17. INFORMANT'S OWN SIGNATURE: Emil Jacobsen ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uremia	2 months
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Lupus Erythematosus c nephritis	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) Kellogg (COUNTY) Shoshone (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept *19*63 *to* 18 July *19*65 *that I last saw the deceased alive on* 18 July *19*65 *and that death occurred at* 9:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Glen M. Whitene MD 539 (Degree or title)	23b. ADDRESS: Kellogg Idaho	23c. DATE SIGNED: 21 July 65
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: July 22 1965	24c. NAME OF CEMETERY OR CREMATORY: Shoshone Gardens
24d. LOCATION (City, town, or county) (State): Pinehurst, Idaho		
DATE REC'D BY LOCAL REG.: 7-21-65	REGISTRAR'S SIGNATURE: Joe Simie	25. EMBALMER: Donald Maisel
LICENSE NO.: 452		

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 6 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3218
Local Reg. No. 48
Reg. Dist. No. 140

BIRTH NO.

RECEIVED
AUG 4 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone 402
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (In this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital 139

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 402
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 928 Residence Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Louis	Modesto	Armani	July 20 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	July 21, 1881	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
06	Foundry Coeur d'Alene 03	Austria	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	518-03-0741 X		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Cardiovascular Renal Disease — 15 yrs

DUE TO (c) Trochanteric & subtrochanteric fractures of right femur — 10 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture of superior ramus of left os pubis — 10 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	01 Home	13 Wallace Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
7-10-65 1:00 P.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Patient fell

22. *I hereby certify that I attended the deceased from* July 1, 19 50, *to* 7-20, 1965, *that I last saw the deceased alive on* 7-20, 1965 *and that death occurred at* 11:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G. M. (44) Peterson, M.D.	Wallace, Idaho	7-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	July 23, 1965	Wallace Cemetery	Wallace Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-29-65	Dale Cornell	Dale L. Cornell	E-406

FIRM NAME: Cornell's Ward Funeral Home

Federal Security Agency
United States Public Health Service

Form UH-63021

AUG 6 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 26 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3219
Local Reg. No. 56
Reg. Dist. No. 142

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

AUG 4 1965
Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Shoshone 401	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 401 b. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 804 McKinley Ave. 000	d. STREET ADDRESS (If rural, give location): 608 McKinley Ave.

3. NAME OF DECEASED (Type or Print)	a. (First) HARRY	b. (Middle) L.	c. (Last) VON ESCHEN	4. DATE OF DEATH (Month) (Day) (Year) July 21, 1965
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3	8. DATE OF BIRTH: Feb. 7, 1908	9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR Months: 5 Days: 14 — IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Corporate Secretary 06	10b. KIND OF BUSINESS OR INDUSTRY: Mining 04		11. BIRTHPLACE (State or foreign country): Billings, Montana	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Frank Von Eschen	BIRTHPLACE: Unknown		14. MOTHER'S MAIDEN NAME: Anna Van Pelt	BIRTHPLACE: Iowa
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no	(If yes, give war or dates of service): none	16. SOCIAL SECURITY NO.: 531-05-6412	17. INFORMANT'S OWN SIGNATURE: Mrs. Bernice Von Eschen	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Infarction — INTERVAL BETWEEN ONSET AND DEATH: NONE

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Severe Obscurous Disease

DUE TO (c) c Previous Rerection Iliac.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1963, *to* 7-21, 1965, *that I last saw the deceased alive on* 7-20, 1965, *and that death occurred at* 7P *m., from the causes and on the date stated above.*

23a. SIGNATURE 494 (Degree or title): Robert Stating	23b. ADDRESS: Kellogg Idaho	23c. DATE SIGNED: 7-24-65
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 7	24b. DATE: July 24, '65	24c. NAME OF CEMETERY OR CREMATORY: Hazen & Jeager
24d. LOCATION (City, town, or county) (State): Spokane, Washington		
DATE REC'D BY LOCAL REG.: 7-28-65	REGISTRAR'S SIGNATURE: [signature]	25. EMBALMER: Donald Maisel — LICENSE NO. 452

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 5 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 10 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3220
Local Reg. No. 46
Reg. Dist. No. 140

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
JUL 27 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Shoshone 402 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence Hospital 139

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 402
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) Placer Creek

3. NAME OF DECEASED (Type or Print)
a. (First) Byron
b. (Middle)
c. (Last) Fausett

4. DATE OF DEATH (Month) July (Day) 21 (Year) 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 18, 1897
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner 07
10b. KIND OF BUSINESS OR INDUSTRY: Mining 01
11. BIRTHPLACE (State or foreign country): Price, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Morriss Fausett — BIRTHPLACE: Ogden Utah
14. MOTHER'S MAIDEN NAME: Mary Clarissa Harriman — BIRTHPLACE: Paraman Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-10-8960
17. INFORMANT'S OWN SIGNATURE: C. L. Fausett — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Stokes adams disease — 24 hrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-17, 1965, *to* 7-21, 1965 *that I last saw the deceased alive on* 7-21, 1965 *and that death occurred at* 10:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Paul Williams 155 (Degree or title)
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: 7-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 24, 1965
24c. NAME OF CEMETERY OR CREMATORY: Shoshone Memorial
24d. LOCATION (City, town, or county): Pinehurst (State) Idaho

DATE REC'D BY LOCAL REG.: July 23, 65
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L. Cornell — ADDRESS: Wallace, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3221
Local Reg. No. 57
Reg. Dist. No. 14

RECEIVED AUG 4 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 401 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
STATISTICS OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 401
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 319 West Mullan Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ROY	O. 141	SLOVER	July 22, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Dec. 24, 1907	57	6	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Auto Mechanic 10	Garage 01	Rich Mountain, Arkansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arthur Slover	Kansas	Margaret Pendergraf	Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-03-2469	Zora M. Slover	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonic Coronary — 2½ Months
DUE TO (c) Athero Sclerosis — unst

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Kellogg Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 11 May, 1965 to 7/23, 1965, that I last saw the deceased alive on 7/23, 1965, and that death occurred at 10:45 m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Glen M. Whitesel 539	M.D.	Kellogg, Idaho	27 July 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 26, 1965	Forest Cemetery	Coeur D' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-28-65	Joe Shrine	Ronald Maisel	467

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Maisel Funeral Chapel

AUG 5 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3222
Local Reg. No. 49
Reg. Dist. No. 140

RECEIVED
AUG 4 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 402
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital 139

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 400
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan
d. STREET ADDRESS (If rural, give location): 810 3rd Street

3. NAME OF DECEASED (Type or Print)
a. (First): Coy
b. (Middle): Juanita
c. (Last): Larson

4. DATE OF DEATH (Month) (Day) (Year): July 23 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 16, 1924
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook 70
10b. KIND OF BUSINESS OR INDUSTRY: N.P. Railroad 13
11. BIRTHPLACE (State or foreign country): Watson, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John F. Bales — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Emma Wooden — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-56-8511
17. INFORMANT'S OWN SIGNATURE: Mrs. Emma Bales — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

976X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gunshot Wound of Chin & Skull — INTERVAL BETWEEN ONSET AND DEATH: Few seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 6 Highway 10 near Lookout 13
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 400 Shoshone, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-23-65 about 9:20 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Shot herself

22. *I hereby certify that I attended the deceased from* 7-23, 1965, *to* 7-23, 1965, *that I last saw the deceased alive on* 7-23, 1965, *and that death occurred at* about 9:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. M. Peterson, M.D. 414
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 7-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 27, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mullan Cemetery
24d. LOCATION (City, town, or county) (State): Mullan Idaho

DATE REC'D BY LOCAL REG.: 7-31-65
REGISTRAR'S SIGNATURE: Dale L. Cornell
25. EMBALMER: Dale L. Cornell — LICENSE NO.: E-406

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Cornell's Ward Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 10 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3223
Local Reg. No. 47
Reg. Dist. No. 140

Certificate of Death

BIRTH NO.

RECEIVED STATE OF IDAHO

AUG 2 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone 402 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital 139

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 400
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan
d. STREET ADDRESS (If rural, give location): P.O. Box 6

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Elizabeth
c. (Last): Viberg

4. DATE OF DEATH (Month) (Day) (Year): July 24 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb. 20, 1888
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Norwalk, Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-14-5976
17. INFORMANT'S OWN SIGNATURE: Mrs. Bessie Almquist — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

460X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: Acute.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Phlebitus lower extremities — months.
DUE TO (c) Varicosities lower extremities. — years.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerotic heart disease. — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 20 July, 1965, *to* 24 July, 1965, *that I last saw the deceased alive on* 24 July, 1965, *and that death occurred at* 4:47 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert T. Cornell 435 M.D.
23b. ADDRESS: Wallace Idaho.
23c. DATE SIGNED: 7/26/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 28, 65
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State): Mullan, Idaho

DATE REC'D BY LOCAL REG.: July 26, 65
REGISTRAR'S SIGNATURE: Dale L. Cornell
25. EMBALMER: Dale L. Cornell — LICENSE NO.: E-406

Federal Security Agency
United States Public Health Service
Form DH-63021 D.J.J.
FIRM NAME: Cornell's Ward Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 4 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 10 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 3 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAR 1 1979

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
AUG 12 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3224
Local Reg. No. 50
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 402
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital 139

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone 402
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 20 Cottage Grove

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Max		Malutta	July 30, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	Feb. 22, 1897	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Timberman 05	Mining 04	Italy	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Guilio Malutta		Cecilia Fioretta	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-03-4959	X May J. Malatta	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Emphysema. — years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 28 July, 1965, *to* 30 July, 1965, *that I last saw the deceased alive on* 30 July, 1965, *and that death occurred at* 2:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert T. Powell 435	M.D.	Wallace Idaho	8/2/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Aug. 3, 1965	Restlawn Memorial	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-9-65	Dale Cornell	Dale L. Cornell	E-406

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Cornell's Ward Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 18 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3225
Local Reg. No. 1
Reg. Dist. No. 620

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Teton 4/2 JUL 22 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Tetonia
c. LENGTH OF STAY (in this place) 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Her residence in Tetonia 007

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 40 b. COUNTY Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Tetonia
d. STREET ADDRESS (If rural, give location) None Given

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LETITIA	JOSEPHINE	HEGSTED RAMMELL	July	12	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	3 Jan. 1886	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	——— 61	Harrisville, Weber Co., Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hans Christian Sorensen Hegsted	Vestergaad Denmark	Ana Christina Iverson Rakkby	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	———	519-40-9303	x Parley A Rammell	Tetonia, Ida

MEDICAL CERTIFICATION

33 1/X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Central Vascular Accid — INTERVAL BETWEEN ONSET AND DEATH: 30 mi

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis — 15-20 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. A S Heart Dis — 15-20 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July, 1961, *to* July, 1965, *that I last saw the deceased alive on* Jul 12, 1965 *and that death occurred at* 7:55P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
219 K Head MD	Driggs Id	7-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	16 July 1965	Cache-Clawson Cemetery	Tetonia, Teton Co., Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-19-65	Ella Driggs	Robert O Bean	E-456

FIRM NAME: Bean Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 23 1965

AUG 16 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3226
Local Reg. No. D-193
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED
JUL 13 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 472 Jefferson Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 42
b. COUNTY: T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 472 Jefferson Street

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): Lee Jeff
c. (Last): Minton

4. DATE OF DEATH (Month) (Day) (Year): July 1,1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 4,1919
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic 10
10b. KIND OF BUSINESS OR INDUSTRY: Automobile 01
11. BIRTHPLACE (State or foreign country): Wilks County- North Carolina
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Minton — BIRTHPLACE: North Carolina
14. MOTHER'S MAIDEN NAME: Toy Day — BIRTHPLACE: North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 242-22-3129
17. INFORMANT'S OWN SIGNATURE: Bertha Minton — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH 002.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH: WKS.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) PULMONARY TUBERCULOSIS 11 YRS.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/25/, 1953, *to* 7/1/, 1965, *that I last saw the deceased alive on* 7/1, 1965, *and that death occurred at* 2:00a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: V. V. Telford 525 (Degree or title): M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 7/2/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/3/65
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 7-7-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. FUNERAL DIRECTOR: Reynolds Funeral Chapel-Twin Falls, Idaho — ADDRESS: James E. Reynolds

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AUG 18 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 21 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

JAN 19 1982

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of James C. Reynolds Lic. No. E-279 at Twin Falls on 7/1/65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

65-5142

BIRTH NO.

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3227
Local Reg. No. D-183
Reg. Dist. No. 460

420 JUL 6 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt.#2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Rt.#2

3. NAME OF DECEASED (Type or Print)
a. (First): KELLY LEE ANN
b. (Middle): 000
c. (Last): CARMAN

4. DATE OF DEATH (Month) (Day) (Year): July 1, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): baby
8. DATE OF BIRTH: May 21, 1965
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 1 Days: 9; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Delbert Carman
BIRTHPLACE: Spokane, Wash.
14. MOTHER'S MAIDEN NAME: Sally Faris
BIRTHPLACE: Tacoma, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): XX
(If yes, give war or dates of service): XX
16. SOCIAL SECURITY NO.: XXX
17. INFORMANT'S OWN SIGNATURE: Delbert E. Carman
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: Not Known

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* did not attend, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 1300 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Claude Wiley, Coroner 583
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 7-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 3, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 7-2-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Ronald J. Hamilton
LICENSE NO.: E-470

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: White Mortuary

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3228
Local Reg. No. D-189
Reg. Dist. No. 460

Certificate of Death

RECEIVED
JUL 6 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 — 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp. 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Rt. #1

3. NAME OF DECEASED (Type or Print)
a. (First): LULA
b. (Middle): B.
c. (Last): WINTER

4. DATE OF DEATH (Month) (Day) (Year): July 1, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 16, 1889
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf. 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Unk — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Unk. — BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): XX — (If yes, give war or dates of service): XX
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Wm H Winter — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/30, 1965, *to* 7/1, 1965, *that I last saw the deceased alive on* June 30, 1965, *and that death occurred at* 7:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. W. Kendall M.D. 277
23b. ADDRESS: 206 Martin St. Twin Falls, Idaho
23c. DATE SIGNED: 7/1/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 6, 1965
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 7-2-65
REGISTRAR'S SIGNATURE: Regina Srijalva
25. EMBALMER: Ronald J Hamilton — LICENSE NO.: E-470

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 13 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3229
Local Reg. No. D-200
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42/ 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16/
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1058 Normal Avenue

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Deo	Adolph 143	Christopherson	July 1, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married 2	March 26, 1892	73	3	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired Farmer 04	Farming 01	Snowville, Utah	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hans Christopherson,	Denmark	Matilda Olsen,	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World I	518-09-0989	Elmina Christopherson	1058 Normal Burley Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Clear Cell Carcinoma of Right Kidney	unknown
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7/1/65	Carcinoma Rt Kidney with extension into Renal Vessels	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6/22, 1965, *to* 7/1/65, 1965, *that I last saw the deceased alive on* 7/1, 1965, *and that death occurred at* 6 00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George Dawe 132	M.D.	Twin Falls, Idaho	7/7/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal 3	July 6, 1965	Pleasant View Cemetery	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-12-65	Regina Rojalva	Armand Burch	E-471

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: MC CULLOCH FUNERAL HOME

JUL 15 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

JUL 13 1965

BIRTH NO. 65-7257

Certificate of Death

STATE OF IDAHO

State File No. 3230

Local Reg. No. D-198

Reg. Dist. No. 460

PLACE OF DEATH (Use Usual Residence for Institutions)

a. COUNTY: Twin Falls 421 3-01

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls

c. LENGTH OF STAY (in this place): 1 Day

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 420

b. COUNTY: Twin Falls

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl

d. STREET ADDRESS (If rural, give location): R.F.D. # 3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JESSE	143	ZIMMERS	July 2, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Infant 18	July 2, 1965				14	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant 07	60	Twin Falls, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jesse A. Zimmers	Oregon	Marie Martinez	Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Jesse Zimmers	P.O. Box 375, Buhl, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 776X Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 14

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7/2/65, 19__ *to* 7/3/65, 19__, *that I last saw the deceased alive on* 7/3/65, 19__, *and that death occurred at* 11:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ben F Kat 274	M.D	Twin Falls Idaho	7/6/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/6/65	Buhl	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-9-65	Regina Stojalva	Robert K. Dickard	E-312

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3231
Local Reg. No. D-197
Reg. Dist. No. 760

BIRTH NO.

RECEIVED JUL 13 1965 BUREAU OF VITAL STATISTICS

Information, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY in this place of death: Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital 43

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 42
b. COUNTY: T. Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 258 Nth Washington

3. NAME OF DECEASED (Type or Print): a. (First) Connie b. (Middle) Clara c. (Last) Garrison

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: March 17, 1963

9. AGE (In years last birthday): 2 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02

10b. KIND OF BUSINESS OR INDUSTRY: 62

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Basil Garrison — BIRTHPLACE: Viola, Arkansas

14. MOTHER'S MAIDEN NAME: Virginia Hoeft — BIRTHPLACE: Pendleton, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Twin Falls, ADDRESS Idaho

18. CAUSE OF DEATH 812.4

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture Skull & Laceration Brad — INTERVAL BETWEEN ONSET AND DEATH: 26 hr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Fracture left femur & Abdo — 26 hr

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT XX SUICIDE HOMICIDE (Specify): 06

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): N. Washington St.

21c. (CITY, TOWN, OR TOWNSHIP) 42 13 Twin Falls (COUNTY) Twin Falls (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-2-1965 7:45 p.m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR?: struck & run over by automobile

22. *I hereby certify that I attended the deceased from* Birth, 19___, *to* 7/3/, 19 65, *that I last saw the deceased alive on* 7/3/65, 19___, *and that death occurred at* 9:10p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ben Hoeft 1274 (Degree or title) MD M.D.

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 7/6/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/7/65

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 7-7-65

REGISTRAR'S SIGNATURE: Regina Shijalva

25. FUNERAL DIRECTOR: Reynolds Funeral Chapel-Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of James C. Reynolds Lic. No. E-279 at Twin Falls on 7/3/65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUL 13 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3232
Local Reg. No. D-196
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 420 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Twin Falls
c. LENGTH OF STAY (in this place) Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kimberly Road (U.S.30) 2 3/4 Mi. W. Twin Falls 700

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome (Rural)
d. STREET ADDRESS 6 Miles SE of Jerome, Idaho On Idaho # 79

3. NAME OF DECEASED (Type or Print) a. (First) a/k/a b. (Middle) JESSE (Jessie) EARL c. (Last) DAVIS

4. DATE OF DEATH (Month) (Day) (Year) July 3, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH April 18, 1891

9. AGE (In years last birthday) 74
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cement Finisher 06

10b. KIND OF BUSINESS OR INDUSTRY Construction 20

11. BIRTHPLACE (State or foreign country) Clifton, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry H. Davis
BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Lavina Eyre
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 445-14-2038

17. INFORMANT'S OWN SIGNATURE Mary Edna Davis
ADDRESS Kimberly, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 816.1 Crushed Skull — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident to 445-#30

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 13

21c. (CITY, TOWN, OR TOWNSHIP) 421 (COUNTY) Twin Falls (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-3-65 5:30 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Car-Tractor Collision

22. *I hereby certify that I attended the deceased from* did not attend, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 583 Claude Wiley Coroner 4

23b. ADDRESS Twin Falls, Idaho

23c. DATE SIGNED July 6, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 7, 1965

24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park

24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 7-7-65

REGISTRAR'S SIGNATURE Regina Loizaba

25a. EMBALMER William J. Boyd

LICENSE NO. E-490

FIRM NAME: Twin Falls Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

JUL 15 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 20 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 9 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 3233
Local Reg. No. D-195
Reg. Dist. No. 760

BIRTH NO.

RECEIVED JUL 13 1965 Bureau of Vital Statistics

STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls 420 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hansen
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.R.#2 Hansen 602

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hansen
d. STREET ADDRESS (If rural, give location): R.R.#2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Dean	LeRoy	Anderson	July 4, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Divorced 4	September 11, 1918	46		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Labor 04	Farming 02	St. Paul, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Anderson	Cushing, Nebraska	Edna LaMaster	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W.#2	505-22-9195	Paul D. Reynolds	Twin Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation by drowning — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 420 (COUNTY) (STATE)
Accident 07	Farm 13	Rural Hansen Twin Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
July 4, 1965 10:00 p.m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Tractor tipped over and pinned man in ditch

22. *I hereby certify that I attended the deceased from* Did not attend *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul Wilson 583	Coroner 4	Twin Falls, Idaho	7-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal Burial 13	7/9/65	Elmwood Cemetery	St. Paul, Nebraska

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-7-65	Regina Grijalva	Paul D. Reynolds	Reynolds Funeral Chapel Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

JAN 25 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Paul D. Reynolds Lic. No. E-495 at Twin Falls on 7/5/65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 19 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3234
Local Reg. No. D-212
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 42 2-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 80 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 420
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl

d. FULL NAME OF HOSPITAL OR INSTITUTION Magic Vallen Memorial Hosp.
d. STREET ADDRESS (If rural, give location) 400 Seventh Avenue North

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) R. 43 c. (Last) OLIVAS

4. DATE OF DEATH (Month) (Day) (Year) July 4, 1965

5. SEX Male

6. COLOR OR RACE Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH June 24, 1925

9. AGE (In years last birthday) 40
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 04

10b. KIND OF BUSINESS OR INDUSTRY Farming 02

11. BIRTHPLACE (State or foreign country) Yuma, Arizona

12. CITIZEN OF WHAT COUNTRY? U.S.A.Z

13. FATHER'S NAME Manuel Olivas
BIRTHPLACE Texas

14. MOTHER'S MAIDEN NAME Unknown
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 560-38-8273

17. INFORMANT'S OWN SIGNATURE X Mrs. Sadie Olivas ADDRESS Delta, Colo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hodgkins disease — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ---

DUE TO (c) Crushing injury to chest and mediastinum. — 3 1/2 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ---

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 02 farm 13

21c. (CITY, TOWN, OR TOWNSHIP) 42 Twin Falls (COUNTY) Twin Falls (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-16-65 1:30 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Tractor overturned

22. *I hereby certify that I attended the deceased from* 3-16-65, 19___, *to* 7-4-65, 19___, *that I last saw the deceased alive on* 7-4-65, 19___, *and that death occurred at* 4:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Willard A. Clark M.D. 092 (Degree or title)

23b. ADDRESS Twin Falls, Idaho

23c. DATE SIGNED 7-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 8, 1965

24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery

24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 7-16-65

REGISTRAR'S SIGNATURE Regina Silva

25. EMBALMER William J. Boyd — LICENSE NO. E-490

FIRM NAME: Twin Falls Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

AUG 3 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 18 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3235
Local Reg. No. D-210
Reg. Dist. No. 760

BIRTH NO. 42

RECEIVED JUL 19 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY in this place: 42
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 179 Bracken So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 179 Bracken So.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	GARNETT	ESTHER	PRUDEN	July 5, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	married 2	Marchl, 1913	52				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hswf. 01	0 home	Mankato, Kansas	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Bruce Baylie	Weeping Water, Nebr.	Susan Montgomery	Newtown, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	518 12 8423	X Richard C. Pruden	Twin Falls, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Embolic from	4 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) the heart due to chronic	
	DUE TO (c) Rheumatic Valvulitis	10 years
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-8, 1962, *to* 7-5, 1965, *that I last saw the deceased alive on* 7-5, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. W. Mahl. 598	204 4th Ave. E., Twin Falls	7-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 8, 1965	Sunset Mem. Park Cem.	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-15-65	Regina Lajoie		343

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 9 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3236
Local Reg. No. D-199
Reg. Dist. No. 460

Certificate of Death

RECEIVED
JUL 13 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Castleford
c. LENGTH OF STAY (in this place): --
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lilly Grade. South Side

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Castleford
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): GERRY
b. (Middle): ALVIN
c. (Last): EASTERDAY

4. DATE OF DEATH (Month) (Day) (Year): July 6, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Nov. 18, 1947
9. AGE (In years last birthday): 17 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: High School
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Wayne Easterday — BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Ellen Irene Tipton — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-56-1781
17. INFORMANT'S OWN SIGNATURE: Wayne A Easterday — ADDRESS: Castleford, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Brain Lacerations — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Multiple skull fractures
DUE TO (c): Truck Accident

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public Road
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Castleford, Twin Falls, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 6, 1965 9:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Lost control of loaded truck & crashed into canyon.

22. *I hereby certify that I attended the deceased from* Investigation only *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 9:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Claude Wiley — (Degree or title): County Coroner
23b. ADDRESS: 490 Filer Ave. Twin Falls, Idaho
23c. DATE SIGNED: 7/9/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/10/65
24c. NAME OF CEMETERY OR CREMATORY: Buhl
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 7-12-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Robert F. Dickard — LICENSE NO.: E-312

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended July 26, 1965

Certificate of Death

STATE OF IDAHO

State File No. 3237
Local Reg. No. D-209
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp. 148

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): Rt #1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Leonard	Asbury	Winkle	July	6,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	August 14,1895	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Lamar, Missouri
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James R. Winkle — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Elaine Eisenhower — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW #1 3
16. SOCIAL SECURITY NO.: 518-26-3906
17. INFORMANT'S OWN SIGNATURE: Mrs. Myrtle Winkle — ADDRESS: Filer, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 6, 1965, *to* July 6, 1965, *that I last saw the deceased alive on* July 6, 1965, *and that death occurred at* 9 am *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
085 Max W. Carver, M.D.	Twin Falls, Idaho	July 8,1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 9, 1965	Filer IOOF Cemetery	Filer, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-15-65	Regina Grijalva	Hugh Phillips	343

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17, to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

JUL 23 1965

Bureau of Vital Statistics

State of Idaho
County of Twin Falls } ss.

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)

for Leonard A. Winkle (Name on Original Certificate) who died (Was Born or Died) on July 6, 1965 (Date of Event)

in Magic Valley Mem. Hospital (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Ins. Policy (Bible Record, Insurance Policy, Etc.) prepared on 1925 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birth Date	August 14, 1894	August 14, 1895
Age	70	69

Subscribed and sworn to before me this 20th day of July, 1965

Lara McVey

Notary Public, residing at Twin Falls, Idaho

My commission expires Sept. 15, 1968

(Seal)

Signed .....

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Whit- Mortuary Twin Falls Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of July, 19 65

Norma L Sparks

Notary Public, residing at Kimberly, Idaho

My commission expires September 30 1968

(Seal)

Signed Mrs Myrtle Winkle

(Signature of Any Credible Person)

Rt 1 Filer Idaho

(Street Address, City, State)

FORM DH 60-158

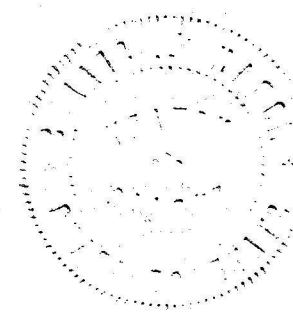

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. D-209
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JUL 19 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY IN THIS PLACE:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): XXXXXXXXXX Filer
d. STREET ADDRESS (If rural, give location): Rt. #1

3. NAME OF DECEASED (Type or Print)
a. (First): LEANORD
b. (Middle): ASBURY
c. (Last): WINKLE

4. DATE OF DEATH (Month) (Day) (Year): July 6, 1965

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 14, 1894

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Lamar, Missouri

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: James R. Winkle
BIRTHPLACE: Tenn.

14. MOTHER'S MAIDEN NAME: Elaine Eisenhower
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): WW #1

16. SOCIAL SECURITY NO.: 518 26 3906

17. INFORMANT'S OWN SIGNATURE: Mrs Myrtle Winkle
ADDRESS: Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular Hemorrhage
INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 6, 1965, *to* July 6, 1965, *that I last saw the deceased alive on* July 6, 1965, *and that death occurred at* 9:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Max W Carver MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: July 8, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 9, 1965
24c. NAME OF CEMETERY OR CREMATORY: Filer IOOF Cemetery
24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 7-15-65
REGISTRAR'S SIGNATURE: Regina Snijalva
25. EMBALMER:
LICENSE NO.: 343

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 21 1965

JUL 27 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 3238
Local Reg. No. D-201
Reg. Dist. No. 460

BIRTH NO.

JUL 16 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 112 8th Avenue South

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): L. 143
c. (Last): MC BROOM

4. DATE OF DEATH (Month) (Day) (Year): July 8, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 8, 1886
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman 51
10b. KIND OF BUSINESS OR INDUSTRY: Sheep Raising 02
11. BIRTHPLACE (State or foreign country): Double Springs, Tenn.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Stephen McBroom — BIRTHPLACE: Tennessee
14. MOTHER'S MAIDEN NAME: Louise Dyer — BIRTHPLACE: Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-09-9234
17. INFORMANT'S OWN SIGNATURE: Bertie L. McBroom — ADDRESS: 112 8th S. Buhl, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral accident — INTERVAL BETWEEN ONSET AND DEATH: hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cardiac standstill — Minutes
DUE TO (c): arteriosclerotic ht dis. — Years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Hypertension, obesity

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 16, 1962, *to* July 8, 1965, *that I last saw the deceased alive on* July 8, 1965, *and that death occurred at* 4:06 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Buhl Idaho
23c. DATE SIGNED: 7-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/12/65
24c. NAME OF CEMETERY OR CREMATORY: Buhl
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 7-14-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Robert F. Dickard
LICENSE NO.: E-312

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

DUTIES:

JUL 19 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 24 1979

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3239
Local Reg. No. D-207
Reg. Dist. No. 460

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

JUL 19 1965

Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Twin Falls 421	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE California 05 b. COUNTY 555
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls 800	c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hosp. 143	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Willitts
	d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print)	a. (First) Raymond	b. (Middle) Eugene	c. (Last) Lewis Jr.	4. DATE OF DEATH (Month) (Day) (Year) July 8, 1965
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 20, 1963	9. AGE (In years at last birthday) 2 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 02	10b. KIND OF BUSINESS OR INDUSTRY 00	11. BIRTHPLACE (State or foreign country) Tonapah, Nevada	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME Raymond E. Lewis	BIRTHPLACE Mt. Home, Ark.	14. MOTHER'S MAIDEN NAME Karen Jones	BIRTHPLACE TwinFalls, Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S OWN SIGNATURE X Raymond E. Lewis	ADDRESS Willitts, Calif.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Meningitis due to H. Influenza	2 day
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Bilateral Adrenal Hemorrhage	? 12 hr
DUE TO (c)	Anemia	?
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/8, 1965, *to* 7/8, 1965, *that I last saw the deceased alive on* 7/8, 1965, *and that death occurred at* 6:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Ben G Kof 274 (Degree or title) MD	23b. ADDRESS Twin Falls, Idaho	23c. DATE SIGNED 7.9.65	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7.10.65	24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park	24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho
DATE REC'D BY LOCAL REG. 7-15-65	REGISTRAR'S SIGNATURE Regina Grijalva	25. EMBALMER [signature]	LICENSE NO. 343

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3240
Local Reg. No. D-208
Reg. Dist. No. 460

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

JUL 19 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY in Idaho: 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp. 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 261 Borah Ave. West

3. NAME OF DECEASED (Type or Print)
a. (First): MABEL
b. (Middle): R.
c. (Last): GRIEVE

4. DATE OF DEATH (Month) (Day) (Year): July 8, 1965

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: July 25, 1882
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HSWF 01
10b. KIND OF BUSINESS OR INDUSTRY: home 01
11. BIRTHPLACE (State or foreign country): Allen, Nebraska
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Samuel Roberts — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Mary Jane Williams — BIRTHPLACE: Allen, Nebr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Charles E. Grieve — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 11 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 15, 1961, *to* July 8, 1965, *that I last saw the deceased alive on* July 8, 1965, *and that death occurred at* 2:55 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H. Affleck 603
23b. ADDRESS: 231 4th Ave. North, Twin Falls, Idaho
23c. DATE SIGNED: 8 July 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 10, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 7-15-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: [signature]
LICENSE NO.: 343

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: White Mortuary Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 21 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3241
Local Reg. No. D-203
Reg. Dist. No. 760

RECEIVED JUL 19 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 42 500
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Twin Falls Clinic Hospital 44

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 42
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 171 Blue Lakes Blvd. South

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Benjamin	Franklin	Hoover	July 9, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Feb. 11, 1872	93				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Apt. House Owner 74	Apt. Owner 05	Bicknell, Indiana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Washington Hoover	Unknown	Martha McLin	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-38-1517	Harold Hoover	Twin Falls, I

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Advanced Arteriosclerotic Heart Disease - Congestive Heart Failure — 1 week

DUE TO (c) Diabetes Mellitus — Several months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-19, 1965, *to* 7-9, 1965, *that I last saw the deceased alive on* 7-9, 1965, *and that death occurred at* 1:50p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D. G. McCluskey 338	M.D.	Twin Falls, Idaho	7-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/12/65	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-15-65	Regina Dejalva	James C. Reynolds	Reynolds Funeral Chapel Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Paul D. Reynolds Lic. No. E-495 at Twin Falls on 7/9/65

ADDITIONAL REMARKS by Physician

State File No. 3242
Local Reg. No. D-206
Reg. Dist. No. 460

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

JUL 19 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls 42 | 650
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 420
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) Route #3

3. NAME OF DECEASED (Type or Print)
a. (First) Eva
b. (Middle) M. 143
c. (Last) Tenckinck

4. DATE OF DEATH (Month) (Day) (Year) July 10, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Oct. 10, 1892
9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Lowell, Michigan
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Frank Gott
BIRTHPLACE Michigan
14. MOTHER'S MAIDEN NAME Carlie Whitters
BIRTHPLACE Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE L. J. Tenckinck
ADDRESS Twin Falls Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Mesenteric 451X
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Occlusion, due to dissecting aneurysm
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (1) Arteriosclerosis (2) Hypertension

INTERVAL BETWEEN ONSET AND DEATH: -24 Hrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION no
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1961, *to* July 10, 1965, *that I last saw the deceased alive on* July 10, 1965, *and that death occurred at* 1 am *m., from the causes and on the date stated above.*

23a. SIGNATURE Willard Stevenson M.D. 414 (Degree or title)
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 7.12.65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7.13.65
24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cem.
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 7-15-65
REGISTRAR'S SIGNATURE Regina Grijalva
25. EMBALMER [signature]
LICENSE NO. 343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 17 1968

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 16 1965 Bureau of Vital Statistics

State File No. 3243
Local Reg. No. D-202
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 420 1-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 18 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 908 Locust Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 908 Locust Street

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle): A.
c. (Last): BRADSHAW

4. DATE OF DEATH (Month) (Day) (Year): July 10, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 7, 1891
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: General 03
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Florence Bradshaw — ADDRESS: 908 Locust St. Buhl, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infarction of Myocardium due to Coronary Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: overnight

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart disease — sev. yrs.
DUE TO (c) Chronic Emphysema — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* (Pt found dead at home by wife. I had seen him recently)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-15, 1964, *to* July 10, 1965, *that I last saw the deceased alive on* 7-08, 1965, *and that death occurred at* 5:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H Anderson M.D
23b. ADDRESS: Buhl, Ida
23c. DATE SIGNED: 7-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/13/65
24c. NAME OF CEMETERY OR CREMATORY: Buhl
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 7-14-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Robert F. Dickard
LICENSE NO.: E-312

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 21 1967

JUN 16 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3244
Local Reg. No. D-205
Reg. Dist. No. 460

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 420 JUL 19 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Murtaugh
c. LENGTH OF STAY (If outside corporate limits, write RURAL and give township): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Murtaugh Lake 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): 213 6th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Fred
b. (Middle):
c. (Last): Knapp

4. DATE OF DEATH (Month) (Day) (Year): JULY 7 10 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: October 7, 1893
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Depot Agent 26
10b. KIND OF BUSINESS OR INDUSTRY: Railroad 03
11. BIRTHPLACE (State or foreign country): Lockridge, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Knapp — BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Florence McNeil — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 712 07 6648
17. INFORMANT'S OWN SIGNATURE: X Minnie A. Knapp — ADDRESS: 213 6th St. Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

850X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation by drowning — INTERVAL BETWEEN ONSET AND DEATH: Min -

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 8
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Murtaugh Lake 13
21c. (CITY, TOWN, OR TOWNSHIP) 420 **(COUNTY)** Twin Falls County **(STATE)** Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-10-65 P m. 2
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Boating Accident

22. *I hereby certify that I attended the deceased from* Did not attend *, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Claude Wiley, Coroner 583 4
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 7-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 15, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memoroal Park Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 7-15-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: [signature]
LICENSE NO.: 343

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 21 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Information, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 19 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3245
Local Reg. No. D-204
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH — 420 — 680
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Murtaugh
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Murtaugh Lake — 500

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — 420
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): 121 5th Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Davis	P.	Hatch	JULY	10	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	October 21, 1893	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 62 — City Employee
10b. KIND OF BUSINESS OR INDUSTRY: Filer, Idaho
11. BIRTHPLACE (State or foreign country): Burrgak, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frederick Hatch	Batvia, New York	Ora Etta Scott	Randolph Co. Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I 3	518 30 1935	X Mrs Lola Hatch	Filer, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — 350
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation by drowning. — Min —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 420	(COUNTY)	(STATE)
Accident	Murtaugh Lake	Twin Falls	County	Idaho.

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
July	10	65	P.M. 2		Boating Accident

22. I hereby certify that I attended the deceased from July 10, 19 65, that I last saw the deceased alive on July 10, 19 65, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Clarence Riley	Coroner	Twin Falls, Ida.	7-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 16, 1965	Twin Falls Cem.	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-15-65	Regina Irijalva		343

FIRM NAME: White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DH-63021

JUL 21 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3246
Local Reg. No. D-213
Reg. Dist. No. 760

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 42 JUL 19 1965 4-09
b. CITY OR TOWN Twin Falls (If outside corporate limits, write RURAL and give township) Bureau of Vital Statistics
c. LENGTH OF STAY IN (this place) 9 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION Magic Valley Mem. Hosp. 43

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE California 55 b. COUNTY Los Angeles
c. CITY OR TOWN Los Angeles (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location) 3821 York Blvd.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	VINCENT	LLOYD	HARDER	July 13, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	never married	11-4-1943	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 77	College 02	Shelley, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ephraim L. Harder	Idaho	Anabell Whiting	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - -	555-62-5232	Anabell Bessner	Calif Los Angeles

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left sub dural hematoma acute — 885.4 — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Automobile Accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bilateral trephination of skull

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7-13-65	Left sub dural hematoma	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 420 (COUNTY) (STATE)
Accident 06	US Highway 93 13	Rogerson(rural) Twin Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
7-12-65 8:40p.m. 2	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	car accident driver of vehicle involved in one

22. *I hereby certify that I attended the deceased from* 7-12 *, 1965, to* 7-13 *, 1965, that I last saw the deceased alive on* 7-13 *, 1965, and that death occurred at* 1:20a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
423 MD	1216 Filer Ave. E.	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial 07	7-15-1965	Rose Hill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-16-65	Regina Snijders	Dale P. Patterson	E-451

FIRM NAME: Twin Falls Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 26 1965

FEB 9 1966

NOV 3 1966

FEB 10 1971

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3247
Local Reg. No. D-211
Reg. Dist. No. 460

Certificate of Death

RECEIVED
JUL 19 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 421
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 130 Pierce

3. NAME OF DECEASED (Type or Print)
a. (First) Walter
b. (Middle) S. 143
c. (Last) Parish

4. DATE OF DEATH (Month) July (Day) 14 (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH September 10, 1870
9. AGE (In years last birthday) 94 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Fincastle, Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John T. Parish — BIRTHPLACE Ohio
14. MOTHER'S MAIDEN NAME Sarah Melvin — BIRTHPLACE Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519 52 6947
17. INFORMANT'S OWN SIGNATURE X John T. Parish — ADDRESS 189 Fillmore Twin Falls, Idaho

18. CAUSE OF DEATH 260X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 8 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease
DUE TO (c) Diabetes Mellitus — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Pyelonephritis — 15 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-31-57, 19___, *to* 6-14, 1965, *that I last saw the deceased alive on* 6-13, 1965, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE C. W. Wurster M. D. 578 (Degree or title)
23b. ADDRESS 204 4th Ave. E., Twin Falls
23c. DATE SIGNED 6-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 16, 1965
24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery
24d. LOCATION (City, town, or county) Twin Falls (State) Idaho

DATE REC'D BY LOCAL REG. 7-15-65
REGISTRAR'S SIGNATURE Regina Grijalva
25. EMBALMER Ronald J. Hamilton — LICENSE NO. E-470

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 20 1965

SEP 20 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 27 1978

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

AUG 13 2013

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3248
Local Reg. No. D-214
Reg. Dist. No. 460

RECEIVED
421 JUL 22 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 327 Walnut St. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 327 Walnut St.

3. NAME OF DECEASED (Type or Print)
a. (First): Florence
b. (Middle): B.
c. (Last): Howard

4. DATE OF DEATH (Month) (Day) (Year): July 19, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 6, 1889
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Skidmore, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Philip Shull — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Martha Ellen Mast — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-38-5506
17. INFORMANT'S OWN SIGNATURE: Richard Howard — ADDRESS: Twin Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 201X Malignant lympho Sarcoma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cf Hadgkins type
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Benign hypertension

INTERVAL BETWEEN ONSET AND DEATH: 7 Months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1962, *to* July 19, 1965 *that I last saw the deceased alive on* July 15, 1965, *and that death occurred at* July 19th *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. L. Wuister Mhl. 578
23b. ADDRESS: 204 4th Ave. E. Twin Falls, Ida.
23c. DATE SIGNED: 7-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 21, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 7-20-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: [signature]
LICENSE NO.: 343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 20 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 11 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 26 1992

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

65-6215

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 3249
Local Reg. No. D-218
Reg. Dist. No. 760

BIRTH NO.

JUL 29 1965

1. PLACE OF DEATH
a. COUNTY Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hospital 43

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 42
b. COUNTY T. Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 21 Holly Lane

3. NAME OF DECEASED (Type or Print) a. (First) BRIAN b. (Middle) JAY c. (Last) HENSTOCK

4. DATE OF DEATH (Month) (Day) (Year) July 20, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH June 13, 1965
9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 1 Days 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 02
10b. KIND OF BUSINESS OR INDUSTRY 00
11. BIRTHPLACE (State or foreign country) Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Keith Henstock BIRTHPLACE Twin Falls, Idaho
14. MOTHER'S MAIDEN NAME Merelin Van Buren BIRTHPLACE Twin Falls, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 0
17. INFORMANT'S OWN SIGNATURE Keith E. Henstock ADDRESS Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

759.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chylo thorax + Chylous Ascites — INTERVAL BETWEEN ONSET AND DEATH (Congenital)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
(1) Mongolism (Congenital)
(2) Atrio ventricularis communis 5 days
(3) Pulmonary atelectasis.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/14, 1965, to 7/20/, 1965, *that I last saw the deceased alive on* 7/20, 1965, *and that death occurred at* 6:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE S. M. Omyte 576 (Degree or title) M.D.
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 7/22/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/22/65
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 7-26-65
REGISTRAR'S SIGNATURE Regina Grijalva
ACCEPTED BY FUNERAL DIRECTOR Reynolds Funeral Chapel-Twin Falls, Idaho ADDRESS
James E. Reynolds

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 30 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of James C. Reynolds Lic. No. E-279 at Twin Falls on 7/21/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 3250
Local Reg. No. D-323
Reg. Dist. No. 460

RECEIVED AUG 2 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
DURATION OF STAY (in this place):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 42
b. COUNTY: T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley Nursing Home 3/4
d. STREET ADDRESS (If rural, give location): 1795 4th Avenue East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mary	C.	Hibbard	July 21, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	February 4, 1893	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	01	Plainville, Indiana	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Williams	unknown	Ella Jane Arford	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Forrest J Hibbard	-Twin Falls, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) pneumonia bilateral — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) general disability
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8-13-6[illegible] *to* 7/21/ 1965, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 8:35a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. Ellis Knight 1286 M.D.	Kimberly, Idaho	7-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/26/65	Pocatello City Cemetery	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	Reynolds Funeral Chapel-Twin Falls, Idaho ADDRESS
7-29-65	Regina Strijalva	James E. Reynolds

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of James C.Reynolds Lic. No E-279 at Twin Falls on 7/21/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 3251
Local Reg. No. D-216
Reg. Dist. No. 46

BIRTH NO.

RECEIVED
JUL 29 1965
421

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls Bureau of V...
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 236 ½ 5th Ave. North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 236 ½ 5th Ave. North

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HAROLD	GOTTHARD	SAHLINEY	July 21, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 5, 1893	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter 23	Building 61	Sweden	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	504-03-0551	X Estella Sahliney	Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 1½ yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3-25, 1963, *to* 7-21, 1965, *that I last saw the deceased alive on* 7-13, 1965, *and that death occurred at* 4:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
S78 Winslow M.D.	Twin Falls, Idaho	7-22-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 24, 1965	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-22-65	Vera Ryals	William J. Boyd	E-490

FIRM NAME: Twin Falls Mortuary

Federal Security Agency
United States Public Health Service

Form DH-6302a

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3252
Local Reg. No. D-217
Reg. Dist. No. 460

RECEIVED Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — 42 — JUL 29 1965
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 500
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Mem. Hospital 43

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho — 42 — b. COUNTY: T. Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 178 Van Buren Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Cleo	G.	Honstein	July 21, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married 3	January 26, 1911	54				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife-Waitress 0
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant 01
11. BIRTHPLACE (State or foreign country): Cove, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alma Morrison	unknown	Amie	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-07-9212
17. INFORMANT'S OWN SIGNATURE: John Honstein — ADDRESS: -Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

570.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 6-17-65

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): from adhesive Band

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6/17, 1965, *to* 7/21, 1965, *that I last saw the deceased alive on* 7/21, 1965, *and that death occurred at* 4:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. W. Wilson 578	M.D.	Twin Falls, Idaho	7/22/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/24/65	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-26-65	Regena Snyder	Reynolds Funeral Chapel — James C. Reynolds	Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 30 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUL 2 1981

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of James C. Reynolds Lic. No. E-279 at Twin Falls on 7/21/65

ADDITIONAL REMARKS by Physician

State File No. 3253
Local Reg. No. D-220
Reg. Dist. No. 460

Certificate of Death

RECEIVED
JUL 29 1965

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 420
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 50 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. # 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): R.F.D. # 4

3. NAME OF DECEASED (Type or Print)
a. (First): EARL
b. (Middle): M.
c. (Last): FARLINGER

4. DATE OF DEATH (Month) (Day) (Year): July 22, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 19, 1882
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 84
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 81
11. BIRTHPLACE (State or foreign country): Eureka, Nevada
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Malcom Farlinger — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Ella Perse — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-40-9279
17. INFORMANT'S OWN SIGNATURE: Gertrude Farlinger — ADDRESS: Rt #1 Buhl Biswell

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Generalized Arteriosclerosis — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Arteriosclerotic heart disease — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 23, 1964, *to* July 22, 1965, *that I last saw the deceased alive on* July 19, 1965, *and that death occurred at* 7:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 118 MD
23b. ADDRESS: 122 9th Ave No Buhl
23c. DATE SIGNED: 7-22-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/24/65
24c. NAME OF CEMETERY OR CREMATORY: Buhl
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 7-26-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Robert F. Dickard
LICENSE NO.: E-312

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 21 1978

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3254
Local Reg. No. D-215
Reg. Dist. No. 460

Certificate of Death

RECEIVED
AUG 2 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 320
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Jane 143
c. (Last): Renfro

4. DATE OF DEATH (Month) (Day) (Year): July 22, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Feb. 24, 1892
9. AGE (In years last birthday): 73 — If under 1 year: Months 4, Days 28 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Perth Amboy, N. J.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Brinkerhoff — BIRTHPLACE: N. J.
14. MOTHER'S MAIDEN NAME: Alice V. Hornsby — BIRTHPLACE: N. J.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: William H. Renfro — ADDRESS: Shoshone, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 446X Arteriolar nephrosclerosis — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO~~ (b) Bilateral tumors ovary — unknown
~~DUE TO~~ (c) Jejunal colic jesluter — 2 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-12, 1965, *to* 7-22, 1965, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 052 Harry Brimstead
23b. ADDRESS:
23c. DATE SIGNED: 7-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 7-22-1965
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): Ogden, Utah

DATE REC'D BY LOCAL REG.: 7-22-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Francis M. Bergin
LICENSE NO.: E-463

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Bergin Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 3 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3255
Local Reg. No. D-219
Reg. Dist. No. 460

Certificate of Death

RECEIVED
AUG 4 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 420 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1st St. West 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 05 California 555
b. COUNTY: Sacramento
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rio Linda
d. STREET ADDRESS (If rural, give location): 1129 Curve Bridge Road

3. NAME OF DECEASED (Type or Print)
a. (First): Clementine
b. (Middle):
c. (Last): Landuyt

4. DATE OF DEATH (Month) July (Day) 22 (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Jan. 14, 1882
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Belgium
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown Seay — BIRTHPLACE: Belgium
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Belgium

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: Eldon J. Landuyt — ADDRESS: RioLinda, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH: 2 wks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 8, 1965, *to* July 22, 1965, *that I last saw the deceased alive on* July 22, 1965 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. F. Winston M.D. 578
23b. ADDRESS: 204 4th Ave. E., Twin Falls
23c. DATE SIGNED: 7-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: July 24, 1965
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): To Sacramento, California

DATE REC'D BY LOCAL REG.: 7-26-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: [signature]
LICENSE NO.: 343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary - Twin Falls, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 6 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED

State File No. 3256
Local Reg. No. D-251
Reg. Dist. No. 760

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 JUL 28 1965 800
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls Bur
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421 b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 405 Jefferson

3. NAME OF DECEASED (Type or Print): a. (First) Claybourn b. (Middle) G. 143 c. (Last) VanWinkle

4. DATE OF DEATH (Month) (Day) (Year): July 24, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	July 4, 1908	57				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Maintance 11
10b. KIND OF BUSINESS OR INDUSTRY: 81 Dairy Equipment Co.
11. BIRTHPLACE (State or foreign country): Alamogrda, New Mexico
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joesph VanWinkle BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Susie Huffman BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 525-18-5086
17. INFORMANT'S OWN SIGNATURE: Viveola VanWinkle ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

199.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-24, 19 65, *to* 7-24 19 65 *that I last saw the deceased alive on* 7-24, 19 65, *and that death occurred at* 10:45p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harry T. Brumbach 064	M.D.	Twin Falls, Idaho	7-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/27/65	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
7-26-65	Regina Grijalva	Paul D. Reynolds	Reynolds Funeral Chapel Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

MAR 1 1 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 1 1 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Paul D. Reynolds Lic. No E-495 at Twin Falls on 7/24/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 3257
Local Reg. No. D-332
Reg. Dist. No. 460

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 42
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 365 Blue Lakes Blvd. N.

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): I.
c. (Last): Magel

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 25, 1889
9. AGE (In years last birthday): 75 (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Bellvue, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Andy Williams
BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Bessie Harrington
BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-54-0423
17. INFORMANT'S OWN SIGNATURE: Frank Magel
ADDRESS: 365 Blue Lakes Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

153.8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Adeno carcinoma of colon — 3 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: CA colon resected, liver CA found 4/29/65
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-6-, 19 64, *to* 7-20-, 19 65, *that I last saw the deceased alive on* 7-20-65, 19____, *and that death occurred at* 4:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: George E. Brown (Degree or title): MD FACP
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 7/26/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 28, 1965
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 7-27-65
REGISTRAR'S SIGNATURE: Regina Urijalva
25. EMBALMER: [signature]
LICENSE NO.: 343
FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

JUL 30 1965

JAN 18 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3258
Local Reg. No. D-223
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 400
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 212 4th Ave. N. 500

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Earl	Hyrum	Witt		July	25,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Nov. 17, 1894	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
sheep buyer 386	02	Fort Bridger, Wyoming	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Witt	Illinois	Lydia Strong	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-58-8449	Walter H. Larson	511 4th Ave. N. Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) arteriosclerotic cardiovascular disease — 15 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-26, 1965, *to* 7-26, 1965, *that I last saw the deceased alive on* 7-5, 1965 *and that death occurred at* 2:45 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 460		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 28, 1965	Sunset Memorial Park	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-27-65	Regina Shipley	[signature]	343

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 30 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 2 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3259
Local Reg. No. D-224
Reg. Dist. No. 760

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls 42
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Graceman Trailer Court #10

3. NAME OF DECEASED (Type or Print): a. (First) Edwin b. (Middle) Allen Robert 143 c. (Last) Spangenberg

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Sept. 7, 1939

9. AGE (In years last birthday): 25 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): heavy equipment operator

10b. KIND OF BUSINESS OR INDUSTRY: construction

11. BIRTHPLACE (State or foreign country): Bellevue, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edwin Spangenberg 52 — BIRTHPLACE: Boise, Idaho

14. MOTHER'S MAIDEN NAME: Arvella E. Peterson — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: $19 40 6919

17. INFORMANT'S OWN SIGNATURE: X Edwin A. Spangenberg — ADDRESS: TwinFalls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 7ct Emalic generally 9123.5 — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Crush injury body generally — 4 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): XX

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 13

21c. (CITY, TOWN, OR TOWNSHIP) 42 (COUNTY): Twin Falls (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-23-65 9 a m.

21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Construction vehicle patient was in rolled over & crushed him

22. *I hereby certify that I attended the deceased from* 7-23, 1965, *to* 7-27, 1965, *that I last saw the deceased alive on* 7-27, 1965, *and that death occurred at* 1140 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harry F. Brumbach, MD

23b. ADDRESS: 671 Shoup W. Twin Falls

23c. DATE SIGNED: 7-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 31, 1965

24c. NAME OF CEMETERY OR CREMATORY: Hailey Cem

24d. LOCATION (City, town, or county) (State): Hailey, Idaho

DATE REC'D BY LOCAL REG.: 7-30-65

REGISTRAR'S SIGNATURE: Regina Grijalva

25. EMBALMER: [signature]

LICENSE NO.: 343

FIRM NAME: White Mortuary Twin Falls, Ida

Federal Security Agency
United States Public Health Service

Form DH-63021

AUG 4 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 9 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3260
Local Reg. No. D-225
Reg. Dist. No. 460

Certificate of Death

RECEIVED
AUG 4 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 500
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Rex Arms Apartment #A2

3. NAME OF DECEASED (Type or Print)
a. (First): Arnold
b. (Middle): L. 143
c. (Last): Carson

4. DATE OF DEATH (Month) (Day) (Year): July 30, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 25, 1902
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91
10b. KIND OF BUSINESS OR INDUSTRY: 03
11. BIRTHPLACE (State or foreign country): Ashville, North Carolina
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Gaines Carson — BIRTHPLACE: North Carolina
14. MOTHER'S MAIDEN NAME: Harriet Holcomb — BIRTHPLACE: North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes / (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 246-10-1649
17. INFORMANT'S OWN SIGNATURE: X Reva L Carson — ADDRESS: #A2 Rex Arms Apt. Twin Falls, Ida

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 d.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebrovascular Arteriosclerosis unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 26 July, 1965, *to* 30 July, 1965, *that I last saw the deceased alive on* 30 July, 1965, *and that death occurred at* 2:05 A m., *from the causes and on the date stated above.*

23a. SIGNATURE 489 (Degree or title): James H. Spofford M.D.
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: 7/31/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial /
24b. DATE: July 31, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county): Twin Falls (State): Idaho

DATE REC'D BY LOCAL REG.: 8-2-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: [signature]
LICENSE NO.: 343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 6 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3261
Local Reg. No. 228
Reg. Dist. No. 460

Certificate of Death

RECEIVED
AUG 17 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (If in hospital or institution): 9 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 42
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 258½ Second Avenue East

3. NAME OF DECEASED (Type or Print)
a. (First): Zetta
b. (Middle): - - - - - 143
c. (Last): Montooth

4. DATE OF DEATH (Month) (Day) (Year): July 30, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: February 3, '03
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker 61
10b. KIND OF BUSINESS OR INDUSTRY: Domestic 81
11. BIRTHPLACE (State or foreign country): LaGrande, Oregon
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: T. W. Workman — BIRTHPLACE: Farmington, Utah
14. MOTHER'S MAIDEN NAME: Sarah Hiatt — BIRTHPLACE: Slaterville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - - - -
16. SOCIAL SECURITY NO.: - - - -
17. INFORMANT'S OWN SIGNATURE: x Roy E Montooth — ADDRESS: Twin Falls

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pneumonitis, acute — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Aspiration of gastric contents — 24 hrs
DUE TO (c): Hepatic failure Coma — 5 days

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Alcohol cirrhosis

492 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - - - - - - - - - - - - - - -
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - - - m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: - - - - - - - - - - - - - - - - -

22. *I hereby certify that I attended the deceased from _____, 19___, to July 30, 1965, that I last saw the deceased alive on July 30, 1965, and that death occurred at 5:15 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Werner H Kamer M.D. 293
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 8-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 3, 1965
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 8-11-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Dale V Patterson
LICENSE NO.: E-451

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Twin Falls Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3262
Local Reg. No. D-226
Reg. Dist. No. 460

Certificate of Death

RECEIVED
AUG 17 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 3-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 617 13th Ave. North

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Herman 143
c. (Last): Reinke

4. DATE OF DEATH (Month) (Day) (Year): July 31 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Feb. 15, 1884
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Peter Reinke — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Anna Stutheit — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-54-0046
17. INFORMANT'S OWN SIGNATURE: Martin H. Reinke — ADDRESS: Gooding, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cancer of prostate — years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Generalized arteriosclerosis — Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 7, 1961, *to* July 31, 1965, *that I last saw the deceased alive on* July 31, 1965, *and that death occurred at* 8:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Cullings MD 118
23b. ADDRESS: Buhl Idaho
23c. DATE SIGNED: 8-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 3, 1965
24c. NAME OF CEMETERY OR CREMATORY: Clover Lutheran
24d. LOCATION (City, town, or county) (State): Clover, Idaho

DATE REC'D BY LOCAL REG.: 8-5-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Delmar M. Skaret
LICENSE NO.: 499

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Albertson-Dickard Buhl, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 2 5 1969

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. FEB 17 1970

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 19 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3263
Local Reg. No.
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley 430 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley County Hospital 152

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 430
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): WINNIE
b. (Middle): D.
c. (Last): LOGUE

4. DATE OF DEATH (Month) (Day) (Year): July 2, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 13, 1877
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Cambridge, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Walter M. Dexter — BIRTHPLACE: Maine
14. MOTHER'S MAIDEN NAME: Bennett — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Merton A Logue — ADDRESS: Cascade, Idaho

18. CAUSE OF DEATH 600.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic pyelonephritis — 8 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Carcinoma vulvae — 4 mos.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1954, *to* July, 1965, *that I last saw the deceased alive on* July 1, 1965, *and that death occurred at* 8:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Margery Moser M.D. 376
23b. ADDRESS: Cascade, Ida
23c. DATE SIGNED: 7-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 6, 1965
24c. NAME OF CEMETERY OR CREMATORY: Margaret Cemetery
24d. LOCATION (City, town, or county) (State): Cascade, Idaho

DATE REC'D BY LOCAL REG.: July 10-1965
REGISTRAR'S SIGNATURE: Myrtle Gardner
25. EMBALMER: Burton E Walker
LICENSE NO.: E-386

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: WALKER FUNERAL HOME

JUL 20 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 11 1982

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3264
Local Reg. No. 3
Reg. Dist. No. 310

BIRTH NO.

RECEIVED
JUL 22 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Valley 430 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) rural McCall-65 mi. East
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) R 13 E- T17 N - Sec.1,NW Corner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 4902 Targee

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	KENNETH	NEAL	SALYER	July 9, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Dec. 21, 1934	30				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School Teacher & USFS 05	Boise Schools & USFS 01	Elmer, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Salyer	Milan, Missouri	Elizabeth Knisley	Des Moins, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes / 1957-1958 (NG)	482-32-2954	Mary K. Salyer	Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Crushing Wounds, followed by fire — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Airplane Crash
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 430 (COUNTY) (STATE)
Accident 1665	mi E. McCall 13 R 13 E T 17 N- Sec. 1, NW Cor.,	Valley, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
7/9/65- 5:00 P.M.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Airplane crashed following paradrop

22. *I hereby certify that I attended the deceased from* INVESTIGATION ONLY, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Burton E. Walker 583	Coroner 4	McCall, Idaho	7/11/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 14, 1965	Morris Hill	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 15-1965	Myrtle M. Gardner	Burton E. Walker	E-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 22 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician impact was severe enough to cause death instantly

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 22 1965 Bureau of Vital Statistics

State File No. 3265
Local Reg. No. 2
Reg. Dist. No. 3-10

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley 430 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R 13 E, T 17 N, Sec. 1, NW Cor. | LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): rural McCall, 65 Mi. E. 682

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 430
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BYRON	HARRY	KNAPP	July 9, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Mfle	White	Married 3	Oct. 12, 1933	31		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pilot - Johnson Flying	Service 63	Evanston, Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Byron H. Knapp, Jr. 66	Illinois	Grace L. Strand	Illlinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	1955- 1958	353-26-0388	Byron H. Knapp Jr.	Chicago, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) massive crushing wounds followed by fire — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Airplane crash
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
July 15, 1965		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident 16	65 mi E. McCall 15	rural McCall 430	Valley	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
7/9/65, 5:00 P. M.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Airplane crashed following paradrop

22. *I hereby certify that I attended the deceased from* INVESTIGATION ONLY *, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Burton C Walker 583	Coroner 4	McCall, Idaho	7/11/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 11, 1965	Indian Creek Cemetery	T17N, R11E, SE¼ Sec 34, Valley Co. Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 15 1965	Kystle M Gardner	Burton C Walker	E 38

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: WALKER FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 22 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician impact was severe enough to cause death instantly

Certificate of Death

STATE OF IDAHO

State File No. 3266
Local Reg. No. 4
Reg. Dist. No. 310

RECEIVED AUG 9 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCall Hospital 209

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 440
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
d. STREET ADDRESS (If rural, give location): -----

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	GUY	WARDEN	BLAZIER		7	18	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	8/15/1894	70	11	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telegrapher & Agent
10b. KIND OF BUSINESS OR INDUSTRY: Railroad 03
11. BIRTHPLACE (State or foreign country): Plainsville, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Blazier
BIRTHPLACE: -----
14. MOTHER'S MAIDEN NAME: -----
BIRTHPLACE: -----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 712-07-6625
17. INFORMANT'S OWN SIGNATURE: Mrs. Ruth E. Blazier ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic kidney disease + Uremia — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs +

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — 13 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease — 10 yrs +

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-17, 1965, *to* 7-18, 1965, *that I last saw the deceased alive on* 7-18, 1965, *and that death occurred at* 9 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James F. Stewart MD
23b. ADDRESS: McCall, Idaho
23c. DATE SIGNED: 7/19/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7/21/65
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: July 24 1965
REGISTRAR'S SIGNATURE: Myrtle Gardner
25. EMBALMER: A. L. Jones
LICENSE NO.: E-357

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 10 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 20 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 5 1966

SEP 03 1987

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3267
Local Reg. No. 30
Reg. Dist. No. 330

BIRTH NO.

JUL 15 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Washington 44
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Park Haven Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho 44
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	AGNES	MALOIE	BALL	June 1, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	11/17/86	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	01---	Malheur County, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Bennett	-----	-----	-----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Beulah A. Gilman	Council

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subject was in Nursing home — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) but not under the direct
DUE TO (c) Care of a Doctor. To the best of my knowledge and belief. Subject

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. died of natural causes.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 10:06 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
583 L. Dale Thomason Acting Coroner	Weiser, Idaho	6/1/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/4/65	Hillcrest Cemetery	Weiser Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6/4/65	L. Dale Thomason	L. Dale Thomason	E-388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 20 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3268
Local Reg. No. 2
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH 441 2-04

a. COUNTY: Washington

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser

c. LENGTH OF STAY (in this place): 4 months

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 020

b. COUNTY: Adams

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council

d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print)

a. (First): CLARA

b. (Middle): LANE 153

c. (Last): WOODS

4. DATE OF DEATH (Month) (Day) (Year): July 15 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Mar. 12 1882

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01

11. BIRTHPLACE (State or foreign country): Union County, Oregon

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Martin Lane — BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Sarah C. Hoffman — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Adelia Blakeman — ADDRESS: Longeview, Wash.

18. CAUSE OF DEATH 420.1

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Mammosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Gen. Arteriosclerosis

DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-15-, 1965, *to* 7-15-, 1965, *that I last saw the deceased alive on* 7-15-, 1965, *and that death occurred at* 8:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE: M. McGrath MD 1344 (Degree or title)

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 7/15/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/20/65

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 7-20-65

REGISTRAR'S SIGNATURE: R. Dace Thomason

25. EMBALMER: Marshall S. Dickerson Jr. — LICENSE NO.: 464

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Northam-Jones Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3269
Local Reg. No. 3
Reg. Dist. No. 320

RECEIVED
AUG 20 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (in this place) 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) 614 W. Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles	Lester	Jackson	July 17 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 10, 1888	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Retired	Garden City, Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Jackson	unknown	Ella Reardon	----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	----------	519-10-6245	Nellie Jackson	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lungs — INTERVAL BETWEEN ONSET AND DEATH: Undetermined

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of prostate — Undetermined
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-24-65, 19__, *to* 7-17-65, 19__, *that I last saw the deceased alive on* 7-17-65, 19__, *and that death occurred at* 10:30Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Weiser, Idaho	7/17/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/21/65	Hillcrest Cemetery	Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-21-65	L. Dale Thomason	Marshall L. Dickerson	464

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 31 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr McGrath

Certificate of Death

State File No. 3270
Local Reg. No. 37
Reg. Dist. No. 320

BIRTH NO.

RECEIVED
JUL 15 1965
Bureau of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH 441
a. COUNTY: Washington 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 441
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 829 E. Main

3. NAME OF DECEASED (Type or Print)
a. (First): LOUISE
b. (Middle): MARGARET 153
c. (Last): ELLWOOD

4. DATE OF DEATH (Month) June (Day) 18 (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 10/24/1911
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Council, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank B. Derrick — BIRTHPLACE: ----
14. MOTHER'S MAIDEN NAME: Mary Jane Patten — BIRTHPLACE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: William F. Ellwood — ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (CVA) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-17, 1965 *to* 6-18-, 1965, *that I last saw the deceased alive on* 6-18-, 1965, *and that death occurred at* 11:20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: M D McGrath MD 344 (Degree of title)
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 6/18/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/19/65
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county): Weiser (State): Idaho

DATE REC'D BY LOCAL REG.: 6-19-65
REGISTRAR'S SIGNATURE: R. Dale Thomason
25. EMBALMER: R. Dale Thomason
LICENSE NO.: E-388

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. McGrath

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3271
Local Reg. No. 38
Reg. Dist. No. 320

BIRTH NO.

JUL 15 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Washington 441 — 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Park Haven Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 441
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Park Haven Nursing Home

3. NAME OF DECEASED (Type or Print)
a. (First): CARL
b. (Middle): ALBERT 298
c. (Last): SEELIGER

4. DATE OF DEATH (Month) (Day) (Year): June 22, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: 6-11-1886
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months ---, Days ---; IF UNDER 24 HRS.: Hours ---, Min. ---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer (retired) 64
10b. KIND OF BUSINESS OR INDUSTRY: farm 01
11. BIRTHPLACE (State or foreign country): Warsaw, Poland
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Karl August Seeliger — BIRTHPLACE: ----
14. MOTHER'S MAIDEN NAME: Amelia Hoffman — BIRTHPLACE: ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: 519 42 4914
17. INFORMANT'S OWN SIGNATURE: Gertrude E. Seeliger — ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gen. Arteriosclerosis
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-21-, 1965, *to* 6-22-, 1965, *that I last saw the deceased alive on* 6-22-, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. D. McGrath 344 Md
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 6-22-65

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: 6-25-65
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 6-24-65
REGISTRAR'S SIGNATURE: R. Dale Thomason
25. EMBALMER: R. Dale Thomason
LICENSE NO.: E-388

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 10 1987

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 7 1987

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3272
Local Reg. No.
Reg. Dist. No. 320

RECEIVED JUL 19 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Washington 44/ 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho 44/ b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) 243 E. Park

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Memorial Hosp. 153

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Dr. FRANK	ALBERT	SCHMITZ M.D.	July	6,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	Married 2	3-17-1885	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Doctor 14
10b. KIND OF BUSINESS OR INDUSTRY Medicine 07
11. BIRTHPLACE (State or foreign country) Mapleton, Kansas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Schmitz BIRTHPLACE ----------
14. MOTHER'S MAIDEN NAME Christena Bauer BIRTHPLACE ----------
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO. 519 40 1976
17. INFORMANT'S OWN SIGNATURE Margarie Del. Schmitz ADDRESS Weiser, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocarditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gen. Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-9- , 1965, *to* 7-6- , 1965, *that I last saw the deceased alive on* 7-6- , 1965, *and that death occurred at* 12:15 pm *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W.S. McGrath MD	Weiser, Idaho	7-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	7-9-65	Hillcrest	Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-9-65	T. Dale Thomason	T. Dale Thomason	E-388

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Northam-Jones Funeral Home

DUTIES:

JUL 20 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3273
Local Reg. No.
Reg. Dist. No. 320

RECEIVED
AUG 20 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 54 Pioneer Rd.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	EDWARD	M.	JOSEPH	July 20, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	August 17, 1885	79	11	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bank examiner	Banker	Creston, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jonathan M. Joseph	Ohio	Sadie Donahue McGuffin	Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Frank M. Joseph	Weiser

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 20 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 1, 1965 *to* July 20, 1965 *that I last saw the deceased alive on* July 20, 1965, *and that death occurred at* 5:20p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hugh Coats MD	Weiser, Idaho	7/21/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/23/65	Hillcrest Cemetery	Weiser Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-23-65	L. Dee Thomason	A. L. Jones	E-357

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 24 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 25 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 14 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3274
Local Reg. No. 423
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 26 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits or not in any city or township): Boise
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address or location): St. Alphonsus Hospital 063

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 002
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3131 Kipling

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
AUTHUR	EURASHO	ALLEN	April	3	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced 4	November 13, 1876	88	4	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farming 8	Brook's (near Corning) Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Moses Allen	Circleville, Ohio	Barbara Ellen Morrigs	West Union, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		712-12-4581	Russell A. Relyea	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) left middle cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) generalized arteriosclerosis — many years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Bronchopneumonia — 4 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3 Jan, 1965, *to* 3 April, 1965, *that I last saw the deceased alive on* 3 Apr, 1965, *and that death occurred at* 2A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harold M. Fallen	MD	6003 Overland, Boise Ida	23 Aug 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 6, 1965	Cloverdale Memorial Park	Boise, Ada, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-26-65	Myrtle Palmer	Clark Relyea	E-460

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 23 1977

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3275
Local Reg. No. 415
Reg. Dist. No. 370

Certificate of Death

RECEIVED AUG 25 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1006½ Main Street

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Delpha
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): July 25, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed, 2
8. DATE OF BIRTH: June 23, 1891
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Almo, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: George Marsh Bronson-Huntsville, Ut.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Laura Emily Reid-N. Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 519-20-7514
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Mrs. Kaye B. Jordan

18. CAUSE OF DEATH 181.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Metastatic Carcinoma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of Bladder
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1956, *to* July 25, 1965, *that I last saw the deceased alive on* July 25, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George R Boher, MD 019
23b. ADDRESS: 121 E. Idaho Boise
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: 7/26/65
24c. NAME OF CEMETERY OR CREMATORY: Sunny Cedar Rest
24d. LOCATION (City, town, or county) (State): Almo, Idaho

DATE REC'D BY LOCAL REG.: 8-23-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED AUG 25 1965 Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3276
Local Reg. No. 195
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 dys.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital 005

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 414 North 2nd Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	REESE	DAVIES	July	30	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	Married 3	Feb. 1, 1887	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mine Operator 74	Mining 30	Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Davies	Utah	Angeline McNelli's	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		J R Davies Jr.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident 331X — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7/26/65, 19__, *to* 7/30/65, 19__, *that I last saw the deceased alive on* 7/29, 19 65 *and that death occurred at* 7:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
054	M.D.	Boise Idaho	8/18/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	8/2/65	Morris Hill	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-23-65	Myrtle Palmer	[illegible]	E-460

FIRM NAME: [illegible]

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3277
Local Reg. No. 424
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 011 Ada AUG 26 1965
b. CITY OR TOWN Boise
c. LENGTH OF STAY (In this place) 45 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 011 Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1413 Leadville Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) SIGNE
b. (Middle) FRANCES
c. (Last) PECORA

4. DATE OF DEATH (Month) July (Day) 30 (Year) 1965

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH July 13, 1902

9. AGE (In years last birthday) 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) telephone operator

10b. KIND OF BUSINESS OR INDUSTRY Telephone 01

11. BIRTHPLACE (State or foreign country) Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Niklas W. Sederman 24
BIRTHPLACE Finland

14. MOTHER'S MAIDEN NAME Ida M. Peterson
BIRTHPLACE Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE E. Ross Pecora
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 170X Ca of Both Breasts — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1/22/63

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Breast 1963

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/18, 19 63, to 7/29, 19 65, *that I last saw the deceased alive on* 7/29, 19 65, *and that death occurred at* 7:05P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Richard A. Forney, M.D.

23b. ADDRESS 105 North 8th St. Boise, Idaho

23c. DATE SIGNED 8/19/65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 8/2/65

24c. NAME OF CEMETERY OR CREMATORY Terrace Lawn

24d. LOCATION (City, town, or county) Boise (State) Idaho

DATE REC'D BY LOCAL REG. 8-26-65

REGISTRAR'S SIGNATURE Myrtle Palmer

25. EMBALMER Clark Sears

LICENSE NO. E-460

FIRM NAME: Colfax Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

AUG 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 28 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 14 1970

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3278
Local Reg. No. 405
Reg. Dist. No. 370

BIRTH NO.

RECEIVED AUG 19 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 01 — 3-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke Hospital 102

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 38 — b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 904 - 3rd Ave. No.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LULU	MAE	FRAZIER	August 1, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	March 29, 1891	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own home 01	Fairbury, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
J. W. Mahoney	Missouri	Rebecca J. Barnes	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.	- - - - -	Unknown	Rosalie J. Morton	Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

463X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Pulmonary Embolism	1 Wk.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Phlebothrombosis rt leg.	2 Wk
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- - - -	- - - - - - - - - -	- - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* August 1, 19 65 *that I last saw the deceased alive on* Aug. 1, 1965, *and that death occurred at* 9:06 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George R Balue M.D.	Boise, Idaho	8/1/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-burial	Aug. 4, 1965	Rosedale Mem. Park	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-16-65	Myrtle Palmer	Gifford R. Shaffer	E-344

FIRM NAME: SHAFFER MEMORY CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 32179
Local Reg. No. 377
Reg. Dist. No. 370

BIRTH NO. 65-6332

RECEIVED
AUG 17 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011 2-01
b. CITY OR TOWN (If outside corporate limits write RURAL and give township): Boise
LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1514 Oakland Street 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 011
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1514 Oakland Street

3. NAME OF DECEASED (Type or Print): a. (First) WESLEY b. (Middle) ALLEN c. (Last) MAHONEY

4. DATE OF DEATH: (Month) August (Day) 1 (Year) 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: July 1, 1965
9. AGE (In years last birthday): -0- IF UNDER 1 YEAR Months: 1 Days: IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mark Allen Mahoney BIRTHPLACE: California
14. MOTHER'S MAIDEN NAME: Betty Joanne Chase BIRTHPLACE: California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mark Mahoney ADDRESS: 1514 Oakland Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

924.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation — INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) From want of Oxygen.unable to Breath.

DUE TO (c) Laying on face in its crib. — 30 Mins;

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See *to* Alive, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 3 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): Coroner
23b. ADDRESS: 3720 Meadow Drive, Boise.
23c. DATE SIGNED: 8-II-65.

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: August 4, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sweet Cemetery
24d. LOCATION (City, town, or county): Sweet (State): Idaho

DATE REC'D BY LOCAL REG.: 8-12-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: #E 460
FIRM NAME:

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3289
Local Reg. No. 374
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 01 — AUG 6 1965 — Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 16 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 79 Pershing Dr.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01 — b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 79 Pershing Dr.

3. NAME OF DECEASED (Type or Print): a. (First) August — b. (Middle) John — c. (Last) Mahler

4. DATE OF DEATH (Month) (Day) (Year): Aug. 1, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Feb. 12, 1900

9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Army (Retired) 41

10b. KIND OF BUSINESS OR INDUSTRY: Government 04

11. BIRTHPLACE (State or foreign country): Pender, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry D. Mahler — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Dorethea Rathe — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): WWI — (If yes, give war or dates of service): 4

16. SOCIAL SECURITY NO.: 451-38-2534

17. INFORMANT'S OWN SIGNATURE: Robert L. Mahler — ADDRESS: Boise

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Probable arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: not known

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

426.0

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* never, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 6 hrs 9 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. A. Chessman 095, M.D. (Degree or title)

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 8/4/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-5-65

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-6-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: G. W. Waters

LICENSE NO.: E-461

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

AUG 9 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Weiss 65-2950

RECEIVED AUG 9 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3281
Local Reg. No. 178
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2-04 4 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2521 Victory Road 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2521 Victory Road

3. NAME OF DECEASED (Type or Print)
a. (First): Dennis
b. (Middle): Clayton
c. (Last): Stennett

4. DATE OF DEATH (Month) (Day) (Year): 8 2 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 3-31-1965
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 4 Days 1; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY: None 00
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William J. Stennett — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Carole Lee Halsey — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Boise

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 753.1 Strangulation — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) regurgitation — ?
DUE TO (c) CNS disease — birth

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/2/65, 19__, *to* 8/2/65, 19__, *that I last saw the deceased alive on* never, 19__, *and that death occurred at* 2 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 558 MD
23b. ADDRESS: 218 N 18
23c. DATE SIGNED: 8/5/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-3-1965
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 8-4-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: G. W. Waters [signature] — LICENSE NO. E-461

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN - 9 1985

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3282
Local Reg. No. 181
Reg. Dist. No. 371

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 011 Ada AUG 12 1965 L-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (In this place): 615 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 240
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
d. STREET ADDRESS (If rural, give location): RT # 2

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): C
c. (Last): WALKER

4. DATE OF DEATH (Month) 8 (Day) 2 (Year) 65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 8-1-90
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Same 01
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Charles H Walker — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Ada Smith — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW I 3
16. SOCIAL SECURITY NO.: 530 10 5474
17. INFORMANT'S OWN SIGNATURE: VA Records, Boise, Idaho — ADDRESS: John D. S[illegible]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

5271

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Emphysema, Chronic, Pulmonary — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that I~~ attended the deceased from 11-28, 1963, to 8-2, 1965, ~~[illegible]~~ and that death occurred at 11:58 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): M. G. STROMBERG, M.D. 597
23b. ADDRESS: VA Center, Boise, Idaho
23c. DATE SIGNED: 8-4-65

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: Aug. 3 '65
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 8-10-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: F. Richard Reed — LICENSE NO.: E-440

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Summers Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 19 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3283
Local Reg. No. 186
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 011
b. COUNTY: 3-02
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 1816 Latah Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Floyd	H	LOVEJOY	8	2	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	9-21-09	55				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Soil Hauler 06	Same 03	Idaho	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fletcher Lovejoy	Idaho	Eva Mae Tyler	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II 4	518 09 8205	VA Records, Boise, Idaho	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial infarction Died	suddenly
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary heart disease	5 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VA m.		

22. I hereby certify that I attended the deceased from 7-31, 1965, to 8-2-, 1965, and that death occurred at 3:45 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O.F. SWINDELL, M.D.	VA Center, Boise, Idaho	8-4-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 4, 1965	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-16-65	Myrtle Palmer	Russell A. Kelyea	#460 E412

FIRM NAME: RELYEA MORT.

Federal Security Agency
United States Public Health Service

Form DH-63021

SEP 3 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3284
Local Reg. No. 398
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
AUG 17 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1206 Longmont

3. NAME OF DECEASED (Type or Print): a. (First) Hazel; b. (Middle) D.; c. (Last) Wymer

4. DATE OF DEATH: (Month) (Day) (Year): August 3, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Sept. 5, 1899

9. AGE (In years last birthday): 65 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home 01

11. BIRTHPLACE (State or foreign country): Virgil City, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Harvey M. Hawk — BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: E lsie I, Corey — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Thomas B. Wymer — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Parkinson's Disease — several yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 24, 1965, *to* Aug 3, 1965, *that I last saw the deceased alive on* Aug 3, 1965, *and that death occurred at* 11 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul F. Miner MD 364
23b. ADDRESS: 105 N. 8th St Boise Idaho
23c. DATE SIGNED: 8/10/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 6, 1965
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-12-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John F. Wilkerson
LICENSE NO.: E 435
FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 2 9 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3285
Local Reg. No. 408
Reg. Dist. No. 370

Certificate of Death

RECEIVED AUG 19 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 1108 2½ St.

3. NAME OF DECEASED (Type or Print)
a. (First): SAmuel
b. (Middle): A.
c. (Last): Webb

4. DATE OF DEATH (Month) (Day) (Year): Aug 3, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 30, 1889
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocery Store Owner 35
10b. KIND OF BUSINESS OR INDUSTRY: Retired 01
11. BIRTHPLACE (State or foreign country): St. Peters, Montana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Norman Webb — BIRTHPLACE: Maine
14. MOTHER'S MAIDEN NAME: Gertrude Hathaway — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-26-0738
17. INFORMANT'S OWN SIGNATURE: X Gertrude Peer — ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arterio Vascular Cerebro Vascular — INTERVAL BETWEEN ONSET AND DEATH: Seul mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): disease c̄ insufficiency
DUE TO (c): urinary Tract infect — Seul mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* Aug 3 65, 19__, *that I last saw the deceased alive on* Aug 3, 1965, *and that death occurred at* 9:30P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 065 J Brunnard
23b. ADDRESS: Meridian Idaho
23c. DATE SIGNED: 8/5/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-6-65
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 8-18-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Geo J Mead
LICENSE NO.: E-366

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Robison Chapel of the Chimes

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 12 1965 Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3286
Local Reg. No. 393
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (In this place): 1 Week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor N. H. 292

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 218 E. Idaho St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Benedicta		Archabal	8	3	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	5-7-1880	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Spain
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fermin Aldecoa — BIRTHPLACE: Spain
14. MOTHER'S MAIDEN NAME: Juana Urrusuno — BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 518-54-0067
17. INFORMANT'S OWN SIGNATURE: Leon Laguine — ADDRESS: Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: about 4 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ____

DUE TO (c) ____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arteriosclerosis — Several yrs.

493X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/6, 1965, *to* 8/3, 1965, *that I last saw the deceased alive on* 8/3, 1965, *and that death occurred at* 2:45 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. Cohen 095 M. D.	848 La Cassia Dr. Boise, Idaho	8/9/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-6-1965	Morris Hill Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-10-65	Myrtle Palmer	G. W. Waters G. W. Waters	E-461

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Gibson Funeral Home

SEP 30 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3287
Local Reg. No. 376
Reg. Dist. No. 370

RECEIVED AUG 1 2 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 22 Cypress Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 22 Cypress Street

3. NAME OF DECEASED (Type or Print): a. (First) Glavis b. (Middle) Spencer c. (Last) Stout

4. DATE OF DEATH: (Month) Aug. (Day) 4 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: March 8, 1910

9. AGE (In years last birthday): 55 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Club Owner 74

10b. KIND OF BUSINESS OR INDUSTRY: Bar Business 11

11. BIRTHPLACE (State or foreign country): Humansville Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lona S. Stout
BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: No Record
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY NO.: 519-01-0568

17. INFORMANT'S OWN SIGNATURE: Blairnel "Jo" Stout
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Self Inflicted Gun Shot Wound — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Despondent & Family troubles — Months
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 4:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): Coroner 4

23b. ADDRESS: 3720 Meadow Drive, Boise

23c. DATE SIGNED: 11 Aug 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 9, 65

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 8-12-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature]
LICENSE NO.: E.-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

AUG 13 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 3 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

gerlach

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3288
Local Reg. No. 422
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 AUG 26 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township or place of residence): Boise
c. LENGTH OF TOWN (If outside corporate limits, write RURAL and give township): Bureau of Vital Statistics 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 419 Warren Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 419 Warren Street

3. NAME OF DECEASED (Type or Print)
a. (First): CONNER
b. (Middle): ——
c. (Last): GERLACH

4. DATE OF DEATH (Month) (Day) (Year): August 4, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: May 18, 1885
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian 11
10b. KIND OF BUSINESS OR INDUSTRY: Newspaper 01
11. BIRTHPLACE (State or foreign country): Oregon
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Peter Gerlach — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-07-9404
17. INFORMANT'S OWN SIGNATURE: Russell G. Kelyea — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Failure

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerotic Heart
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Perforated Ulcer

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-23, 1964, *to* 8-4, 1965, *that I last saw the deceased alive on* 8-3, 1965, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George R. Balser 019 MD
23b. ADDRESS: 121 E. Idaho Boise
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8/7/65
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Mem. Park
24d. LOCATION (City, town, or county): Boise — (State): Idaho

DATE REC'D BY LOCAL REG.: 8-25-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Lloyd M. Sears — LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Kelyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 26 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3289
Local Reg. No. 379
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
AUG 17 1965

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise Bureau of Vital Statistics
c. LENGTH OF STAY (in this place): 4-14 14 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1814 North 20th

3. NAME OF DECEASED (Type or Print): a. (First) PATRICK b. (Middle) DAVID c. (Last) MULLIGAN

4. DATE OF DEATH: (Month) August (Day) 4, (Year) 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	never married	Dec. 21, 1963	1	7	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant 02
10b. KIND OF BUSINESS OR INDUSTRY: ----- 00
11. BIRTHPLACE (State or foreign country): Fort Chaffee, Arkansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Harold F. Mulligan — BIRTHPLACE: Rupert, Idaho
14. MOTHER'S MAIDEN NAME: Dorothy A. McCrea — BIRTHPLACE: Godding, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S OWN SIGNATURE: Harold F Mulligan — ADDRESS: 1814 N. 20 Bpise, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 6 Hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Shock — 8 Hrs
DUE TO (c): Burns, Hot Coffee — 15 Hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Anemia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP): 013 Boise (COUNTY): Ada (STATE): Idaho

21d. TIME OF INJURY: (Month) 8 (Day) 3 (Year) 65 (Hour) Noon m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Pot of Coffee Spilled on Him

22. *I hereby certify that I attended the deceased from* 3 PM 8/3, 1965, *to* 3 AM 8/4, 1965, *that I last saw the deceased alive on* 8/4, 19 65, *and that death occurred at* 3:10a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 8/4/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Aug. 7, 1965
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-13-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: T. Richard Reed — LICENSE NO.: E-440
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 8 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Amended Aug 13, 1965

Certificate of Death

STATE OF IDAHO

State File No. 3290
Local Reg. No. 386
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 2 months 2-02
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1930 Leadville (Residence)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 10 Florida 55
b. COUNTY Alachua
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gainsville
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Melvin	Glenn	Caswell	August 4, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	March 4, 1919	46				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy Sheriff 62
10b. KIND OF BUSINESS OR INDUSTRY Law Enforcement 07
11. BIRTHPLACE (State or foreign country) Rockland, Massachusetts
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Cheever French Caswell	New Hampshire	No Record	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	001-19-6560	Melvin Caswell	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self inflicted gun-shot — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ill health & Despondent — Mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

976X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did not see alive, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 4:25p *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. D. Paris 83	Coroner 4	3720 Meadow Drive, Boise	11 Aug 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	8-5-65		Gainsville Florida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-11-65	Myrtle Palmer	Clark M. Sears	E-460

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Relyea Mortuary

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH *_ 8-12-65

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
AUG 13 1965
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed Aug 11, 1965

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)

for Melvin Glenn Caswell (Name on Original Certificate) who died (Was Born or Died) on Aug 4, 1965 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Item 9 age	49	46

Subscribed and sworn to before me this 12 day of Aug, 1965

Notary Public, residing at 318 North Latah

My commission expires July 1968

(Seal)

X Signed Clark M. Sean
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

402 No. Pansie Boise
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada. }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of Aug, 1965

Notary Public, residing at 318 North Latah

My commission expires July 1966

(Seal)

Signed Russell A. Peterson
(Signature of Any Credible Person)

3709 Morris Hill Rd Boise, Ida.
(Street Address, City, State)

FORM DH-60-158

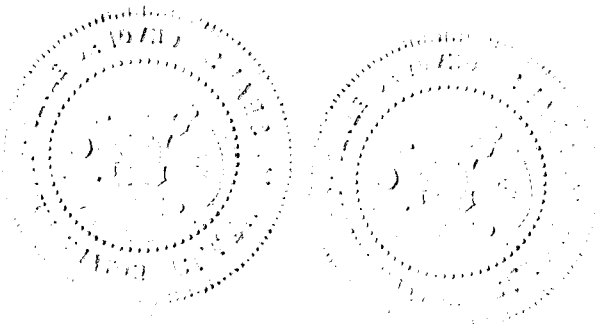

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 386
Reg. Dist. No. 310

BIRTH NO.

RECEIVED
AUG 11 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1930 Leadville (Residence)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Florida
b. COUNTY: Alachua
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gainsville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Melvin; b. (Middle) Glenn; c. (Last) Caswell

4. DATE OF DEATH: (Month) Aug (Day) 4 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 4, 1919

9. AGE (In years last birthday): 49
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Deputy Sheriff

10b. KIND OF BUSINESS OR INDUSTRY: Law Enforcement

11. BIRTHPLACE (State or foreign country): Rockland Massachusetts

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Cheever French Caswell
BIRTHPLACE: New Hampshire

14. MOTHER'S MAIDEN NAME: No Record
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 001-19-6560

17. INFORMANT'S OWN SIGNATURE: Melvin Caswell
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Self inflicted Gun-shot
INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ill health & Despondent
INTERVAL BETWEEN ONSET AND DEATH: Mo.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Did not see *19* Alive, *19*____, *that I last saw the deceased alive on* ____, *19*____, *and that death occurred at* 4:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature]
(Degree or title): Coroner
23b. ADDRESS: 3720 Meadow Drive, Boise
23c. DATE SIGNED: 11 Aug 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-5-65
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Gainsville Florida

DATE REC'D BY LOCAL REG.: 8-11-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

AUG 13 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 36 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3291
Local Reg. No. 400
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
AUG 17 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 001 002
b. CITY OR TOWN Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 2724 Hill Rd.

3. NAME OF DECEASED (Type or Print) a. (First) Jennie b. (Middle) M. c. (Last) Bingman
4. DATE OF DEATH (Month) (Day) (Year) Aug. 4, 1965
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH March 13, 1895
9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George W. Rambo BIRTHPLACE Mo
14. MOTHER'S MAIDEN NAME Nancy V. Sinsagaugh BIRTHPLACE Tenn.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO. 518-56-7097
17. INFORMANT'S OWN SIGNATURE X James L. Bingman ADDRESS Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 410X Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 24h

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac decompensation — 6 M.
DUE TO (c) Arteriosclerotic disease — 30 y.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1965, *to* Aug 4, 1965, *that I last saw the deceased alive on* Aug 4 - 1965, *and that death occurred at* 11:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE W. N. Springer 491 (Degree or title)
23b. ADDRESS Boise, Idaho
23c. DATE SIGNED 8-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-7-65
24c. NAME OF CEMETERY OR CREMATORY Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 8-16-65
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Jesse Read
LICENSE NO. E-366

FIRM NAME: Robison Chapel of the Chimes

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 17 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 20 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 28 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JAN 24 1967

MAR 21 1967

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

.....

.....

Pennington

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3292
Local Reg. No. 187
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 019 AUG 19 1965 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. # 3 Boise Bureau of Vital Statistics
c. LENGTH OF STAY (In this place): 2 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt.#3 Gowen Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): #10 North Wilson
d. STREET ADDRESS (If rural, give location): Boise

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MARIAN	E.	PENNINGTON	August 4, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	widowed 2	April 2, 1927	38		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Seamstress 43	Manufacturing 03	Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph O. Hunt	North Dacota	Leone Hoyt	North Dacota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-16-7573	James O Hunt Sr.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Carcinoma Colon 175.0	15 mos
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Carcinoma of Ovary	15 mos
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June, 1961, *to* Aug 4, 1965, *that I last saw the deceased alive on* Aug 4, 1965, *and that death occurred at* 6:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
333	1320 Vista Ave. Boise	Aug 13 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Aug. 7, 1965	Dry Creek Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-16-65	Myrtle Palmer		

FIRM NAME: Colyer Mortuary.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3293
Local Reg. No. 182
Reg. Dist. No. 371

RECEIVED AUG 17 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 8 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5709 Fairview

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	EVA	M.	BUNNELL	August 5, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed 2	Aug. 10, 1880	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	at home 01	Colorado	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
no record		no record	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	----		J. Richard Reed	Hospital records, Boise, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) CVA — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) athrosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2/60 19__, *to* 8/5/65 19__, *that I last saw the deceased alive on* 8/4/65 19__, *and that death occurred at* 2:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Boise Idaho	8/11/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Aug. 7'65	Cloverdale Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-13-65	Myrtle Palmer	[signature]	E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 3294
Local Reg. No. 387
Reg. Dist. No. 370

BIRTH NO.

RECEIVED STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: 01 Ada — AUG 11 1965 — 3-09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ada
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1210 Harrison Boulevard

3. NAME OF DECEASED (Type or Print): a. (First) PENELOPE — b. (Middle) R. — c. (Last) HARRIS

4. DATE OF DEATH: (Month) (Day) (Year): August 5, 1965

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: May 11, 1882

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: at home 01

11. BIRTHPLACE (State or foreign country): Mt. Pulaski, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Henry Ring — BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Mary Jane Simpson — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 518-40-0859

17. INFORMANT'S OWN SIGNATURE: Julia H. Ford — ADDRESS: 2008 Crystal Way, Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420 01

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Heart disease — INTERVAL BETWEEN ONSET AND DEATH: several yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 22, 1965, *to* Aug. 5, 1965, *that I last saw the deceased alive on* Aug 4, 1965, *and that death occurred at* 3:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul F. Miner 364 — (Degree or title): MD

23b. ADDRESS: 105 N. 8th St Boise Idaho

23c. DATE SIGNED: 8/10/65

24a. BURIAL, CREMATION, REMOVAL (Specify): cremation

24b. DATE: Aug. 7 '65

24c. NAME OF CEMETERY OR CREMATORY: Mtn. View Memorial

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 8-11-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Dale McMurtrey — LICENSE NO.: E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

AUG 12 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3295
Local Reg. No. 394
Reg. Dist. No. 370

RECEIVED
AUG 12 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 3½ hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1105 North 14th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DAISEY	D.	STRAWN	August 5, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married	April 4, 1884	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	at home 01	Rockford, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elijah C. Pierce	Illinois	Martha M. Towne	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	----	518-07-0558	Raymond E. Strawn	1304 S. Owyhee St. Boise, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 806.4 Crushing injury, Chest — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
accident	street	Boise 13	Ada 01	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Aug. 5 '65 12:01 p.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	driver of car that collided with another, at intersection

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 3:56 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert H. Holden M.D.	201 W State St	9 Aug 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Aug. 9, 1965	Cloverdale Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-11-65	Myrtle Palmer		E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 26 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 12 1974

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3296
Local Reg. No. 404
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED
AUG 18 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 320 E. Jefferson 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 320 E. Jefferson

3. NAME OF DECEASED (Type or Print)
a. (First): Reginald
b. (Middle): G. "Rex"
c. (Last): Flenner

4. DATE OF DEATH (Month) (Day) (Year): August 6, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Oct. 23, 1888
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Linotype Operator 55
10b. KIND OF BUSINESS OR INDUSTRY: 00 Newspaper
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Guy Flenner — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Alice Straight — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Della E Flenner — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable cerebral infarction — INTERVAL BETWEEN ONSET AND DEATH: about 1-2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* never, 19__, *to* _____, 19__, *that I last saw the deceased alive on* 8/6, 1965, *and that death occurred at* 1:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C A Clohessy, M.D. 095
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 8/16/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8/9/65
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 8-18-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Ed M Sears — LICENSE NO. #E-460
FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 19 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3297
Local Reg. No. 191
Reg. Dist. No. 371

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

AUG 19 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-22
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (If in this place): 22 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1106 Nth 13th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): C
c. (Last): HOCHSTRASSER

4. DATE OF DEATH (Month) 8 (Day) 7 (Year) 65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Seperated 4
8. DATE OF BIRTH: 10-28-92
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Warehouseman 29
10b. KIND OF BUSINESS OR INDUSTRY: Same 07
11. BIRTHPLACE (State or foreign country): Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph A Hochstrasser — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Alice Fullmer — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW 1 3
16. SOCIAL SECURITY NO.: 518 22 1128
17. INFORMANT'S OWN SIGNATURE: VA Records, Boise, Idaho — ADDRESS: John D. Stork

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic heart disease. — INTERVAL BETWEEN ONSET AND DEATH: 5 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that I~~ attended the deceased from 8-16, 1965, to 8-7-, 1965, ~~[illegible]~~ and that death occurred at 6:15PM, from the causes and on the date stated above.

23a. SIGNATURE: F. B. HINE, M.D. 597 (Degree or title)
23b. ADDRESS: VA Center, Boise, Idaho
23c. DATE SIGNED: 8-11-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-10-65
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 8-18-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Clark M. Sears
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 21 1984

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3298
Local Reg. No. 395
Reg. Dist. No. 370

RECEIVED
AUG 12 1965
Bureau of Vital Statistics

BIRTH NO. 3-13

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY IN (this place) 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1414 North 15th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	GEORGE	POWELL	August 7, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 3	Jan. 21, 1892	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer 04	farming 01	Clark County, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William J. Powell	Germany	Louise Rehfeld,	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no ------	533 10 2132	Mabel E. Powell	1414 N. 15 Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7/25, 1965, *to* 8/7, 1965, *that I last saw the deceased alive on* 8/7, 1965, *and that death occurred at* 9:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
039 Max G. Bell	M.D.	Boise, Idaho	8/10/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	10 Aug '65	Dry Creek Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-11-65	Myrtle Palmer	Wade McMurtrey	E-410

FIRM NAME SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES: JAN 5 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3299
Local Reg. No. 188
Reg. Dist. No. 371

RECEIVED
AUG 19 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
LENGTH OF STAY (in this place): 11 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 01
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 501 Nth Ashpark Lane

3. NAME OF DECEASED (Type or Print): a. (First) Samuel; b. (Middle) C; c. (Last) McBRIDE

4. DATE OF DEATH: (Month) 8 (Day) 7 (Year) 65

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: 8-18-88

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Oil Field Work 06

10b. KIND OF BUSINESS OR INDUSTRY: Same 03

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: John McBride
BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Retta McLavish
BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I 3

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: VA Records, Boise, Idaho
ADDRESS: John C Stout

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary mass, type undetermined — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary emphysema,& fibrosis — 15 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arteriosclerosis — 5 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22 I attended the deceased from 7-27-65 19__, to 8-7-__, 19 65, and that death occurred at 7:05 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): W. W. HAIR, M.D. 594 — W. W. Hair, M.D.

23b. ADDRESS: VA Center, Boise, Idaho

23c. DATE SIGNED: 8-11-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/9/65

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-16-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: John T. Wilkerson — LICENSE NO.: E433

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 19 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3300
Local Reg. No. 189
Reg. Dist. No. 371

BIRTH NO.

AUG 19 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16
b. COUNTY: 3-04
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): RT # 3, Box 155

3. NAME OF DECEASED (Type or Print): a. (First) Rupert b. (Middle) F c. (Last) WARDEN

4. DATE OF DEATH: (Month) 8 (Day) 10 (Year) 65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: 7-18-17
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder 57
10b. KIND OF BUSINESS OR INDUSTRY: Same 07
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Clyde Warden — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Lucey Holland — BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II 4
16. SOCIAL SECURITY NO.: 513 07 6356
17. INFORMANT'S OWN SIGNATURE: John O. Stark — ADDRESS: VA Center, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic glomerulonephritis. — INTERVAL BETWEEN ONSET AND DEATH: 1½ years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I attended the deceased from 8-6, 1965, to 8-10, 1965, and that death occurred at 12:35 PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): GLENN Q VOYLES, M.D. 597
23b. ADDRESS: VA Center, Boise, Idaho
23c. DATE SIGNED: 8-11-65

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: 10 Aug '65
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Dodge City, Kansas

DATE REC'D BY LOCAL REG.: 8-16-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: J. Richard Reed — LICENSE NO.: E-440
FIRM NAME: SUMMERS for Lienkaemper Chapel Nyssa, Ore

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DH-63021

SEP 2 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 30 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 14 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3301
Local Reg. No. 406
Reg. Dist. No. 370

Pointe Ixtle, Mon

BIRTH NO.

RECEIVED AUG 19 1965

1. PLACE OF DEATH
a. COUNTY 011 Ada
b. CITY OR TOWN Boise
c. LENGTH OF STAY (In this place) 16 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION 1504 No. 8th. St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011
b. COUNTY Ada
c. CITY OR TOWN Boise
d. STREET ADDRESS (If rural, give location) 1504 No. 8th. St.

3. NAME OF DECEASED (Type or Print): a. (First) Blanche b. (Middle) S. c. (Last) Weaver

4. DATE OF DEATH: (Month) 8 (Day) 11 (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 7-15-1890
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dr's. Receptionist
10b. KIND OF BUSINESS OR INDUSTRY: Dr's. Office 06
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Skipper — BIRTHPLACE: New York State
14. MOTHER'S MAIDEN NAME: Mary Tarphy — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: 519-32-5965
17. INFORMANT'S OWN SIGNATURE: Mrs. George Nash — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis — ?
DUE TO (c) Hypertensive and arteriosclerotic Vascular disease — 20 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/10, 1948 to 8/11, 1965, that I last saw the deceased alive on 8/7, 1965, and that death occurred at 3 m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title)
23b. ADDRESS: Boise
23c. DATE SIGNED: 8/13/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-13-1965
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 8-16-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Daniel G. Gibson
LICENSE NO.: E- 400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 1 4 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3302
Local Reg. No. 428
Reg. Dist. No. 370

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 011 Ada SEP 1 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 21 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 921 Leadville Street 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 921 Leadville Street

3. NAME OF DECEASED (Type or Print)
a. (First): MARGARET
b. (Middle): EDWARDS
c. (Last): CARDWELL

4. DATE OF DEATH (Month) 8 (Day) 11 (Year) 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: 8/6/1884
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Homemaking 01
11. BIRTHPLACE (State or foreign country): Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Hyrum Edwards — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Louisa Cox — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Cecil J. Cardwell — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardio-Vascular disease — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___ and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stewart S. Merrill M.D. 357
23b. ADDRESS: 401 N. Orchard Boise
23c. DATE SIGNED: 8-22-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8/14/65
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-26-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Clark Of Isaac
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3303
Local Reg. No. 183
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED AUG 17 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 38 Oregon 555
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vale
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print)
a. (First): Ernest
b. (Middle): L
c. (Last): LUCAS

4. DATE OF DEATH (Month) 8 (Day) 11 (Year) 65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 6-17-93
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Same 01
11. BIRTHPLACE (State or foreign country): Oregon
12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Daniel Lucas — BIRTHPLACE: Ill
14. MOTHER'S MAIDEN NAME: Laura Newman — BIRTHPLACE: Colo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW 1 3
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: VA Records, Boise, Idaho — ADDRESS: John D. Stark

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

199.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. [redacted] attended the deceased from 6-15, 1965, to 8-11, 1965, [redacted] and that death occurred at 3:15 AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): F. B. HINE, M.D. 597
23b. ADDRESS: VAC, BOISE, IDAHO
23c. DATE SIGNED: 8-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 8-14-1965
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county): Vale — (State): Oregon

DATE REC'D BY LOCAL REG.: 8-17-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Daniel L. G. Bi
LICENSE NO.: E-400

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 17 1965

NOV 3 1965

SEP 24 1973

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Johnston

Certificate of Death

STATE OF IDAHO

State File No. 3304
Local Reg. No. 407
Reg. Dist. No. 370

BIRTH NO. 65-7463

RECEIVED AUG 19 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (Hours, Days): 10 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hosp. 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California 05
b. COUNTY: 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riverside
d. STREET ADDRESS (If rural, give location): 1332 Villa St.

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Dawson Jr.

4. DATE OF DEATH (Month) 8 (Day) 12 (Year) 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 8-12-1965
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 24 hrs.: Hours 10 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY: None 00
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Dawson
BIRTHPLACE: Oaklahoma
14. MOTHER'S MAIDEN NAME: Janaan Radloff
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: -------
17. INFORMANT'S OWN SIGNATURE: X John R. Dawson
ADDRESS: Riverside Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

773.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory distress — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity
DUE TO (c) Immaturity

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/11, 1965, *to* 8/12, 1965, *that I last saw the deceased alive on* 8/12, 1965, *and that death occurred at* 6:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl M. Johnston Jr. 264
23b. ADDRESS: 848 La Cassia Drive
23c. DATE SIGNED: 8/13/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-13-1965
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-16-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Daniel G. Gibson
LICENSE NO.: E-400

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 31 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3305
Local Reg. No. 401
Reg. Dist. No. 370

RECEIVED AUG 17 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (at this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1201 North 13th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1806 North Fifteenth

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WALTER	L.	WATSON	August 12, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 2	May 7, 1906	59				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
mining;electronics	radio-television	Hailey, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry D. Watson	Ohio	Maude Muller	Ohio

45 06

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	---	519-01-5101	Lucky M. Watson	1806 N. 15 Boise, Ida.

420.1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) In Hospital in April.again

DUE TO (c) this Month, Released just day before. Heart Treatments. — 8 Mo;

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 1115 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. Parks 583 Coroner	3720 Meadow Drive, Boise	8-15-65.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Aug. 16'65	Dry Creek Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-17-65	Myrtle Palmer	F. Richard Reed	E-440

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 17 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3306
Local Reg. No. 190
Reg. Dist. No. 371

Certificate of Death

RECEIVED
AUG 19 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 35 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 38 Oregon 555
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vale
d. STREET ADDRESS (If rural, give location): Box 72

3. NAME OF DECEASED (Type or Print)
a. (First): Harvey
b. (Middle): A
c. (Last): CAMERON

4. DATE OF DEATH (Month) 8 (Day) 12 (Year) 65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 1-29-97
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Same 01
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Andrew J Cameron — BIRTHPLACE: Georgia
14. MOTHER'S MAIDEN NAME: Kate Kacro — BIRTHPLACE: Georgia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW 1 3
16. SOCIAL SECURITY NO.: 541 38 4879
17. INFORMANT'S OWN SIGNATURE: VA Records, Boise, Idaho — ADDRESS: John D Stark

18. CAUSE OF DEATH 582.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Anemia, cause undetermined	1 week
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Chronic bronchitis	20 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Degenerative arthritis	10 years
	Tuberculosis, healed	40 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that I~~ attended the deceased from 7-8, 19 65, to 8-12, 19 65, ~~[illegible]~~ and that death occurred at 5:10PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): W. W. HAIR, M.D. 59 — W.D.
23b. ADDRESS: VA Center, Boise, Idaho
23c. DATE SIGNED: 8-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 8-12-1965
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Vale Oregon

DATE REC'D BY LOCAL REG.: 8-17-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER
LICENSE NO.: E-400

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 19 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3307
Local Reg. No. 416
Reg. Dist. No. 270

RECEIVED
Bureau of Vital Statistics
AUG 25 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN: Boise
LENGTH OF STAY (in this place): 37 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3708 Morris Hill Road 677

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3708 Morris Hill Road

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT b. (Middle) SIDNEY c. (Last) DAY

4. DATE OF DEATH: (Month) 8 (Day) 12 (Year) 65

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2

8. DATE OF BIRTH: 8/10/1881

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ret. const. supervisor

10b. KIND OF BUSINESS OR INDUSTRY: construction 05

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Robert Day
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Ann Colgate
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518/07/8965A

17. INFORMANT'S OWN SIGNATURE: Mrs Flora Day
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROSIS
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1955, *to* June, 1964, *that I last saw the deceased alive on* June 26, 1964, *and that death occurred at* 12 10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: C C Wilson MD (Degree or title)
23b. ADDRESS: Boise Ada
23c. DATE SIGNED: 8-18-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8/16/65
24c. NAME OF CEMETERY OR CREMATORY: Pendleton, Cemetery
24d. LOCATION (City, town, or county) (State): Pendleton, Oregon

DATE REC'D BY LOCAL REG.: 8-23-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Ed Gilbert
LICENSE NO.: E-460
FIRM NAME:

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 18 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3308
Local Reg. No. 417
Reg. Dist. No. 370

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

AUG 25 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 dys.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6318 Post Street

3. NAME OF DECEASED (Type or Print)
a. (First): WARREN
b. (Middle): ALBERT
c. (Last): CHAMBERLAIN

4. DATE OF DEATH (Month) (Day) (Year): August 13, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Jan. 11, 1899
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder 57
10b. KIND OF BUSINESS OR INDUSTRY: Welding 68
11. BIRTHPLACE (State or foreign country): Oklahoma
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: A. M. Chamberlain, BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Ida Warren, BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs Clara J. Chamberlain ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Short 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Emphysema — 15 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-25, 1963, *to* 8-13, 1965, *that I last saw the deceased alive on* 8-13, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 318 M.D.
23b. ADDRESS: 401 N. Orchard Boise Idaho
23c. DATE SIGNED: 8/19/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Aug. 17, 1965
24c. NAME OF CEMETERY OR CREMATORY: Joplin Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-23-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-460
FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 1 5 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 3309
Local Reg. No. 184
Reg. Dist. No. 371

BIRTH NO.

RECEIVED AUG 18 1965 Bureau of Vital Statistics STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Ada 011
b. CITY OR TOWN Boise, Idaho
c. LENGTH OF STAY (in this place) 810 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VA Center, Boise, Idaho 514

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 011 Idaho
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 719½, East Park Blvd

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) W c. (Last) KIMBALL

4. DATE OF DEATH: (Month) 8 (Day) 13 (Year) 65

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: 9-9-95

9. AGE (In years last birthday): 69 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter 21

10b. KIND OF BUSINESS OR INDUSTRY: Same 07

11. BIRTHPLACE (State or foreign country): Mo

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Charles Kimball — BIRTHPLACE: Mo

14. MOTHER'S MAIDEN NAME: Sally Kirby — BIRTHPLACE: Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 1 153.8

16. SOCIAL SECURITY NO.: 442 18 4561

17. INFORMANT'S OWN SIGNATURE: J. K. Stork — ADDRESS: VA Records, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyelonephritis; cystitis — INTERVAL BETWEEN ONSET AND DEATH: 4 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cachexia

DUE TO (c) Small bowel obstruction

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of colon with metastasis — 2 years

19a. DATE OF OPERATION: 1-13-64, 7-12-65

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the colon - 1-13-64; Small bowel obstruction 7-12-65

20. AUTOPSY? YES XX NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: VA

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I last attended the deceased from 12-10 19 63, to 8-13-65, 19 [illegible] and that death occurred at 9:15 AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): J. K. HELFERTY, M.D.

23b. ADDRESS: VA Center, Boise, Idaho

23c. DATE SIGNED: 8-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/17/65

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-18-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: John F. Wilkerson — LICENSE NO.: E-435

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 19 1965

MAY 3 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3310
Local Reg. No. 411
Reg. Dist. No. 320

BIRTH NO.

RECEIVED
AUG 24 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 011
b. CITY OR TOWN Boise 002
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 142 COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 407-19th Ave North

3. NAME OF DECEASED (Type or Print) a. (First) Will b. (Middle) J. c. (Last) Pooley

4. DATE OF DEATH (Month) (Day) (Year) Aug. 13, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Oct. 25, 1891

9. AGE (In years last birthday) 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY Farming 01

11. BIRTHPLACE (State or foreign country) Fedora, South Dakota.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Pooley
BIRTHPLACE Michigan

14. MOTHER'S MAIDEN NAME Addie Phillips
BIRTHPLACE Wisconsin.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-28-7210

17. INFORMANT'S OWN SIGNATURE Howard L. Pooley ADDRESS -Nampa, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 165X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic squamous cell — INTERVAL BETWEEN ONSET AND DEATH: mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) carcinoma to lungs, lukd,
DUE TO (c) Primary undetermined

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES XXX NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY occur?

22. I hereby certify that I attended the deceased from 7-2 1965, to 8-13, 1965, that I last saw the deceased alive on 8-12, 1965, and that death occurred at 5:20 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [signature] MD

23b. ADDRESS 401 Idaho Boise Ida

23c. DATE SIGNED 16 Aug 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug. 17, 1965

24c. NAME OF CEMETERY OR CREMATORY Hillcrest Memorial Gardens

24d. LOCATION (City, town, or county) (State) Canyon County, Idaho

DATE REC'D BY LOCAL REG. 8-23-65

REGISTRAR'S SIGNATURE Myrtle Palmer

25. EMBALMER [signature] LICENSE NO. E 496

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 25 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3311
Local Reg. No. 429
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 1 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): ----

3. NAME OF DECEASED (Type or Print)
a. (First): DOROTHY
b. (Middle): D.
c. (Last): MEYER

4. DATE OF DEATH (Month) (Day) (Year): August 14, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 22, 1919
9. AGE (In years last birthday): 46
IF UNDER 1 YEAR: Months --- Days ---
IF UNDER 24 HRS.: Hours --- Min. ---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Cambridge, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: ----
BIRTHPLACE: ----
14. MOTHER'S MAIDEN NAME: ----
BIRTHPLACE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Charles H. Meyer
ADDRESS: Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma ovary — 1 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

175.0

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Carcinomatosis ovary & peritoneum
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1948, *to* Aug 14, 1965, *that I last saw the deceased alive on* Aug 14, 1965, *and that death occurred at* 6 45 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 510 (Degree or title)
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 8/14/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 8/17/1965
24c. NAME OF CEMETERY OR CREMATORY: Cambridge, Cemetery
24d. LOCATION (City, town, or county) (State): Cambridge Idaho

DATE REC'D BY LOCAL REG.: 8-30-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: L. Dale Thomason
LICENSE NO.: E-388

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 12 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 24 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3312
Local Reg. No. 193
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 2-08
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 232 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 221 Boise Ave

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Dwight	R	VICKREY	8	15	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	W White	Married 3	3-13-06	59				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman 19	Same 07	Wyo	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John H Vickrey	Indiana	Matilda A Baldwin	Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II 4	528 22 0694	John D Stark	VA Records, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyelonephritis, chronic — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
VA m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I attended the deceased from 12-26, 19 65, to 8-15, 19 65, and that death occurred at 1:10PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. B. HINE, M.D. 597	VA Center, Boise, Idaho	8-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-18-65	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-23-65	Myrtle Palmer	Richard Reed	E-440

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

AUG 24 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated; and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3313
Local Reg. No. 409
Reg. Dist. No. 370

RECEIVED
AUG 24 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 2-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 7 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1008½ Main St. 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1008½ Main St.

3. NAME OF DECEASED (Type or Print)
a. (First): Harvey
b. (Middle): Boyd
c. (Last): Gray

4. DATE OF DEATH (Month) (Day) (Year): 8 15 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: 4-14-1911
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ranching 04
10b. KIND OF BUSINESS OR INDUSTRY: Ranching 01
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: F. E. Gray — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Jean Anna Burnett — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II 4
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Sharon I. Lasher — ADDRESS: Caldwell

420.1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): Malnutrition

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Alcoholism

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 6:00a *m., from the causes and on the date stated above.*
on August 15, 1965, as Acting Coroner of Ada County

23a. SIGNATURE (Degree or title): Justice of the Peace, Ada County, Idaho
23b. ADDRESS: 1126 Bank of Ida. Bldg., Boise, Idaho
23c. DATE SIGNED: 8-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-18-1965
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county): Boise — (State): Idaho

DATE REC'D BY LOCAL REG.: 8-19-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Daniel G. Gibson — LICENSE NO.: E-400

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 24 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3314
Local Reg. No. 412
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 24 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada County 011 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elks Rehabilitation Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 160
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location): * * * * * * * * * * *

3. NAME OF DECEASED (Type or Print)
a. (First): Vera
b. (Middle): Ethel
c. (Last): Haines

4. DATE OF DEATH (Month) (Day) (Year): August 16, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 8/20/1899
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher 12
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Oxford, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME / BIRTHPLACE: John Robert Stowers, Broken Bow, Neb
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Mary McKirahan - Republic, Nebr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519-14-4093
17. INFORMANT'S OWN SIGNATURE: A W Haines — ADDRESS: Oakley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro-Vascular accident

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 2 a. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm. R. Tregoning MD 536
23b. ADDRESS: 2121 College Blvd
23c. DATE SIGNED: 8-18-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 8/19/65
24c. NAME OF CEMETERY OR CREMATORY: Oakley, Cemetery
24d. LOCATION (City, town, or county) (State): Oakley, Idaho

DATE REC'D BY LOCAL REG.: 8-23-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: F. Richard Reed
LICENSE NO.: E-440

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3315
Local Reg. No. 402
Reg. Dist. No. 370

RECEIVED
AUG 17 1965
Bureau of V.

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-08
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 8 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2414 Redway Road

3. NAME OF DECEASED (Type or Print)
a. (First): DOROTHY
b. (Middle): MAE
c. (Last): PEDDICORD

4. DATE OF DEATH (Month) (Day) (Year): August 16, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 4, 1917
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper-Cashier
10b. KIND OF BUSINESS OR INDUSTRY: Finance Co. 03
11. BIRTHPLACE (State or foreign country): Rainier, Oregon
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME 40 — BIRTHPLACE: Herbert D. Morris, Rainier, Oregon
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Mamie Combs, Bluff City, Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 542-01-0772
17. INFORMANT'S OWN SIGNATURE 2414 Redway Road — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

171X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinomatosis — 5 yrs
DUE TO (c) Carcinoma cervix — 6 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 8, 1960, *to* Aug 16, 1965, *that I last saw the deceased alive on* Aug 16, 1965, *and that death occurred at* 10:25 AM *from the causes and on the date stated above.*

23a. SIGNATURE 510 (Degree or title): [signature] Rd
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 17 Aug 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 8-19-65
24c. NAME OF CEMETERY OR CREMATORY: Mtn. View Memorial
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-17-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Gay A. Heikkila
LICENSE NO.: E-419
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 17 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3316
Local Reg. No. 420
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada AUG 24 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) Boise
c. LENGTH OF STAY (In this place) DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 2116 No. 33rd. St.

3. NAME OF DECEASED (Type or Print) a. (First) Benjamin b. (Middle) Earl c. (Last) Niedermeyer

4. DATE OF DEATH (Month) 8 (Day) 16 (Year) 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 4-24-1900

9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic

10b. KIND OF BUSINESS OR INDUSTRY Irrigation Eqpt.

11. BIRTHPLACE (State or foreign country) Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Gottlieb Niedermeyer BIRTHPLACE Germany

14. MOTHER'S MAIDEN NAME Emma Hinshaw BIRTHPLACE Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE + Mrs Ruth Niedermeyer ADDRESS Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Aortic Stenosis — several yrs

DUE TO (c) Arteriosclerosis — several yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-2, 1965, *to* 7-6, 1965, *that I last saw the deceased alive on* 7-6, 1965, *and that death occurred at* 10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Paul F. Miner (Degree or title) MD.

23b. ADDRESS 105 N. 8th St. Boise Idaho

23c. DATE SIGNED 8/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8-18-1965

24c. NAME OF CEMETERY OR CREMATORY Cloverdale Cemetery

24d. LOCATION (City, town, or county) Boise (State) Idaho

DATE REC'D BY LOCAL REG. 8-24-65

REGISTRAR'S SIGNATURE Myrtle Palmer

25. EMBALMER Daniel G. Gibson LICENSE NO. E-400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 24 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under Items 1 to 15 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3317
Local Reg. No. 44
Reg. Dist. No. 371

BIRTH NO.

RECEIVED
AUG 24 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1924 Sunrise Rim

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1924 Sunrise Rim

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HENRY	JUDSON	CHAPIN	August 16, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	May 26, 1907	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Owner	Catering Service	Cranford, New Jersey	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW #2	145-09-0202	Mrs. Henry J. Chapin	1924 Sunrise Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronery Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Secondary Cerebrom Hemorrhage — Mins;
DUE TO (c) Has had severe Back & Spine injury. with severe pains. — Months.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Did Not See Alive *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 1 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Coroner	3720 Meadow Drive, Boise.	8-18-65.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	8-19-65	Mtn. View Memorial	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-23-65	Myrtle Palmer	Dale McMullen	E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 24 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 24 1990

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician

Not due to an accident

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Baker

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 3318
Local Reg. No. 410
Reg. Dist. No. 370

RECEIVED AUG 23 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Treasure Valley Manor NH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 016 b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1110 E. Bannock St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Fred	Williams 293	Chapman	8	16	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	12-18-1898	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman 19	Selling 00	Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank H. Chapman	Illinois	Ruby F. Chapman	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I 527-1		F. H. Chapman	1110 E BANNOCK Boise Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypoxia, infection — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Emphysema. — 6 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* MAY, 1957, *to* Aug, 1965, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George R Baker, MD 019	121 E. Idaho Boise Ida	8/

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-17-1965	Parma Cemetery	Parma Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-23-65	Myrtle Palmer	Daniel G. Gibson	E-400

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Gibson Funeral Home

AUG 24 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 18 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3319
Local Reg. No. 196
Reg. Dist. No. 371

RECEIVED AUG 26 1965 BUREAU OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN: Boise
LENGTH OF STAY (in this place): 3 Wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Ada County Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN: Boise
d. STREET ADDRESS (If rural, give location): 2004 Hervey St.

3. NAME OF DECEASED (Type or Print): a. (First) Dora; b. (Middle) ------; c. (Last) O'Leary 005

4. DATE OF DEATH: (Month) 8 (Day) 17 (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 4-19-1874
9. AGE (In years last birthday): 91 IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 09
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): [redacted] Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Marie L. Gibson Hospital Records — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CVA — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) atherosclerosis — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO (c) — INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/22/65, 19__, *to* 8/17/65, 19__, *that I last saw the deceased alive on* 8/16/65, 19__, *and that death occurred at* 3:24 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 8/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-20-1965
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 8-25-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Daniel G. Gibson — LICENSE NO.: E - 400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3320
Local Reg. No. 201
Reg. Dist. No. 371

RECEIVED
SEP 13 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 000 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 304 Meridian St. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 304 Meridian St.

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Richard
c. (Last): Robinson

4. DATE OF DEATH (Month) (Day) (Year): Aug. 17 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 1, 1884
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Atlanta, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robinson — BIRTHPLACE: Unk
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 538-16-4902
17. INFORMANT'S OWN SIGNATURE: Geo Jerread — ADDRESS: Meridian

18. CAUSE OF DEATH 260X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Had Diabetis & Kidney Trouble — Months.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 8P *m., from the causes and on the date stated above.*

23a. SIGNATURE 584 [signature] (Degree or title): Coroner
23b. ADDRESS: 3720 Meadow Drive, Boise
23c. DATE SIGNED: 8-25-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-26-65
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 9-7-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Geo Jerread — LICENSE NO.: E-366

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Robison Chapel of the Chimes

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3321
Local Reg. No. 413
Reg. Dist. No. 370

RECEIVED AUG 24 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 011 Ada 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2002 North 21st Street

3. NAME OF DECEASED (Type or Print)
a. (First): IDA
b. (Middle): GRACE
c. (Last): MATTISON

4. DATE OF DEATH (Month) (Day) (Year): August 17, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 5, 1900
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At home 01
11. BIRTHPLACE (State or foreign country): Belmont, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Aberdeen — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Elizabeth McNee — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Jack D. Mattison — ADDRESS: 782 Northview Dr Twin Falls

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial rupture — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute myocardial infarction — 25 hrs.
DUE TO (c) Coronary artery disease — (??) yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 16, 1965, *to* Aug 17, 1965, *that I last saw the deceased alive on* Aug 17, 1965, *and that death occurred at* 4:30 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul F. Miner M.D. 364
23b. ADDRESS: 105 N. 8th St. Boise, Idaho
23c. DATE SIGNED: 8/19/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-19-65
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-23-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] LICENSE NO. E-40
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 26 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Smithson

BIRTH NO.

RECEIVED AUG 24 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3322
Local Reg. No. 414
Reg. Dist. No. 370

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 Wks 3-14
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hosp. 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 311 No. 5th. St.

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): ----
c. (Last): Popp

4. DATE OF DEATH (Month) (Day) (Year): 8 17 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: 4-10-1881
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress 43
10b. KIND OF BUSINESS OR INDUSTRY: Tayloring 60
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Austria
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Austria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---------
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Daniel Gibson Hospital Records — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Gall bladder c̄ metastases — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Explanatory — Cu of G.R. with nodules in liver — marked Jaundice
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-26, 1965, *to* 8-17-, 1965, *that I last saw the deceased alive on* 8-17-, 1965, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl B Smithson MD 484
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 8-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-20-1965
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county): Boise — (State): Idaho

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Daniel G. Gibson — LICENSE NO.: E - 400

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Gibson Funeral Home

DUTIES:

OCT 5 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3323
Local Reg. No. 419
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 25 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 205
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 5 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor nursing Home 292

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2506 Gekeler Lane

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): Gertrude
c. (Last): Anderson

4. DATE OF DEATH (Month) (Day) (Year): Aug. 17 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Feb. 20, 1879
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Same 01
11. BIRTHPLACE (State or foreign country): Pettsburgh Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: "NO RECORD"
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: "NO RECORD"

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: A. E. Anderson — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-12, 1957, *to* Aug, 1965, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George R Baker, MD 019
23b. ADDRESS: 121 E. Idaho Boise, Ida
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-20-65
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 8-23-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Elad M. Swain
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED SEP 1 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3324
Local Reg. No. 430
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 0022

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 206 Vine Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
NELLIE	GERTRUDE	BRAIN	August 20, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	married 3	Oct. 24, 1902	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	01	Mankato, Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Dolan	Cleveland, Ohio	Mae Dillie	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	----		Charles R Brain	206 Vine St. Boise, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic Heart disease — 40 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8/16, 1965, *to* 8/20, 65, *that I last saw the deceased alive on* 8/20, 1965, *and that death occurred at* 11:15 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
306 R Lawson MD	311 S State Boise	8/24/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Aug. 24'65	Meridian Cemetery	Meridian Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-30-65	Myrtle Palmer	Richard Reed	E-440

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3325
Local Reg. No. 438
Reg. Dist. No. 370

Certificate of Death

BIRTH NO. 65-7332 RECEIVED STATE OF IDAHO

SEP 13 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 2 dys
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 110 N.22nd. Street

3. NAME OF DECEASED (Type or Print)
a. (First): LEONARD
b. (Middle): DORAN
c. (Last): MAXWELL

4. DATE OF DEATH (Month) 8 (Day) 20 (Year) 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: 7/16/1965
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 1 Days 4; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---- 02
10b. KIND OF BUSINESS OR INDUSTRY: ---- 02
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James L. Maxwell
BIRTHPLACE: Alaska
14. MOTHER'S MAIDEN NAME: Helen Klassen
BIRTHPLACE: Vancouver, B.C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: James Maxwell
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

795.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: malnutrition

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 19, 1965, *to* August 20, 1965, *that I last saw the deceased alive on* August 20, 1965, *and that death occurred at* 6:40 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. A. Myers 384 III MD
23b. ADDRESS: 200 E Bannock Boise
23c. DATE SIGNED: 9/2/64

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8/24/1965
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-10-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Russell A. Relyea
LICENSE NO.: E-~~460~~ 412

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3326
Local Reg. No. 436
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED SEP 7 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 847 West Pine

3. NAME OF DECEASED (Type or Print)
a. (First): FLORENCE
b. (Middle): GEORGIA
c. (Last): CLUFF

4. DATE OF DEATH (Month) Aug (Day) 20 (Year) 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: 2/22/1912
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles B. Valentine — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Minerva Dille — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: J. Earl Cluff — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma & metastases — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1964, 19__, *to* 8/20/65, *that I last saw the deceased alive on* 8/20/65, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. F. Brunn MD 065
23b. ADDRESS: Meridian Idaho
23c. DATE SIGNED: 8/31/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8/24/1965
24c. NAME OF CEMETERY OR CREMATORY: Terrace Lawn
24d. LOCATION (City, town, or county): Boise (State): Idaho

DATE REC'D BY LOCAL REG.: 9-7-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Russell A. Relyea
LICENSE NO.: E-~~450~~ 412

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: SEP 7 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3327
Local Reg. No. 425
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
AUG 27 1965
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2911 Woodlawn

3. NAME OF DECEASED (Type or Print): a. (First) Olaf; b. (Middle) B; c. (Last) Egeland

4. DATE OF DEATH: (Month) August (Day) 20, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Nov. 3, 1902

9. AGE (In years last birthday): 62 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pressman 55

10b. KIND OF BUSINESS OR INDUSTRY: Printing 04

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas K. Egeland — BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Elizabeth Malmin — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-09-0296

17. INFORMANT'S OWN SIGNATURE: Mayme M. Egeland — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypoxia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Carcinoma of lung — 2 mos

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Pulmonary Emphysema

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1958, 19__ *to* 1965, 19__, *that I last saw the deceased alive on* Aug 20, 1965, *and that death occurred at* 1:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George R Baker, M.D. 019

23b. ADDRESS: 121 E. Idaho Boise

23c. DATE SIGNED: 8/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/23/65

24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-27-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature]

LICENSE NO.: E-422

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 27 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 8 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

MAR 07 2006

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Van Os

Certificate of Death

STATE OF IDAHO

State File No. 3328
Local Reg. No. 199
Reg. Dist. No. 371

BIRTH NO.

RECEIVED SEP 13 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Accident/ Garden City, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 413 East 51st. Street

3. NAME OF DECEASED (Type or Print)
a. (First): HERMAN
b. (Middle): ----- 000
c. (Last): VAN OS

4. DATE OF DEATH (Month) August (Day) 20 (Year) 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): unknown 6
8. DATE OF BIRTH: 1879
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown 00
10b. KIND OF BUSINESS OR INDUSTRY: unknown 00
11. BIRTHPLACE (State or foreign country): The Netherlands
12. CITIZEN OF WHAT COUNTRY?: unknown

13. FATHER'S NAME: unknown — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518/14/8644
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

812.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Compound fracture frontal skull — INTERVAL BETWEEN ONSET AND DEATH: Seconds

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Shock,& Right hip,& leg broken two places. — Instant

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 04 Main St.
21c. (CITY, TOWN, OR TOWNSHIP) 010 (COUNTY) (STATE): 13 Garden City Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-20-65 8:30pm
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Struck by auto

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 830P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 583 (Degree or title): Coronar
23b. ADDRESS: 3720 Meadow Drive, Boise,
23c. DATE SIGNED: 8-31-65.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/25/1965
24c. NAME OF CEMETERY OR CREMATORY: Joplin Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-7-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Russell A. Relyea
LICENSE NO.: E-~~[illegible]~~ 412

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 21 1966

MAY 18 1988

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 22 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3329
Local Reg. No. 454
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada 01 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
LENGTH OF STAY (in this place) 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 270 b. COUNTY Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. STREET ADDRESS (If rural, give location) Box 27

3. NAME OF DECEASED (Type or Print) a. (First) Ruth b. (Middle) V. 003 c. (Last) Browne

4. DATE OF DEATH (Month) August (Day) 21, (Year) 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 4

8. DATE OF BIRTH July 31st. 1902

9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker 01

10b. KIND OF BUSINESS OR INDUSTRY Home 01

11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Leach BIRTHPLACE no record

14. MOTHER'S MAIDEN NAME Mallinda Wallace BIRTHPLACE no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 516-14-6950

17. INFORMANT'S OWN SIGNATURE Dorothy Lonsemann ADDRESS Las Vegas Nevada

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Wide Spread Metastatic Breast CA — INTERVAL BETWEEN ONSET AND DEATH 5yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Breast Carcinoma

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Duodenal ulcer -

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 13 Aug 1965, *to* 8-21 1965, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 2:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE J. L. Davies MD (Degree or title)

23b. ADDRESS Boise Ida ho

23c. DATE SIGNED 9/3/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 8/25/1965

24c. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery

24d. LOCATION (City, town, or county) Dillon, Montana (State)

DATE REC'D BY LOCAL REG. 9-14-65

REGISTRAR'S SIGNATURE Myrtle Palmer

25. EMBALMER Russell A. Relyea LICENSE NO. E-412

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

SEP 22 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 15 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3330
Local Reg. No. 421
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
AUG 26 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1909 State St.

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Henry c. (Last) Koll

4. DATE OF DEATH: (Month) (Day) (Year): Aug. 21, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Nov. 11, 1940

9. AGE (In years last birthday): 24 yrs. IF UNDER 1 YEAR Months 9 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 19

10b. KIND OF BUSINESS OR INDUSTRY: Sporting goods 14

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Bert Koll
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Helen R[illegible]nk
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Bert Koll
ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute idiopathic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: several mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary emboli — 2½ wks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-6, 1965, *to* 8-21, 1965, *that I last saw the deceased alive on* 8-21, 1965, *and that death occurred at* 4:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul F. Miner 364 (Degree or title): MD.

23b. ADDRESS: 165 N. 8th St. Boise, Idaho

23c. DATE SIGNED: 8/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 24 '65

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 8-24-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Gibson, Daniel G. — LICENSE NO.: E-400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3331
Local Reg. No. 433
Reg. Dist. No. 370

RECEIVED SEP 1 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1405 Shoshone Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1405 Shoshone Street

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) M. c. (Last) WALES

4. DATE OF DEATH (Month) (Day) (Year) August 22, 1965

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Aug. 11, 1881

9. AGE (In years last birthday) 84
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) justice of peace

10b. KIND OF BUSINESS OR INDUSTRY county gov't.

11. BIRTHPLACE (State or foreign country) Galion, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George G. Wales, Rockingham, Vermont BIRTHPLACE

14. MOTHER'S MAIDEN NAME Nettie Kesselmier, Galion, Ohio BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) ----

16. SOCIAL SECURITY NO. 519-10-0518

17. INFORMANT'S OWN SIGNATURE Jack R. Mohrman ADDRESS 503 Ave. E. Boise, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Has been in Hospital three times. regarding his heart

DUE TO (c) Condition. — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 8P *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 0583 (Degree or title) Coroner

23b. ADDRESS 3720 Meadow Drive, Boise.

23c. DATE SIGNED 8-25-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug. 26 '65

24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery

24d. LOCATION (City, town, or county) Boise (State) Idaho

DATE REC'D BY LOCAL REG. 8-30-65

REGISTRAR'S SIGNATURE Myrtle Palmer

25. EMBALMER [signature] LICENSE NO. E-419

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 21 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3332
Local Reg. No. 432
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01 | SEP 1 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1000 Liberty Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01 | b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1000 Liberty Road

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Norah	Lee	Hollar	August	22,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Oct. 10, 1889	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home 01	Monett, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Wesley Dickinson	Unknown	Mary Jane Mooney	Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	x L. L. Hollar	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Generalized Carcinomatosis	8 Months
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Carcinoma of Uterine Cervix	36 Months
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Terminal Uremia	1 Week

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
July 19, 1962	Carcinoma of Cervix with Metastasis To Inguinal Lymph Node	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 12, 1965, *to* August 22, 1965, *that I last saw the deceased alive on* 8/14, 1965, *and that death occurred at* 1 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. L. Hollard, M.D.	6613 Ustick Rd, Boise, Idaho	8/24/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/25/65	Dry Creek Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-30-65	Myrtle Palmer	Earl Waggoner	E-422

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 30 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3333
Local Reg. No. 431
Reg. Dist. No. 370

RECEIVED SEP 1 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 2-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 202 Wallace Street

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): CORNELIUS 292
c. (Last): COTTON

4. DATE OF DEATH (Month) (Day) (Year): August 22, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb. 5, 1879
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Same 01
11. BIRTHPLACE (State or foreign country): Alabama
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Cotton — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Mary Ann Jellis — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Wm J Cotton — ADDRESS: 202 Wallace Street, Boise, Idaho

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerotic heart disease with hypertension and congestive failure — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.+

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Carcinoma of the prostate — 6 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 29, 1955, *to* Aug. 22, 1965, *that I last saw the deceased alive on* 10.12, 1964, *and that death occurred at* 9:30 PM *from the causes and on the date stated above.*

23a. SIGNATURE: H. L. Newcombe 387 (Degree or title): M.D.
23b. ADDRESS: 512 N. 16th Street, Boise, Idaho
23c. DATE SIGNED: 8.26.65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-26-65
24c. NAME OF CEMETERY OR CREMATORY: Nyssa Cemetery
24d. LOCATION (City, town, or county) (State): Malheur County, Oregon

DATE REC'D BY LOCAL REG.: 8-30-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Gay A. Heikkila — LICENSE NO.: E-419
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 4 1974

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3334
Local Reg. No. 426
Reg. Dist. No. 370

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

AUG 27 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elks Lodge 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Elks Lodge

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph Edward
b. (Middle):
c. (Last): Wight

4. DATE OF DEATH (Month) (Day) (Year): August 23, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: January 3, 1898
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 7, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer 16
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Los Animas, Colorado
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Amos Bryant Wight — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Elnora Palmer — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWI 3
16. SOCIAL SECURITY NO.: 550-16-6098
17. INFORMANT'S OWN SIGNATURE: X Mrs. Gerald C. Dahms — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Preforated Ulcer, Hemorrhage.
INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Recently in Hospital for this
DUE TO (c): & Stomach Trouble.
Months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive *19___, to _____, 19___, that I last saw the deceased alive on _____ 19___, and that death occurred at 6P m., from the causes and on the date stated above.*

23a. SIGNATURE: For D. Paris 583 (Degree or title): Coroner 4
23b. ADDRESS: 3720 Meadow Drive, Boise,
23c. DATE SIGNED: 8-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 3
24b. DATE: August 26, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Mouseleum
24d. LOCATION (City, town, or county) (State): Boise, Ada, Idaho

DATE REC'D BY LOCAL REG.: 8-27-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Elad M. Sears — LICENSE NO. E-460
FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 17 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 30 1965 Bureau of Vital

State File No. 3335
Local Reg. No. 197
Reg. Dist. No. 271

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 7
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital 005

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6728 Fairview Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Warren b. (Middle) L c. (Last) Roe

4. DATE OF DEATH (Month) (Day) (Year): August 23, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: July 26, 1906

9. AGE (In years last birthday): 59
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Radio-T.V. Technician

10b. KIND OF BUSINESS OR INDUSTRY: Same 07

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis Roe 92
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Mazie Brown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-07-4043

17. INFORMANT'S OWN SIGNATURE: X Warren L. Roe Jr.
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 331X CVA

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): atherosclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/24/65 19___, *to* 8/23/65 19___, *that I last saw the deceased alive on* 8/22/65, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] M.D. (Degree or title)

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 8/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/26/65

24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-30-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature]

LICENSE NO.: E-422

FIRM NAME McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 30 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3336
Local Reg. No. 437
Reg. Dist. No. 370

RECEIVED SEP 13 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 29 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 924 Franklin Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 924 Franklin Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAYNIE		TWITCHELL	8	24	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	divorced	2/3/1900	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): self/employed
10b. KIND OF BUSINESS OR INDUSTRY: boarding house
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Wade — BIRTHPLACE: Tennessee
14. MOTHER'S MAIDEN NAME: Malissie Cox — BIRTHPLACE: Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518/18/3340-A
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153.8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Metastasis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1-22-65	Carcinoma of Colon.	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2-7, 1961, *to* 8-24, 1965, *that I last saw the deceased alive on* 8-21, 1965, *and that death occurred at* 8:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	305 Fort Street, Boise, Idaho	8-31-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, Town, or county) (State)
burial	8/27/1965	Cloverdale Mem. Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-7-65	Myrtle Palmer	Russell A. Relyea	E-412

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 17 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 20 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 21 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3337
Local Reg. No. 198
Reg. Dist. No. 371

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Ada 01 — SEP 2 1965 — 3-22

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho — LENGTH OF STAY (in this place): 22 Days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho — b. COUNTY: 48

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerman

d. STREET ADDRESS (If rural, give location): RT # 1

3. NAME OF DECEASED (Type or Print): a. (First) Henry — b. (Middle) L — c. (Last) SMITH

4. DATE OF DEATH: (Month) 8 (Day) 24 (Year) 65

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: 8-4-89

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mechanic 10

10b. KIND OF BUSINESS OR INDUSTRY: Same 00

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: T.P.Smith — BIRTHPLACE: Ky

14. MOTHER'S MAIDEN NAME: Emma E Stahley — BIRTHPLACE: Pa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW 1

16. SOCIAL SECURITY NO.: 558 07 9852

17. INFORMANT'S OWN SIGNATURE: VA Center, Boise, Idaho — ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchogenic carcinoma. — INTERVAL BETWEEN ONSET AND DEATH: 8 months.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. [redacted] attended the deceased from 8-2, 19 65, to 8-24, 19 65, [redacted] and that death occurred at 5:15 PM., from the causes and on the date stated above.

23a. SIGNATURE: F. B. HINE, M.D. (Degree or title)

23b. ADDRESS: VA Center, Boise, Idaho

23c. DATE SIGNED: 8-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 8025-65

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Witchita, Kansas

DATE REC'D BY LOCAL REG.: 9-1-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature] — LICENSE NO.

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

SEP 7 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 18 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 16 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

OCT 30 1981

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3338
Local Reg. No. 455
Reg. Dist. No. 370

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

SEP 22 1965
3-06
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1814 Bannock Street

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZABETH
b. (Middle): --- 003
c. (Last): LIKINS

4. DATE OF DEATH (Month) (Day) (Year): August 25, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 27, 1886
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At home 01
11. BIRTHPLACE (State or foreign country): Grass Valley, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Hodge — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Elizabeth Jane Dobson — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: John H Likins — ADDRESS: 1814 Bannock Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

570.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Mesenteric Artery Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Vascular Disease — 20 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary Insufficiency — 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Superior Mesenteric Artery Thrombosis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/4/65, 19__, *to* 8/25/65, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 4:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 516
23b. ADDRESS: 1703 Hell Road, Boise
23c. DATE SIGNED: 9/9/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-28-65
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-14-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Ray A. Heikkila
LICENSE NO.: E-419

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 29 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 6 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3339
Local Reg. No. 435
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
SEP 7 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place): 2 dys
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2218 Woodlawn

3. NAME OF DECEASED (Type or Print): a. (First) CLIFFORD b. (Middle) FALL c. (Last) JACKSON

4. DATE OF DEATH: (Month) 8 (Day) 25 (Year) 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2

8. DATE OF BIRTH: 4/29/1906

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): self-employed 90

10b. KIND OF BUSINESS OR INDUSTRY: Glass 07

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: T. E. Jackson
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Virginia Fall
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs. Clifford Jackson
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

330X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 28 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-24, 1965, *to* 8-25, 1965, *that I last saw the deceased alive on* 8-25, 1965, *and that death occurred at* 7:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 014 (Degree or title): MD

23b. ADDRESS: 401 Ida Ho Boise

23c. DATE SIGNED: Sept 1, 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 2

24b. DATE: 8/26/65

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Dallas Texas

DATE REC'D BY LOCAL REG.: 9-7-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature]

LICENSE NO.: E-460

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: SEP 7 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3340
Local Reg. No. 442
Reg. Dist. No. 370

RECEIVED
SEP 13 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home-1415 West Jefferson 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 011
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1415 West Jefferson Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MINNIE		SMYTH	August 25, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Jan. 15, 1870	95				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	01	Mc Clain County Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Abel Bevan	Pennsylvania	Katherine Flam	Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	none	x Clara D. Smyth	Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1 1958 *to* 8-25, 1965, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 12:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George R Baker, MD	121 E. Idaho Boise	8-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 27, 1965	Kohlerlawn Cemetery	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-3-65	Myrtle Palmer	Jamy D. Krouse	E-447

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
AUG 30 1965

Certificate of Death

STATE OF IDAHO

State File No. 3341
Local Reg. No. 427
Reg. Dist. No. 270

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Treasure Valley Manor 293

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 714 N. 5th. Street

3. NAME OF DECEASED (Type or Print): a. (First) Frank; b. (Middle); c. (Last) Langley

4. DATE OF DEATH: (Month) August (Day) 26, (Year) 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: Oct. 30, 1879
9. AGE (In years last birthday): 85 IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney 22
10b. KIND OF BUSINESS OR INDUSTRY: Legal
11. BIRTHPLACE (State or foreign country): Streator, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Langley
BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Bridget Conley
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): W.W. I
(If yes, give war or dates of service): 3317
16. SOCIAL SECURITY NO.: 518-24-9173
17. INFORMANT'S OWN SIGNATURE: * Bertha Langley
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: One day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 5 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1st, 1960, *to* Aug 26, 1965, *that I last saw the deceased alive on* Aug 26, 1965, *and that death occurred at* 5:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Forrest C Ward (Degree or title): MD
23b. ADDRESS: Boise · Idaho
23c. DATE SIGNED: Aug 30-1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/28/65
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-30-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Leon Waggoner
LICENSE NO.: E-422

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McBratney-Alden-Waggoner Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 30 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 8 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

375-2212

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 3342
Local Reg. No. 434
Reg. Dist. No. 370

BIRTH NO. SEP 7 [redacted]

1. PLACE OF DEATH
a. COUNTY: Ada 001 Bureau of Vit[redacted] 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 315 N. Atlantic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 001
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 315 N. Atlantic

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Leland	G. Pirnie	Pirnie	Aug. 28, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Jan. 17, 1912	53				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver 13	Oil Co. 01	Weissert, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David M. Pirnie	Neb.	Ora Barnes	Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-16-7479	Mrs. Leland Pirnie	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 1/2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5/ , 1963, *to* 7/23, 1965, *that I last saw the deceased alive on* 7/23, 1965, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
357 Terrell MD	Boise Idaho	8-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-31-65	Cloverdale Memorial Park	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-3-65	Myrtle Palmer	G. W. Waters	E-461

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 7 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 13 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 29 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

FEB 2 1970

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3343
Local Reg. No. 200
Reg. Dist. No. 371

BIRTH NO.

RECEIVED SEP 13 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
LENGTH OF STAY (in this place) 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ada County Nursing Home 005

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Ada 01
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) Idanha Hotel

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPHINE b. (Middle) c. (Last) BOLDON

4. DATE OF DEATH (Month) (Day) (Year) August 28, 1965

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH July 29, 1886
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired telephone operator
10b. KIND OF BUSINESS OR INDUSTRY telephone
11. BIRTHPLACE (State or foreign country) Fairfield, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Milo Stilson
BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME Aletta Dan Cleave
BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. 518-24-9122
17. INFORMANT'S OWN SIGNATURE E. Pete Albertson ADDRESS hospital records, Boise, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PROBABLE MESENTERIC THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH 450.0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROSIS GENERALIZED
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-16 1965, to 8-13, 1965, that I last saw the deceased alive on 8-13, 1965, and that death occurred at [illegible] m., from the causes and on the date stated above.

23a. SIGNATURE David A Wells MD (Degree or title)
23b. ADDRESS 110 N. Latah Boise, Ida
23c. DATE SIGNED 9-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify) removal/burial
24b. DATE 9-1-65
24c. NAME OF CEMETERY OR CREMATORY Placerville Cemetery
24d. LOCATION (City, town, or county) Placerville, Boise, Idaho (State)

DATE REC'D BY LOCAL REG. 9-7-65
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER J. Willard Reed
LICENSE NO. E-440

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 1 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to sign the facts shall sign HIS name in addition to giving the source of information.

AUG 1 3 1982

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3344
Local Reg. No. 202
Reg. Dist. No. 371

BIRTH NO.

RECEIVED SEP 13 1965 BUREAU OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Ada

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley View Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Ada

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. STREET ADDRESS (If rural, give location): 1519 No. 19th. St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	Ferdinand	Gralow	August 29, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Jan. 12, 1881	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Florist-gardener	Florist	Wausau, Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
--- Gralow	Germany	-----	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-24-6219	[signature]	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: (a) Few days. (b) years. (c)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6-26, 1963, *to* 8-29, 1965, *that I last saw the deceased alive on* 8-29, 1965, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 318 MD	201 N. Orchard Boise Idaho	8/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/31/65	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-9-65	Myrtle Palmer	[signature]	E-422

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

NOV 2 0 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 0 8 2004

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 2 2 2009

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3345
Local Reg. No. 477
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 17 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 002
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 200
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
d. STREET ADDRESS (If rural, give location): Glenns Ferrry

3. NAME OF DECEASED (Type or Print): a. (First) CLAUDE b. (Middle) WESLEY c. (Last) HALL

4. DATE OF DEATH (Month) (Day) (Year): August 29, 1965

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2

8. DATE OF BIRTH: January 8, 1908

9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Power Co 66

10b. KIND OF BUSINESS OR INDUSTRY: Power 2 Company

11. BIRTHPLACE (State or foreign country): Minot, North Dakota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: C. G. Hall
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Rose Dillon
BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-07-2951

17. INFORMANT'S OWN SIGNATURE: Glenn E. Hall
ADDRESS: Glenns Ferry

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

581.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Esophageal Varices Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: (10 minutes)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO (b)~~ Hepatic Cirr.
DUE TO (c) Cirrhosis of Liver

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. acute Peripheral Edema

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 28, 1965 *to* Aug 29, 1965 *that I last saw the deceased alive on* Aug 28, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: John E. Chipman (Degree or title) MD

23b. ADDRESS: 311 Idaho Boise Idaho

23c. DATE SIGNED: 9/7/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/3/65

24c. NAME OF CEMETERY OR CREMATORY: Glenns Rest Cemetery

24d. LOCATION (City, town, or county) (State): Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.: 9-13-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Arthur Smith
ADDRESS: Mtn. Home, Idaho
Bey Mortuary, Inc.

Federal Security Agency
United States Public Health Service
Form DPH-48021

SEP 17 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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State File No. 3346
Local Reg. No. 441
Reg. Dist. No. 370

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

SEP 13 1965

Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 011 b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise	c. LENGTH OF STAY (If in this place)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1109 Jefferson 000	d. STREET ADDRESS (If rural, give location): 1109 Jefferson

3. NAME OF DECEASED (Type or Print)	a. (First) Margaret	b. (Middle)	c. (Last) Brassfield
4. DATE OF DEATH	(Month) August	(Day) 29,	(Year) 1965
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3	
8. DATE OF BIRTH: Oct. 29, 1906	9. AGE (In years last birthday): 58	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Silk finisher 06	10b. KIND OF BUSINESS OR INDUSTRY: Dry cleaners 36	11. BIRTHPLACE (State or foreign country): Meridian, Idaho	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Frederick F. Thomas	BIRTHPLACE: Pennsylvania	14. MOTHER'S MAIDEN NAME: Eliza Ann Pigg	BIRTHPLACE: Newtown, Missouri
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-20-0915	17. INFORMANT'S OWN SIGNATURE: X Mrs Wm. Brassfield

18. CAUSE OF DEATH 420.1

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) acute coronary infarction	30 min
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) chr. coronary Heart disease	10 yrs
	DUE TO (c) arteriosclerosis	20 yrs
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1937, 19__, *to* 8-29-65, 19__, *that I last saw the deceased alive on* 8-17, 1965, *and that death occurred at* 8:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. A. Springer 491	(Degree or title) M.D.	23b. ADDRESS: 220 N 1st Boise Idaho	23c. DATE SIGNED: 9-1-65
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 9/1/65	24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery	24d. LOCATION (City, town, or county) (State): Meridian, Idaho
DATE REC'D BY LOCAL REG.: 9-3-65	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Earl Waggoner	LICENSE NO.: E-422

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: McBratney-Alden-Waggoner Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3347
Local Reg. No. 440
Reg. Dist. No. 370

RECEIVED
SEP 13 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 14 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5421 Plymouth Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5421 Plymouth Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MABEL	L.	WALKER	Aug. 29, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Sept. 20, 1889	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	At home 01	Jewell, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Skinner	Vermont	Susan Calhoun	Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	None	Leslie Walker	5421 Plymouth Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis — 4 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 29 Jan, 1965, *to* 29 Aug, 1965, *that I last saw the deceased alive on* 29 Aug, 1965, *and that death occurred at* 10:30 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	401 Idaho Boise Ida	1 Sept 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8 Sept 1, 1965	Grove City Cemetery	Blackfoot, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-7-65	Myrtle Palmer	[signature]	E-440

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 1 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 14 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3348
Local Reg. No. 439
Reg. Dist. No. 370

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

SEP 13 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5805 Robertson Drive

3. NAME OF DECEASED (Type or Print)
a. (First): ZELLA
b. (Middle): MAE
c. (Last): MULL

4. DATE OF DEATH (Month) (Day) (Year): August 31, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 12, 1893
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At home 01
11. BIRTHPLACE (State or foreign country): Delphos, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Winfield Scott Sage, Wyandotte, Kansas
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Linne Evette Condie, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE — ADDRESS: 5805 Robertson Boise, Idaho
George R. Mull

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebro-Vascular accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1955, *to* Aug 31, 1965, *that I last saw the deceased alive on* Aug 30, 1965, *and that death occurred at* 3:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Max L. Bell, M.D. 039
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 9/2/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-2-65
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-7-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] LICENSE NO. E-4419
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 26 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr Johnson

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 3349
Local Reg. No. 14
Reg. Dist. No. 300

BIRTH NO.

AUG 1 2 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Council
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Council Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 44
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Midvale
d. STREET ADDRESS (If rural, give location) ----

3. NAME OF DECEASED (Type or Print) a. (First) NELLIE b. (Middle) M c. (Last) SNAPP

4. DATE OF DEATH (Month) 8 (Day) 4 (Year) 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 11/7/1891

9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 04

10b. KIND OF BUSINESS OR INDUSTRY Farm 01

11. BIRTHPLACE (State or foreign country) Pearl, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Walter Turnbaugh
BIRTHPLACE -----

14. MOTHER'S MAIDEN NAME Laura
BIRTHPLACE -----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
(If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE t/ Hugh Snapp
ADDRESS Midvale, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 434.1 Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 4 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-12- / 7-12- , 19 65 *to* 8-4 , 19 65 , *that I last saw the deceased alive on* 8-4- , 1965 , *and that death occurred at* 10:40 a m., *from the causes and on the date stated above.*

23a. SIGNATURE Clyde W. Johnson M.D. 614 (Degree or title)

23b. ADDRESS Council, Idaho

23c. DATE SIGNED 8/5/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8/7/65

24c. NAME OF CEMETERY OR CREMATORY Eastside Cemetery

24d. LOCATION (City, town, or county) Midvale (State) Idaho

DATE REC'D BY LOCAL REG. 8-7-65

REGISTRAR'S SIGNATURE Clyde W. Johnson M.D.

25. EMBALMER K. Dale Thomason

LICENSE NO. E-388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3350
Local Reg. No. 15
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Adams 020 AUG 19 1965
b. CITY OR TOWN Council (If outside corporate limits, write RURAL and give township) Bureau of Vital Statistics
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Council Community Hosp 017

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Adams 020
c. CITY OR TOWN Council (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location) North of Council Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BESSIE	LEE	GILMORE	August 8, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed 2	9-4-1892	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	own home 01	Tyrone, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George McKinney		Eliza	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			Loraine R. Johnson	Council, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial Infarction 420.1	8 hrs.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic heart disease	8 months
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* on 8-8-, 1965, to _____, 19___, *that I last saw the deceased alive on* 8-8-, 1965, *and that death occurred at* 10:07p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Clyde N. Johnson 614 M.D.	Council, Idaho	8-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal 3	8-12-65	Cambridge,	Cambridge, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-12-65	Clyde N. Johnson M.D.	F. Dale Thomason	E-388

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Northam-Jones Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr Edwards

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3351
Local Reg. No. 16
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams 020 AUG 19 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (If not in hospital or institution, give street address or location): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community 017

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 440
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Midvale
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): HAROLD
b. (Middle): EDWARD
c. (Last): PRATT

4. DATE OF DEATH (Month) (Day) (Year): August 11, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: July 14, 1902
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Justice of Peace 62
10b. KIND OF BUSINESS OR INDUSTRY: Wash. County 25
11. BIRTHPLACE (State or foreign country): Enterprise, Oregon
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: x Mrs Mildred Pratt — ADDRESS: Midvale, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-7- *, 19*65*, to* 8-11 *, 19*65*, that I last saw the deceased alive on* 8-11 *, 19*65*, and that death occurred at* 11:50 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 154
23b. ADDRESS: Council, Idaho
23c. DATE SIGNED: 8/11/65

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 8-11-65
24c. NAME OF CEMETERY OR CREMATORY: Salubria
24d. LOCATION (City, town, or county) (State): Cambridge, Idaho

DATE REC'D BY LOCAL REG.: 8-17-65
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: L. Dan Thomason
LICENSE NO.: E-388

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. FEB 21 1968
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3352
Local Reg. No. 17
Reg. Dist. No. 300

RECEIVED
AUG 30 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams 020
b. CITY OR TOWN: Council 60
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Council Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 020
b. COUNTY: Adams
c. CITY OR TOWN: Council
d. STREET ADDRESS (If rural, give location): ----

3. NAME OF DECEASED (Type or Print): a. (First) EUGENE b. (Middle) 017 c. (Last) PARADIS

4. DATE OF DEATH: August 16, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: 10/9/1885

9. AGE (In years last birthday): 79
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04

10b. KIND OF BUSINESS OR INDUSTRY: Farm 01

11. BIRTHPLACE (State or foreign country): Colton, Washington

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Paradis
BIRTHPLACE: France

14. MOTHER'S MAIDEN NAME: Hattie E. Maynard
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-16-1843

17. INFORMANT'S OWN SIGNATURE: Perla Paradis.
ADDRESS: Council, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease — 8 Month

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-11, *19* 65, *to* 8-16, *19* 65, *that I last saw the deceased alive on* 8-16, *19* 65, *and that death occurred at* 9:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde W. Johnson M.D.
23b. ADDRESS: Council, Idaho
23c. DATE SIGNED: 8/16/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 8/19/1965
24c. NAME OF CEMETERY OR CREMATORY: Eastside Cemetery
24d. LOCATION (City, town, or county) (State): Midvale Idaho

DATE REC'D BY LOCAL REG.: 8-19-65
REGISTRAR'S SIGNATURE: Clyde W. Johnson M.D.
25. EMBALMER: [illegible] Thomason
LICENSE NO.: E-388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended 9-23-65

Certificate of Death

STATE OF IDAHO

State File No. 3353
Local Reg. No. 18
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): Minutes 5-05
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hells Canyon Dam Site 670

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 36 Oregon
b. COUNTY: 555 Baker
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural--Halfway
d. STREET ADDRESS (If rural, give location): Route #1, Box 4

3. NAME OF DECEASED (Type or Print): a. (First) Floyd; b. (Middle) Glenn; c. (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year): August 27, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: November 6, 1932

9. AGE (In years last birthday): 32 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heavy Equipment Operator

10b. KIND OF BUSINESS OR INDUSTRY: Heavy Construction 01

11. BIRTHPLACE (State or foreign country): Delhi, Oklahoma

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Floyd W. Johnson 52
BIRTHPLACE: Hammon, Oklahoma

14. MOTHER'S MAIDEN NAME: Mildred Nicolson
BIRTHPLACE: --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 541-38-4191

17. INFORMANT'S OWN SIGNATURE: Floyd W Johnson
ADDRESS: RFD, Halfway, Ore.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Multiple Crushing injuries of head & chest — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 20

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hells Canyon Dam Site 13

21c. (CITY, TOWN, OR TOWNSHIP) 020 **(COUNTY)**: Adams **(STATE)**: Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): August 27, 1965 12:15 A.m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Tractor overturning

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred* 12:15 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 583 Earl Harold Whiteley, Coroner, Adams Co. 4

23b. ADDRESS: P.O. Box 215, Council, Idaho

23c. DATE SIGNED: 8-31-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 30, 1965

24c. NAME OF CEMETERY OR CREMATORY: Pine Haven Cemetery

24d. LOCATION (City, town, or county) (State): Halfway, Oregon

DATE REC'D BY LOCAL REG.: 8-31-65

REGISTRAR'S SIGNATURE: J.A. Edwards

25. EMBALMER: Idaho E-311 Thad P. Beatty

LICENSE NO.

FIRM NAME: The Beatty Chapel Baker, Oregon

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)

for Floyd Glen Johnson (Name on Original Certificate) who died (Was Born or Died) on Aug 27, 1965 (Date of Event)

in Adams County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Deceased	Floyd Glen Johnson	Floyd Glenn Johnson
Birthplace	Sayre, Oklahoma	Delhi, Oklahoma
Father's birthplace	Hammond, Indiana	Hammond, Oklahoma

Subscribed and sworn to before me this 23 day of September, 1965

Hazel L. Hurlbert

Notary Public, residing at Eagle, Idaho

My commission expires Sept 28, 1968

(Seal)

Signed Mildred Johnson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of September, 1965

Hazel L. Hurlbert

Notary Public, residing at Eagle, Idaho

My commission expires Sept 28, 1968

(Seal)

Signed Emma Jean Greener

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

L-9-16-65 bb

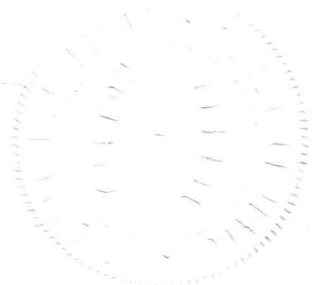

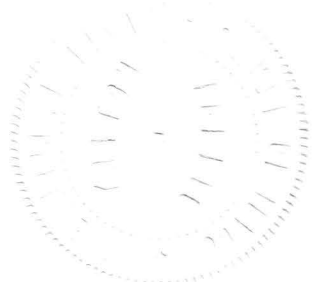

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 3 1965 Bureau of Vital Statistics

State File No.
Local Reg. No. 19
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
Length of Stay (in this place): Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hells Canyon Dam Site

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Baker
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural--Halfway
d. STREET ADDRESS (If rural, give location): Route #1, Box 4

3. NAME OF DECEASED (Type or Print): a. (First) FLOYD b. (Middle) GLEN c. (Last) JOHNSON

4. DATE OF DEATH: (Month) August (Day) 27, (Year) 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	November 6, 1932	32				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heavy Equipment Operator
10b. KIND OF BUSINESS OR INDUSTRY: Heavy Construction
11. BIRTHPLACE (State or foreign country): Sayre, Oklahoma
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Floyd W. Johnson — BIRTHPLACE: Hammond, Indiana
14. MOTHER'S MAIDEN NAME: Mildred Nicolson — BIRTHPLACE: --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 541-38-4191
17. INFORMANT'S OWN SIGNATURE: Floyd W Johnson — ADDRESS: RFD, Halfway, Ore.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Crushing injuries of head & chest — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hells Canyon Dam Site
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Adams, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): August 27, 1965 12:15 A m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Tractor overturning

22. *I hereby certify that, I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 12:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Earl Harold Whitney (Degree or title): Coroner Adams County
23b. ADDRESS: P.O. Box 215 Council, Idaho
23c. DATE SIGNED: 8-31-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 30, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pine Haven Cemetery
24d. LOCATION (City, town, or county) (State): Halfway, Oregon

DATE REC'D BY LOCAL REG.: 8-31-65
REGISTRAR'S SIGNATURE: J. C. Edwards
25. FUNERAL DIRECTOR: Idaho E-311 — ADDRESS: The Beatty Chapel, Baker, Oregon

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

SEP - 8-1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 17 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

SEP 23 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

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This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECE

Certificate of Death

STATE OF IDAHO

State File No. 3354
Local Reg. No. 19
Reg. Dist. No. 300

BIRTH NO. SEP 3 1965

1. PLACE OF DEATH
a. COUNTY Adams 020 Bureau of Vital Sta: 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Council
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence 020

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Colorado 06 b. COUNTY Montrose 55
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montrose
d. STREET ADDRESS (If rural, give location) ----

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) MADDEN c. (Last) AMUNDSEN

4. DATE OF DEATH (Month) 8 (Day) 30, (Year) 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH 5/1/1922
9. AGE (In years last birthday) 43 IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nursing 15
10b. KIND OF BUSINESS OR INDUSTRY Nurse 020
11. BIRTHPLACE (State or foreign country) Atlantic City, N. J.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Dr. Leland S. Madden BIRTHPLACE ---
14. MOTHER'S MAIDEN NAME Florence Porter Madden BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 516-34-0419
17. INFORMANT'S OWN SIGNATURE Florence Madden ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardia Infarction — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 4:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE Harold Whitlock 583 (Degree or title) Coroner Adams County 4
23b. ADDRESS Council, Idaho
23c. DATE SIGNED 8/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/2/65
24c. NAME OF CEMETERY OR CREMATORY I.O.F Cemetery
24d. LOCATION (City, town, or county) Council (State) Idaho

DATE REC'D BY LOCAL REG. 9-1-65
REGISTRAR'S SIGNATURE
25. EMBALMER D. Mac Thomason
LICENSE NO. E-388

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Northam-Jones Funeral Home

SEP 7 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 5 1970

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3355
Local Reg. No. 447
Reg. Dist. No. 511

BIRTH NO.

RECEIVED
SEP 2 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock 037
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Route #1 South

3. NAME OF DECEASED (Type or Print): a. (First) THOMAS b. (Middle) 018 c. (Last) DANIELS

4. DATE OF DEATH: (Month) July (Day) 21, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Oct. 6, 1898

9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Storekeeper and Farmer

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Malad, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John M. Daniels 04

BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Martha Richards

BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service): XXXX

16. SOCIAL SECURITY NO.: 519-38-3073

17. INFORMANT'S OWN SIGNATURE: Ora Daniels ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 154X Carcinoma Rectum

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Metastasis Gen -

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 12/15/63

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the rectum.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/12/63, 19____, *to* 7/21/65, 19____, *that I last saw the deceased alive on* 7/21/65, 19____ *and that death occurred at* 1:40A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 8/28/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jul.23,1965

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: AUG 30 1965

REGISTRAR'S SIGNATURE: [signature]

25. EMBALMER: [signature]

LICENSE NO.: EH18

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

SEP 3 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3356
Local Reg. No.
Reg. Dist. No.

RECEIVED SEP 1 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 030 3-21 3 weeks
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey, Idaho
c. LENGTH OF STAY (in this place): 6 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Marsh Valley Hospital 020

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 45 Utah 555
b. COUNTY: Cache
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): -

3. NAME OF DECEASED (Type or Print): a. (First) Nellie b. (Middle) Druce c. (Last) Lambert Rawlins

4. DATE OF DEATH (Month) (Day) (Year): July 29, 1965

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Oct. 28, 1880
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home 01
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles John Cannon Lambert — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Lilly Harriet Almira Druce — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs. Althea Woodland — ADDRESS: Downey, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) c̄ infarction
DUE TO (c) old Cerebral Vascular Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-12, 1965, *to* 7-26-65, 19__, *that I last saw the deceased alive on* 7-26-65, 19__, *and that death occurred at* 6:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Emily Burke Lyons M.D. 070 (Degree or title)
23b. ADDRESS: Downey, Idaho
23c. DATE SIGNED: 8-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 7/31/65
24c. NAME OF CEMETERY OR CREMATORY: Lewiston City Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Utah

DATE REC'D BY LOCAL REG.: Aug 5, 1965
REGISTRAR'S SIGNATURE: Orissa Salvesen
25. FUNERAL DIRECTOR: Sterling Nelson — ADDRESS: Logan, Utah

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3357
Local Reg. No. 432
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 030 — AUG 17 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 002
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. Highway 191 near Downey

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 10
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 105 Chatham Dr.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Curtis	Thomson	Petersen	August	2	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	December 23, 1951	13				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 77	Jr. High School	Ogden, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jean Carol Petersen	Utah	Clarice Thomson	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Jean C. Petersen	Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 816.4 Fracture, Skull, Basal + Vault — INTERVAL BETWEEN ONSET AND DEATH: Immed.
Fract. Cerv. Vertebrae

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 030 (COUNTY) (STATE)
Accident	Highway 91-191	3.3 mi. N. of Downey, Bannock Co Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
8-2-65 6 A. m.		Two car head-on Collision

22. *I hereby certify that I attended the deceased from* —, 19—, *to* —, 19—, *that I last saw the deceased alive on* 8-2-, 1965, *and that death occurred at* 6 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Burton H. Sims 583	Coroner	Bannock Co. Idaho	8-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	8/5/65	Lewiston Cemetery	Lewiston Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
AUG 12 1965	Sally Kellogg	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form PH-63021

AUG 18 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3358
Local Reg. No. 425
Reg. Dist. No. 511

RECEIVED
AUG 17 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 030 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 3 miles No. of Downey
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 91 (002)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 45 Utah 555
b. COUNTY: Salt Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salt Lake City
d. STREET ADDRESS (If rural, give location): 323 "H" Street

3. NAME OF DECEASED (Type or Print)
a. (First): Brent
b. (Middle): Taylor
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): August 2, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: February 7, 1940
9. AGE (In years last birthday): 25 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmacist 46
10b. KIND OF BUSINESS OR INDUSTRY: Drug 01
11. BIRTHPLACE (State or foreign country): Provo, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Clyde LeRoy Johnson
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Ruth Laie Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1955-1965 6
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Clyde L. Johnson, 255 S. 700 W. Provo, Utah

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

816.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Auto accident

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Skull fracture multiple arm fractures

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 26 Hi-Way 191
21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE): 13 North of Downey (2 mo) 030 Bannock, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 - 2 - 65 6 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Auto accident

22. *I hereby certify that I attended the deceased from* 8-2, 1965, *to* 8-2, 1965, *that I last saw the deceased alive on* 8-2, 1965, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 070
23b. ADDRESS: Downey Idaho
23c. DATE SIGNED: 8-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Interment
24b. DATE: 8-6-65
24c. NAME OF CEMETERY OR CREMATORY: Provo City Cemetery
24d. LOCATION (City, town, or county) (State): Provo, Utah Co. Utah

DATE RECD BY LOCAL REG.:
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Conway Grant
LICENSE NO.: E478
FIRM NAME: Grant Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 20 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3359
Local Reg. No. 423
Reg. Dist. No. 511

Certificate of Death

RECEIVED AUG 17 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 030
a. COUNTY: Bannock 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 3 miles No. of Downey
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 91 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 45 Utah 555
b. COUNTY: Salt Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salt Lake City
d. STREET ADDRESS (If rural, give location): 323 "H" Street

3. NAME OF DECEASED (Type or Print)
a. (First): Barbara
b. (Middle): Jean
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): August 2 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: August 18, 1939
9. AGE (In years last birthday): 25 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Cardston, Alberta, Canada
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Lloyd Gregson
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Bertha G. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Clyde L. Johnson, 255 S. 700 W. Provo, Utah

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 816.4 Autoaccident

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Head injury — Fractures of arms & leg.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hi-way 191
21c. (CITY, TOWN, OR TOWNSHIP) 030 (COUNTY) (STATE): 13 north of Downey (2 mi) Bannock Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-2-65 6 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Autoaccident

22. *I hereby certify that I attended the deceased from* 8-2, 1965, *to* 8-2, 1965, *that I last saw the deceased alive on* 8-2, 1965, *and that death occurred at* 9:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE 070 (Degree or title): [signature] Bruce Knapp
23b. ADDRESS: Downey Idaho
23c. DATE SIGNED: 8.10.65

24a. BURIAL, CREMATION, REMOVAL (Specify): Interment
24b. DATE: 8-6-65
24c. NAME OF CEMETERY OR CREMATORY: Provo City Cemetery
24d. LOCATION (City, town, or county) (State): Provo, Utah County, Utah

DATE REC'D BY LOCAL: AUG 12 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Conway Grant
LICENSE NO.: C478

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Grant Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 20 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED AUG 17 1965 STATE OF IDAHO

State File No. 3360
Local Reg. No. 424
Reg. Dist. No. 511

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Highway 91 3 miles North of Downey
LENGTH OF STAY (In this place): 000
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 91 602

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah 45
b. COUNTY: Salt Lake 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salt Lake City
d. STREET ADDRESS (If rural, give location): 323 H Street

3. NAME OF DECEASED (Type or Print): a. (First) Michael; b. (Middle) Brent; c. (Last) Johnson

4. DATE OF DEATH: (Month) August (Day) 2 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: May 1, 1965

9. AGE (In years last birthday): IF UNDER 1 YEAR Months 3 Days 1; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): Los Angeles, California

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Brent Taylor Johnson
BIRTHPLACE: Provo, Ut.

14. MOTHER'S MAIDEN NAME: Barbara Jean Gregson
BIRTHPLACE: Canada Cardston, Alberta,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Clyde L. Johnson
ADDRESS: 255 S. 700 W. Provo, Ut.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 816.4 Head Injury Skull fracture (Auto Accident)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident to Hwy 91

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 3 North of Downey (2mi)

21c. (CITY, TOWN, OR TOWNSHIP) 030 **(COUNTY)** Bannock **(STATE)** Idaho

21d. TIME OF INJURY (Month) 8 (Day) 2 (Year) 65 (Hour) 6 A m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Auto accident

22. *I hereby certify that I attended the deceased from* 8-2, 1965, *to* 8-2, 1965, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Downey Idaho

23c. DATE SIGNED: 8-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Interment

24b. DATE: 8-6-65

24c. NAME OF CEMETERY OR CREMATORY: Provo City Cemetery

24d. LOCATION (City, town, or county) (State): Provo, Utah County, Utah

DATE REC'D BY LOCAL REG.: AUG 12 1965

REGISTRAR'S SIGNATURE: Sally Kellogg

25. EMBALMER: Conway Grant E478

FIRM NAME: Grant Mortuary

Federal Security Agency
United States Public Health Service

Form PH-63021

DUTIES:

AUG 20 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3361
Local Reg. No. 426
Reg. Dist. No. 5-10

BIRTH NO.

RECEIVED
AUG 17 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 403 Jefferson

3. NAME OF DECEASED (Type or Print): a. (First) ALTON b. (Middle) M. 018 c. (Last) ALEXANDER

4. DATE OF DEATH: (Month) (Day) (Year): August 3, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Dec. 7, 1903

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate Broker

10b. KIND OF BUSINESS OR INDUSTRY: 09

11. BIRTHPLACE (State or foreign country): Bench Creek, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Moroni Woodruff Alexander 19

BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Margaret Duncan

BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: XXXX

17. INFORMANT'S OWN SIGNATURE: Alton M. Alexander Jr.

ADDRESS: Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebrovascular and coronary 3347 — INTERVAL BETWEEN ONSET AND DEATH: 1963

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 1961
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes, mild

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1963, 19____, *to* Aug 3, 1965, *that I last saw the deceased alive on* June 24, 1965, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 248 R.P. Hansen MD

23b. ADDRESS: Pocatello Idaho

23c. DATE SIGNED: Aug 11 '65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 6, 1965

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: AUG 12 1965

REGISTRAR'S SIGNATURE: Sally Kellogg

25. EMBALMER: T.B. Manning

LICENSE NO.: E418

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

AUG 18 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3362
Local Reg. No. 433
Reg. Dist. No. 511

RECEIVED AUG 24 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03 — 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp. 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 040
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fish Haven
d. STREET ADDRESS (If rural, give location): -----

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	GEORGE	P	STOCK	Aug.	4	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 2	Apr. 9, 1887	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Auto Dealer--Ret. 19	Automobile 12	Fish Haven, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Richard P. Stock	England	Rosetta Gardner	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-32-3111	Mrs George Stock	Fish Haven, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial infarction. — INTERVAL BETWEEN ONSET AND DEATH: Few moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — Few months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Previous myocardial infarction in July of 1965.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
No		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8-3-, 1965, *to* 8-4-, 1965, *that I last saw the deceased alive on* 8-4-, 1965, *and that death occurred at* 11:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E. Comstock, M.D.	Box 852 Pocatello, Idaho	8-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	4 Aug 1965	St. Charles Cem.	St. Charles, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
AUG 13 1965	Rhea Jones, Deputy	George W Kunoff	E-409

FIRM NAME: Mathews Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 30 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3363
Local Reg. No. 437
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED AUG 30 1965 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Bannock 031 600	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 031 b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (in this place):	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital	d. STREET ADDRESS (If rural, give location): 426 West Day

3. NAME OF DECEASED (Type or Print)	a. (First) ARCHIE	b. (Middle) P. 018	c. (Last) NOBLE	4. DATE OF DEATH (Month) (Day) (Year) August 6, 1965
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3	8. DATE OF BIRTH: Feb. 3, 1896	9. AGE (In years last birthday): 69 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist 70	10b. KIND OF BUSINESS OR INDUSTRY: U.P.R.R.	11. BIRTHPLACE (State or foreign country): Pleasant Grove, Utah	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Donald Noble	BIRTHPLACE: Scotland	14. MOTHER'S MAIDEN NAME: Elizabeth Patterson	BIRTHPLACE: Scotland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE: Mrs Archie Noble	ADDRESS	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/29/65, 19___, *to* 8/6/65, 19___, *that I last saw the deceased alive on* 8/6/65, 19___, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R.R.Merrell, MD 356 R.R.Merrell MD	23b. ADDRESS: 156 So. 6th, Pocatello, Ida	23c. DATE SIGNED: 8/16/65	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1	24b. DATE: Aug.10,1965	24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery	24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho
DATE REC'D BY LOCAL REG.: AUG 23 1965	REGISTRAR'S SIGNATURE: Sally Kellogg	25. EMBALMER: Herman J Richards	LICENSE NO.: E-355

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 31 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3364
Local Reg. No. 427
Reg. Dist. No. 510

RECEIVED
Bureau of Vital Statistics
AUG 17 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hillcrest Haven Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 03
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 675 Richland

3. NAME OF DECEASED (Type or Print) a. (First) ANNIE b. (Middle) c. (Last) FIKSTAD

4. DATE OF DEATH (Month) (Day) (Year) August 6, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan. 8, 1883
9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home 01
11. BIRTHPLACE (State or foreign country) Logan, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Ricks — BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Margaret Charles — BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) xxx
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Afton L. Furniss — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral-Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular Dis. — 10 years
DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* Aug 7, 1953, *to* Aug 6, 1965, *that I last saw the deceased alive on* January, 1965, *and that death occurred at* 12:50a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Jay L. Merkeley MD
23b. ADDRESS Pocatello, Idaho
23c. DATE SIGNED Aug 10, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 9, 1965
24c. NAME OF CEMETERY OR CREMATORY Mountainview Cemetery
24d. LOCATION (City, town, or county) (State) Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG. AUG 12 1965
REGISTRAR'S SIGNATURE Sally Keeling
25. EMBALMER T. D. Manning
LICENSE NO. E418

Federal Security Agency
United States Public Health Service
Form PH-63021

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3365
Local Reg. No. 484
Reg. Dist. No. 510

RECEIVED

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03 — AUG 24 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Pocatello — Bureau Of Vital Statistics
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03 — b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 319 South 8th Avenue

3. NAME OF DECEASED (Type or Print): a. (First) VIRGINIA — b. (Middle) ROSE 018 — c. (Last) CHASE

4. DATE OF DEATH: (Month) August (Day) 7 (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 7

8. DATE OF BIRTH: August 12, 1915

9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales lady 19

10b. KIND OF BUSINESS OR INDUSTRY: Retail business 59

11. BIRTHPLACE (State or foreign country): Buhl Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Ernest Stallings — BIRTHPLACE: Nickserson, Nebraska

14. MOTHER'S MAIDEN NAME: Mary E. Grayson — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.: 519-09-8630

17. INFORMANT'S OWN SIGNATURE: Mary E. Stallings — ADDRESS: Pocatello, Idah

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

970.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, bilateral, extensive — INTERVAL BETWEEN ONSET AND DEATH: 16 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Barbiturate intoxication — 36 hrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Convulsive disorder — 2 1/2 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 01

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) 03 Pocatello — (COUNTY) Bannock — (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): August 5, 1965 8 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Overdose of barbiturates

22. *I hereby certify that I attended the deceased from* 12/31/62, 19___, *to* Aug. 7, 1965, *that I last saw the deceased alive on* Aug. 7, 1965, *and that death occurred at* 7:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 220 — (Degree or title) MD

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Aug. 9, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 10, 1965

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: AUG 18 1965

REGISTRAR'S SIGNATURE: Mae Jones Deputy

25. EMBALMER: Jack Henderson — LICENSE NO.: E 349

FIRM NAME: Henderson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 26 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 22 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3366
Local Reg. No. 428
Reg. Dist. No. 510

Certificate of Death

RECEIVED

BIRTH NO. STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock 031 AUG 17 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello Bureau of Vital Statistics
c. LENGTH OF STAY (in this place): 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 201 So. Main (002)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 201 So. Main

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle): G
c. (Last): STIRLING

4. DATE OF DEATH (Month) (Day) (Year): Aug. 8 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: May 7, 1921
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 19
10b. KIND OF BUSINESS OR INDUSTRY: Furniture 14
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Stirling — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Jennie Jarvie — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW II 4
16. SOCIAL SECURITY NO.: 725-01-4869
17. INFORMANT'S OWN SIGNATURE: John Stirling — ADDRESS: Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

322.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Alcoholism
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan., 1960, *to* Aug. 8, 1965, *that I last saw the deceased alive on* Aug. 7, 1965, *and that death occurred at* 1 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. F. Overturf, D.O. 2 725
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 8-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Aug. 11, '65
24c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: AUG 12 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: George W. Knopp
LICENSE NO.: E-409

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Downard Funeral Home.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 24 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3367
Local Reg. No. 435
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock 03 (082)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 03 b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 441 North 7th Avenue

3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) JANE c. (Last) PACE

4. DATE OF DEATH (Month) (Day) (Year) August 9, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan. 11, 1884
9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home 61
11. BIRTHPLACE (State or foreign country) Pleasanton, New Mexico
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Hugh McClellan BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Elizabeth Hester Mitchell BIRTHPLACE S. Africa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) XXX
16. SOCIAL SECURITY NO. 434-1
17. INFORMANT'S OWN SIGNATURE William H Gamwell ADDRESS Pocatello

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular Sclerosis — Unknown
DUE TO (c) Sinility — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Collapse — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE John W. Worsley, M.D. 579 (Degree or title) M.D.
23b. ADDRESS 84 Center Plaza, Poc., Idaho
23c. DATE SIGNED 8/13/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 12, 1965
24c. NAME OF CEMETERY OR CREMATORY Shelley Cemetery
24d. LOCATION (City, town, or county) Shelley, Idaho (State)

DATE REC'D BY LOCAL REGR. AUG 26 1965
REGISTRAR'S SIGNATURE Mae Jones Deputy
25. EMBALMER B. Manning
LICENSE NO. E1118
FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

AUG 26 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3368
Local Reg. No. 429
Reg. Dist. No. 510

BIRTH NO.

RECEIVED AUG 3 0 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Nursing Home 299

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 68 Willowood Avenue

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) MARGARET c. (Last) ORR

4. DATE OF DEATH: (Month) August (Day) 9, (Year) 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Aug. 12, 1880	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home 01	Chester, Pennsylvania	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Patrick McGarvey	Ireland	Bridget Friel	Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXXX	534-22-2389	Clara W. Orr	Pocatello, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Advanced senility secondary to cerebral sclerosis.	Years
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Urinary bladder atony with chronic urinary tract infection.	Years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

334X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7/17, 19 63, *to* 8/9, 19 65, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 9:42p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Arch T. Wigle, M.D.	1605 N. Arthur	Aug 16'65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 12, 1965	Mountainview Cemetery	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
AUG 23 1965	Sally Lloyd	Herman Kuebler	E-355

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 3 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3369
Local Reg. No. 448
Reg. Dist. No. 511

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED SEP 2 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 038
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Route #1 South, Box 184

3. NAME OF DECEASED (Type or Print)
a. (First): BRIAN
b. (Middle): LEE
c. (Last): ROWLEY

4. DATE OF DEATH (Month) (Day) (Year): August 9, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 3, 1945
9. AGE (In years last birthday): 20 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Emmanuel Rowley — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Queena Peck — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Joseph E. Rowley — ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

976X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gun-Shot wound, Chest. — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES — Self-inflicted

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 19__, *to* —, 19__, *that I ~~last~~ saw the deceased* dead *on* 8-9-, 1965, *and that death occurred at* 2:05 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Burton H. John 583 (Degree or title): Coroner
23b. ADDRESS: Bannock County Idaho
23c. DATE SIGNED: 8-25-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 13, 1965
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem. Gardens
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: AUG 25 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Herman J. Richards
LICENSE NO.: E-355

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 3 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Bureau

Certificate of Death

STATE OF IDAHO

State File No. 3370
Local Reg. No. 438
Reg. Dist. No. 510

BIRTH NO.

RECEIVED AUG 30 1965 Bureau of Vital Statistics

1. PLACE OF DEATH 031
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 036
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Route 2 North - Box 191

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERTA
b. (Middle): M. 018
c. (Last): DAVIS

4. DATE OF DEATH (Month) August (Day) 9 (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: February 25, 1904
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher 12
10b. KIND OF BUSINESS OR INDUSTRY: Pocatello School Dist. 01
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Lorenzo Marriott — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Lucy Chester — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): *****
16. SOCIAL SECURITY NO.: 529-16-2881
17. INFORMANT'S OWN SIGNATURE: Richard C. Davis, — ADDRESS: Bellevue, Washington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Stomach — 151X — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1957, 19__, *to* Aug. 9, 19 65, *that I last saw the deceased alive on* Aug. 9, 19 65, *and that death occurred at* 11:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 362 David C. Miller M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Aug. 13, '65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 13, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county): Pocatello (State): Idaho

DATE REC'D BY LOCAL REG.: 8-25-65
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Jack Henderson
LICENSE NO.: E - 349

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Henderson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 31 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 9 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 9 1977

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

APR 25 1978

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3371
Local Reg. No. 496
Reg. Dist. No. 511

RECEIVED
Bureau of Vital Statistics
AUG 24 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 03 Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
LENGTH OF STAY (in this place) 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital 619

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 120 b. COUNTY Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Arco
d. STREET ADDRESS (If rural, give location) N. Water Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Josephine	Holland	McCowen	August 10, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	January 8, 1879	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
County Treasurer 62	Bookkeeping 08	Cokeville, Wyoming	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Warren E. Holland	Unknown	Christina (MNU)	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-36-3732	Goldie U. Walker	Arco, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4500 Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 3 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov, 1964 *to* Aug 10, 1965, *that I last saw the deceased alive on* Aug 8, 1965, *and that death occurred at* 11:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	804 E Center Pocatello Idaho	8-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-14-65	Mt. View Cemetery	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
AUG 17 1965	Mae Jones, Deputy	C. W. Marvel	E-457

FIRM NAME Marvel Memorial Chapel, Arco

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3372
Local Reg. No. 429
Reg. Dist. No. 510

BIRTH NO.

RECEIVED AUG 24 1965 Bureau of Vital Statistics

1. PLACE OF DEATH — a. COUNTY: Bannock 03 — b. CITY OR TOWN: Pocatello — c. LENGTH OF STAY (in this place): 800 — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 818

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 03 — b. COUNTY: Bannock — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello — d. STREET ADDRESS (If rural, give location): 628 South Fifth Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOHN	CHARLES	ELLIOTT	August 10 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married 3	January 6, 1888	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk 20	Union Pacific R. R. 19	Lago Idaho	U. S. A.

13. FATHER'S NAME — BIRTHPLACE	14. MOTHER'S MAIDEN NAME — BIRTHPLACE
James C. Elliott	Caroline Peterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE — ADDRESS
Yes World War I 3	519-09-9846	Laura M. Elliott Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Metastatic Carcinoma	6 months
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Carcinoma of Prostate	12 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Cachexia + Anemia	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1953	Carcinoma of Prostate	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* Aug. 10, 19 65, *that I last saw the deceased alive on* Aug. 10, 19 65, *and that death occurred at* 11:30 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] M.D.	Pocatello, Idaho	Aug. 12, 196

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 12, 1965	Mountainview Cemetery	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
AUG 20 1965	Mae Jones, Deputy	[illegible] Henderson	E 349

FIRM NAME: Henderson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 26 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3373
Local Reg. No. 440
Reg. Dist. No. 5-10

BIRTH NO.

RECEIVED AUG 30 1965

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello Bur
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 401 North Lincoln Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): AGNES
b. (Middle): ***** 018
c. (Last): ASKLOF

4. DATE OF DEATH: (Month) August (Day) 10 (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: March 6, 1893

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher 12

10b. KIND OF BUSINESS OR INDUSTRY: Public Schools

11. BIRTHPLACE (State or foreign country): Ottumwa Iowa

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Ernest G. Asklof
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Louise Larsen
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): *****

16. SOCIAL SECURITY NO.: 518-46-4157

17. INFORMANT'S OWN SIGNATURE: Mrs. L. R. Brown
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 1962

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of Colon — 1962
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1962

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Colon (Sigmoid)

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1964, *to* Aug. 10, 1965, *that I last saw the deceased alive on* Aug. 10, 1965, *and that death occurred at* 2:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Aug. 12, '65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 12, 1965

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 8-23-65

REGISTRAR'S SIGNATURE: [signature]

25. EMBALMER: [signature]

LICENSE NO.: E 349

FIRM NAME: Henderson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

AUG 31 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 21 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3374
Local Reg. No. 441
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

RECEIVED
AUG 30 1965
Bureau of V. Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 118 West Gould

3. NAME OF DECEASED (Type or Print)
a. (First): JESSIE
b. (Middle):
c. (Last): BEAN

4. DATE OF DEATH (Month) (Day) (Year): August 10, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Aug. 8, 1878
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Carrol, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Calvin Chase — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Hulda — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Don Packer — ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: sev. years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1964, 19___, *to* 8-10-65, 19___, *that I last saw the deceased alive on* 7-30-65, 19___, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. S. Cau 077 M.D.
23b. ADDRESS: Pocatello
23c. DATE SIGNED: 8/19/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Aug. 12, 1965
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Miles City, Montana

DATE REC'D BY LOCAL REG.: AUG 23 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Herman J. Richards — LICENSE NO. E-355
FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 31 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3375
Local Reg. No. 449
Reg. Dist. No. 510

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

SEP 2 1965

Bureau of Vital Statistics

1. PLACE OF DEATH 031
a. COUNTY: Bannock 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF [illegible] this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 176 West Eldredge Road
d. STREET ADDRESS (If rural, give location): Pocatello, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): LONA
b. (Middle): B. 018
c. (Last): KNUDSEN

4. DATE OF DEATH (Month) (Day) (Year): August 10 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 19, 1903
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At Home 01
11. BIRTHPLACE (State or foreign country): Floyd County, Kentucky
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Robert Lee Jones — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Sarah Emily Mullens — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): *****
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Rasmus Knudsen — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

153.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of the colon.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Metastasis, generalized.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 8/9/65
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the colon with generalized metastasis.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/8/65, 19__, *to* Aug. 10, 19 65 *that I last saw the deceased alive on* Aug. 10, 19 65 *and that death occurred at* 4:10p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 1857 R Horton MD
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Aug. 13, '65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 13, 1965
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Memorial Garden
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: AUG 30 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Jack Henderson
LICENSE NO.: E - 349

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Henderson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 7 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 30 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3376
Local Reg. No. 442
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
c. LENGTH OF STAY (in this place): 2 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lava Rest Home 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 21
b. COUNTY: Franklin 2-02
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 268 West Oneida

3. NAME OF DECEASED (Type or Print): a. (First) Evan b. (Middle) Harris c. (Last) Casperson

4. DATE OF DEATH (Month) (Day) (Year): Aug. 14 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 5

8. DATE OF BIRTH: March 25, 1887

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 19

10b. KIND OF BUSINESS OR INDUSTRY: Electrical Blankets 12

11. BIRTHPLACE (State or foreign country): Logan, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Rasmus Casperson
BIRTHPLACE: Jerslev Odense, Denmark

14. MOTHER'S MAIDEN NAME: Anne Harris
BIRTHPLACE: Point House Minwere, South Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519 26 4268

17. INFORMANT'S OWN SIGNATURE: Edna L Casperson
ADDRESS: Preston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 420.0 Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 8, 1965, *to* 8-14, 1965, *that I last saw the deceased alive on* 8-16, 1965, *and that death occurred at* 10:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Emily Burbidge Hall M.D.
23b. ADDRESS: Downey Idaho
23c. DATE SIGNED: 8-22-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 18, 1965
24c. NAME OF CEMETERY OR CREMATORY: Logan
24d. LOCATION (City, town, or county) (State): Logan Utah

DATE REC'D BY LOCAL REG.: 8-26-65
REGISTRAR'S SIGNATURE: Sally Kellogg

25. EMBALMER: Douglas L Webb
LICENSE NO.: 488
FIRM NAME: Webb Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

SEP 1 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 19 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3377
Local Reg. No. 452
Reg. Dist. No. 5-10

RECEIVED
SEP 9 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock 019
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Hillcrest Haven Rest Home

3. NAME OF DECEASED (Type or Print)
a. (First): HARDIN
b. (Middle): *****
c. (Last): WILLCOCKSON

4. DATE OF DEATH: August 16 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: November 26, 1877
9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed 04
11. BIRTHPLACE (State or foreign country): Yurich, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: George Henry Willcockson
BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Sarah Ellen Van Buskirk
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): *****
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Freda D. Briggs
ADDRESS: Pocatello, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 331X Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes mellitus — Unknown / 2 weeks
Diabetic gangrene Left foot

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 12, 1965, *to* Aug. 16, 1965, *that I last saw the deceased alive on* Aug. 16, 1965, *and that death occurred at* 3:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 009 L Henderson MD
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Aug. 17, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 18, 1965
24c. NAME OF CEMETERY OR CREMATORY: Falls View Cemetery
24d. LOCATION (City, town, or county) (State): American Falls Idaho

DATE REC'D BY LOCAL REG.: SEP 7 1965
REGISTRAR'S SIGNATURE: Freda D. Briggs
25. EMBALMER: L Henderson
LICENSE NO.: E 349

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Henderson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 15 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3378
Local Reg. No. 443
Reg. Dist. No. 500

RECEIVED AUG 30 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1633 North Harrison Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1633 North Harrison Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): JESSE
b. (Middle): B. 000
c. (Last): PROUGH

4. DATE OF DEATH (Month) (Day) (Year): August 16 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: March 10, 1906
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Clerk 70
10b. KIND OF BUSINESS OR INDUSTRY: Union Pacific R. R. 19
11. BIRTHPLACE (State or foreign country): Schell City, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas Prough — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Celia Nelson — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Miss Essie Prough — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ..., that I last saw the deceased dead alive on* August 16, 1965, *and that death occurred at* unknown, *from the causes and on the date stated above.*

23a. SIGNATURE: Burton J. Olm 583 — (Degree or title): Bannock County Coroner
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: August 17, '65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 19, 1965
24c. NAME OF CEMETERY OR CREMATORY: Westlawn Memorial Cemetery
24d. LOCATION (City, town, or county): Eugene — (State): Oregon

DATE REC'D BY LOCAL REG.: 8-25-65
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Jack Henderson
LICENSE NO.: E 349
FIRM NAME: Henderson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 31 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3379
Local Reg. No. 435
Reg. Dist. No. 510

BIRTH NO. 65-7531

RECEIVED

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY Bannock 03 | SEP 2 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Bannock 03
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 538 West Greeley

3. NAME OF DECEASED (Type or Print)
a. (First) SHAUN b. (Middle) RAY 018 c. (Last) PARR

4. DATE OF DEATH (Month) (Day) (Year) August 1[6], 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH Aug. 15, 1965

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days 1 | IF UNDER 24 HRS. Hours 15 | Min. 21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 02

10b. KIND OF BUSINESS OR INDUSTRY XXXX 00

11. BIRTHPLACE (State or foreign country) Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Dallas Parr — BIRTHPLACE Idaho

14. MOTHER'S MAIDEN NAME Margaret Dalgarn — BIRTHPLACE Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) XXXX

16. SOCIAL SECURITY NO. XXXX

17. INFORMANT'S OWN SIGNATURE Ralph Parr — ADDRESS Pocatello, Idaho

18. CAUSE OF DEATH 778.5

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hyaline membrane disease — INTERVAL BETWEEN ONSET AND DEATH 24 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) prematurity

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 15, 1965, *to* Aug 16, 1965, *that I last saw the deceased alive on* Aug 16, 1965, *and that death occurred at* 9:50 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Ralph Parr MD

23b. ADDRESS 538 W. Yellowstone

23c. DATE SIGNED 8/18/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug. 17, 1965

24c. NAME OF CEMETERY OR CREMATORY Mountainview Cem.

24d. LOCATION (City, town, or county) (State) Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG. AUG 30 1965

REGISTRAR'S SIGNATURE Darcy Kellogg

25. EMBALMER F. B. Manning

LICENSE NO. E418

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

SEP 3 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3380
Local Reg. No. 444
Reg. Dist. No. 510

RECEIVED
AUG 30 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Route #2 North

3. NAME OF DECEASED (Type or Print)
a. (First): KENNETH
b. (Middle): HUGH
c. (Last): BETTY

4. DATE OF DEATH (Month) (Day) (Year): August 17, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: July 9, 1947
9. AGE (In years last birthday): 18 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 06
10b. KIND OF BUSINESS OR INDUSTRY: Thickol 00
11. BIRTHPLACE (State or foreign country): Wendell, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lester H. Betty — BIRTHPLACE: Oklahoma
14. MOTHER'S MAIDEN NAME: Irene Koski — BIRTHPLACE: Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.: 518-60-0069
17. INFORMANT'S OWN SIGNATURE: Melvin A. Betty — ADDRESS: Pocatello

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral edema — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): cranio-cerebral injury — 2 1/2 days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: respiratory failure

19a. DATE OF OPERATION: 8-15-65
19b. MAJOR FINDINGS OF OPERATION: Cerebral edema
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 04 street
21c. (CITY, TOWN, OR TOWNSHIP) 031 (COUNTY) (STATE): Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 14 1965 8 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Motorcycle - auto accident

22. *I hereby certify that I attended the deceased from* 8-14-65, *19*__, *to* 8-16-65, *19*__, *that I last saw the deceased alive on* 8-16-65, *19*__, *and that death occurred at* 5:30 P*m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. Baron 016
23b. ADDRESS: 1352 E. Center, Pocatello, Idaho
23c. DATE SIGNED: 8-18-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 19, 1965
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: AUG 23 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Herman C. Richards
LICENSE NO.: E-355
FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 31 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3381
Local Reg. No. 451
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 2 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): P.F.E. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 345 Taft

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): T.
c. (Last): HARWOOD

4. DATE OF DEATH (Month) (Day) (Year): August 18, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Aug. 11, 1903
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): P.F.E. 70
10b. KIND OF BUSINESS OR INDUSTRY: P.F.E. 05
11. BIRTHPLACE (State or foreign country): Granite, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas Harwood — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Alice Egbert — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXXX
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Neal T. Harwood — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from —, 19—, to —, 19—, that I ~~last~~ saw the deceased Dead on 8-18-, 1965, and that death occurred at ? m., from the causes and on the date stated above.*

23a. SIGNATURE: Burton H. John 583 — (Degree or title): Coroner
23b. ADDRESS: Bannock Co. Idaho
23c. DATE SIGNED: 8-25-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 21, 1965
24c. NAME OF CEMETERY OR CREMATORY: Grace Cemetery
24d. LOCATION (City, town, or county) (State): Grace, Caribou, Idaho

DATE REC'D BY LOCAL REG.: AUG 26 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Herman J. Richards
LICENSE NO.: E-355

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 3 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. SEP 27 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3382
Local Reg. No. 445
Reg. Dist. No. 510

RECEIVED AUG 30 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock 03
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 413 East Chapel

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

3. NAME OF DECEASED (Type or Print): a. (First) FRANK b. (Middle) G. 018 c. (Last) LEE

4. DATE OF DEATH (Month) (Day) (Year): Aug. 18, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Jan. 8, 1906

9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer 16

10b. KIND OF BUSINESS OR INDUSTRY: U.P. Railroad 03

11. BIRTHPLACE (State or foreign country): Thayer, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fred R. Lee — BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Lola M. Duft — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 712-05-3282

17. INFORMANT'S OWN SIGNATURE: Ardath Lee — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary artery disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 19 57, *to* Aug 18, 19 65, *that I last saw the deceased alive on* Aug 18, 19 65, *and that death occurred at* 11 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] — (Degree or title): MD

23b. ADDRESS: Pocatello Ida

23c. DATE SIGNED: 8-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 21-65

24c. NAME OF CEMETERY OR CREMATORY: Mount Moriah Cem.

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 8-25-65

REGISTRAR'S SIGNATURE: Sally Kellogg

25. EMBALMER: John P. Downard

LICENSE NO.: 292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 30 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 2 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3383
Local Reg. No. 446
Reg. Dist. No. 570

BIRTH NO.

RECEIVED AUG 30 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bannock 03
b. CITY OR TOWN Pocatello
c. LENGTH OF STAY (in this place) 17 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 03 b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 404 N. 4th

3. NAME OF DECEASED (Type or Print) a. (First) AMADO b. (Middle) c. (Last) MURILLO

4. DATE OF DEATH (Month) (Day) (Year) Aug. 19, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Sept. 13, 1882

9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk 10

10b. KIND OF BUSINESS OR INDUSTRY U.P. Railroad

11. BIRTHPLACE (State or foreign country) Mexico

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unk. Murillo BIRTHPLACE Mexico 19

14. MOTHER'S MAIDEN NAME Juana Unknown BIRTHPLACE Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 712-03-1549

17. INFORMANT'S OWN SIGNATURE Mary Penagos ADDRESS Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auriclesclerosis — INTERVAL BETWEEN ONSET AND DEATH 10 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Old Age
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* 1. Heart Failure — one week
2. Uremia — "

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* Aug 12, 1965, *to* Aug 19, 1965, *that I last saw the deceased alive on* Aug 19, 1965, *and that death occurred at* 11:15a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John W. Worster M.D. 579 — 23b. ADDRESS Bl Center Plaza, Poc. Ida. — 23c. DATE SIGNED 8/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 24b. DATE Aug. 23-65 — 24c. NAME OF CEMETERY OR CREMATORY Mountainview Cem. — 24d. LOCATION (City, town, or county) (State) Pocatello, Idaho

DATE REC'D BY LOCAL REG. 8-25-65 — REGISTRAR'S SIGNATURE Sally Kellogg — 25. EMBALMER John P. Gramm — LICENSE NO. 292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3384
Local Reg. No. 559
Reg. Dist. No. 510

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bannock 03 — SEP 16 1965 — Bureau of Vital Statistics

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello — c. LENGTH OF STAY (in this place): 002

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 03 — b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. STREET ADDRESS (If rural, give location): 439 North 14th Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BRAZILL		LUKER	August 20, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Mar. 27, 1885	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher 04	Ranch 02	Woods Cross, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Caleb Luker	New Jersey	Sarah Ann Moss	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXX	519-14-0531A	Nephi M. Luker	California

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4280 Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* None, 19__, *to* 20 Aug, 19 65, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* 2 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 113	MD	804 E Center Pocatello	9-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 24, 1965	RestLawn Memorial Gardens	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG. SEP 9 1965 — REGISTRAR'S SIGNATURE [signature] — 25. EMBALMER [signature] — LICENSE NO. EH8

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Manning Funeral Chapel

SEP 17 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 19 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 18 1981

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3385
Local Reg. No. 560
Reg. Dist. No. 511

BIRTH NO.

RECEIVED SEP 16 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Marsh Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCammon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): TRUMAN
b. (Middle): EARL 020
c. (Last): ROWE

4. DATE OF DEATH: (Month) (Day) (Year): August 21, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Aug. 4, 1897
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): McCammon, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Truman Washburn Rowe — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Mary Jane Crowshaw — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Jane Rowe — ADDRESS: McCammon, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): carcinoma lung- metastatic back ribs and bones — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1951, *to* August, 1965, *that I last saw the deceased alive on* 8-21-65 19__, *and that death occurred at* 5 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Downey Idaho
23c. DATE SIGNED: 9-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 24, 1965
24c. NAME OF CEMETERY OR CREMATORY: McCammon Cemetery
24d. LOCATION (City, town, or county) (State): McCammon, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 9-9-65
REGISTRAR'S SIGNATURE: Shirley Kelley
25. EMBALMER: [signature]
LICENSE NO.: EHK

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-69021

DUTIES:

SEP 17 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 9 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3386
Local Reg. No. 453
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello 000
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 03 b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 272 Wayne Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WILLIAM	JOHN	WILSON	August 22, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Mar. 28, 1898	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Div. Sales Mgr. 74	Utah Oil Co. 09	Winter Quarters, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Wilson	England	Sarah Pugh	Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE	ADDRESS
No	XXXX	528-03-3637	[signature]	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

2317

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Massive C.V.A.	3 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Longstanding hypertension	12 years
DUE TO (c)	generalized arterioschlerosis	12 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May, 1956, *to* Aug. 22, 1965, *that I last saw the deceased alive on* August 22, 1965, *and that death occurred at* 6:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John R. McMahon M.D.	309 Spaulding Bldg.	8.27.65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 25, 1965	Mountainview Cemetery	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
SEP 2 1965	[signature]	[signature]	E418

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

SEP 10 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 19 1984

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3387
Local Reg. No. 561
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock 03 SEP 16 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (In this place) 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock County Hospital 618

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 03
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location)

Bureau of Vital Statistics

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ira	King	Hillman	Aug. 23 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Widowed 3	April 18, 1871	94		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher 64	Retired 01	Richmond, Utah	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ira King Hillman	Little Cottonwood, Utah	Drusilla Hendricks	Salt Lake City, Ut

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 42 8446	C. P. Hillman	Pocatello, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic cardio vascular disease — INTERVAL BETWEEN ONSET AND DEATH: many yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19 60, *to* Aug. 23, 19 65, *that I last saw the deceased alive on* June 3, 19 65, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. S. Call, M.D. 077	Box 852 Pocatello, Idaho	9/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 26, 1965	Oxford	Oxford Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
SEP 10 1965	Sally Seeley	O. Sherwin Webb	316

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Webb Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3388
Local Reg. No. 454
Reg. Dist. No. 511

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 030 SEP 9 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey Bureau of Vital
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA-Marsh Valley Hospital 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Virginia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): WILFORD
b. (Middle): HYRUM
c. (Last): REISNER

4. DATE OF DEATH (Month) (Day) (Year): August 25, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 12, 1910
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer and P.F.E.
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Arimo, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry O. Reisner 04
BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Ida Pauline Weise
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXXX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Norman L Reisner
ADDRESS: Arimo, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probably Coronary Occlusion
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* — *, 1951, to* Aug 25, 1965, *that I last saw the deceased alive on* 8-14-6 *, 1941 and that death occurred at* 8:45 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Emily Burke Hurd 070
23b. ADDRESS: Downey Id
23c. DATE SIGNED: 8-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 28, 1965
24c. NAME OF CEMETERY OR CREMATORY: Marsh Center Cemetery
24d. LOCATION (City, town, or county) (State): Arimo, Bannock, Idaho

DATE REC'D BY LOCAL REG.: SEP 3 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: F. B. Ashby
LICENSE NO.: E418

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 10 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAR 5 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

R Howard

Certificate of Death

STATE OF IDAHO

State File No. 3389
Local Reg. No. 562
Reg. Dist. No. 510

BIRTH NO.

RECEIVED SEP 16 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bannock 031 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock County Nursing Home 300

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 031
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 652 West Lander

3. NAME OF DECEASED (Type or Print)
a. (First) Ida
b. (Middle) Belva
c. (Last) Wakley Brown

4. DATE OF DEATH (Month) (Day) (Year) August 27, 1965

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH December 30, 1882
9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY home 01
11. BIRTHPLACE (State or foreign country) Downey, Idaho
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John N. Wakley, BIRTHPLACE Canada
14. MOTHER'S MAIDEN NAME Lena Hemminway, BIRTHPLACE Massachusets

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 450.0 Arteriosclerosis of brain + HT. — INTERVAL BETWEEN ONSET AND DEATH 1964

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1957, 19__, *to* Aug 27, 1965, *that I last saw the deceased alive on* July, 1965 *and that death occurred at* __ *m., from the causes and on the date stated above.*

23a. SIGNATURE 248 R.P. Howard (Degree or title) M.D.
23b. ADDRESS Pocatello
23c. DATE SIGNED Sept 11 '65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE August 30, 1965
24c. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery
24d. LOCATION (City, town, or county) Pocatello, Idaho (State)

DATE REC'D BY LOCAL REG. SEP 14 1965
REGISTRAR'S SIGNATURE Sally Kellogg
25. EMBALMER Conway Grant
LICENSE NO. E 478

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Conway Grant Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 17 1965

JUN 4 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 30 1970

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAR 29 1979

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

OCT 11 1985

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3390
Local Reg. No. 455
Reg. Dist. No. 570

BIRTH NO.

RECEIVED
SEP 9 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN: Pocatello 002
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 746 Dogwood

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	KEITH	CLYDE	PRICE	August 27, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	April 3, 1921	45				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fireman 32	U.P.R.R. 01	Idaho Falls, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clyde Lester Price	Utah	Clara E. Jenkins	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World War II 517-14-5339	Gordon E. Price	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary artery occlusion — 2 hours
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug 27, 1965, *to* Aug 27, 1965, *that I last saw the deceased alive on* Aug 27, 1965, *and that death occurred at* 10:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. Henderson MD 009	Pocatello Idaho	1 Sept 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 30, 1965	Mountainview Cemetery	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
SEP 3 1965	Sally Kellogg	T. B. Manning	E418

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

SEP 10 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 17 1977

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3391
Local Reg. No. 457
Reg. Dist. No. 510

Certificate of Death

RECEIVED SEP 9 1965 Bureau of Vital Statistics

BIRTH NO.

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock 031 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 71 Hawthorne Avenue 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 71 Hawthorne Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): AMANDA
b. (Middle): CARLSON
c. (Last): MURTHE

4. DATE OF DEATH (Month) (Day) (Year): August 30 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 3, 1881
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: At Home 01
11. BIRTHPLACE (State or foreign country): Hogsby Sweden
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Carl Carlson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Johanna Danielson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): *****
16. SOCIAL SECURITY NO.: *****
17. INFORMANT'S OWN SIGNATURE: Bernice H. Jones — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary artery occlusion — 24 hours
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Generalized osteoporosis, severe — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 16, 1965, *to* Aug. 30, 1965, *that I last saw the deceased alive on* Aug. 30, 1965, *and that death occurred at* 8:40 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L Henderson MD 009
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Sept. 1, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 2, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county): Pocatello (State): Idaho

DATE REC'D BY LOCAL REG.: SEP 7 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Jack Henderson
LICENSE NO.: E 349

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Henderson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3392
Local Reg. No. 456
Reg. Dist. No. 510

RECEIVED
SEP 9 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 031 000
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 031
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 216 South 9th Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) CONSTANTINO
b. (Middle) "DINO" G.
c. (Last) LESEKATOS

4. DATE OF DEATH (Month) (Day) (Year) August 30, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH May 21, 1947
9. AGE (In years last birthday) 18 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 77
10b. KIND OF BUSINESS OR INDUSTRY Idaho State Un. 03
11. BIRTHPLACE (State or foreign country) Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George J. Lesekatos — BIRTHPLACE Greece
14. MOTHER'S MAIDEN NAME Virginia Korakis — BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) XXXXX
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE George J. Lesekatos — ADDRESS Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

824.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Head injury — INTERVAL BETWEEN ONSET AND DEATH 2-1/2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Aug 27-65
19b. MAJOR FINDINGS OF OPERATION Brain Damage.
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 19
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) parking lot 13
21c. (CITY, TOWN, OR TOWNSHIP) 031 Pocatello (COUNTY) Bannock (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 27 1965 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell from motorcycle

22. *I hereby certify that I attended the deceased from* 8/27/65, 19___, *to* 8/30/65, 19___, *that I last saw the deceased alive on* 8/30/65, 19___, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE R.R.Merrell, MD 356 (Degree or title) R.R. Merrell MD
23b. ADDRESS 156 So. 6th, Pocatello, Ida
23c. DATE SIGNED 8/31/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept.2,1965
24c. NAME OF CEMETERY OR CREMATORY Mountainview Cemetery
24d. LOCATION (City, town, or county) (State) Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG. SEP 2 1965
REGISTRAR'S SIGNATURE Sally Kellogg
25. EMBALMER F. B. Ashby
LICENSE NO. E418

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAR 22 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3393
Local Reg. No. 563
Reg. Dist. No. 51

BIRTH NO.

RECEIVED Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 03 | SEP 16 1965 | 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): CORNELIUS
b. (Middle):
c. (Last): BESTO

4. DATE OF DEATH (Month) (Day) (Year): August 31, 1965

5. SEX: Male

6. COLOR OR RACE: Indian 3

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 3

8. DATE OF BIRTH: 1880

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 85

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fort Hall, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXX

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE
ADDRESS: Information from hospital records

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

587.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute hemorrhagic pancreatitis — INTERVAL BETWEEN ONSET AND DEATH: approx. 24 hr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug. 31, *19* 65, *to* August 31, *19* 65, *that I last saw the deceased alive on* Aug. 31 *19* 65, *and that death occurred at* 6:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Comstock, M.D. 101

23b. ADDRESS: Box 852, Pocatello, Idaho

23c. DATE SIGNED: 9/7/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 4, 1965

24c. NAME OF CEMETERY OR CREMATORY: Cedars Cemetery

24d. LOCATION (City, town, or county) (State): Fort Hall, Idaho

DATE REC'D BY LOCAL REGISTRAR: SEP 9 1965

REGISTRAR'S SIGNATURE: Sally Kellogg

25. EMBALMER: J. B. [illegible]

LICENSE NO.: E418

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-69021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 25 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3394
Local Reg. No.
Reg. Dist. No. 532

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place) 4 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 16 b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paris Idaho.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Benjamin b. (Middle) Robert c. (Last) Hymas

4. DATE OF DEATH (Month) (Day) (Year) July 30 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Mar 4 1893
9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Liberty Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Benjamin F. Hymas BIRTHPLACE Paris Idaho
14. MOTHER'S MAIDEN NAME Elizabeth Price BIRTHPLACE Paris Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-34-5873
17. INFORMANT'S OWN SIGNATURE Mrs Benjamin R Hymas ADDRESS Paris, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1561 Cancer Liver — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 7-30-65
19b. MAJOR FINDINGS OF OPERATION Cancer of Liver
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1 1965, to 7-30, 1965, that I last saw the deceased alive on 7-30, 1965, and that death occurred at 12:40 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [illegible] M.D.
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 8-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 3 1965
24c. NAME OF CEMETERY OR CREMATORY Paris Cemetery
24d. LOCATION (City, town, or county) Paris, Idaho (State)

DATE REC'D BY LOCAL REG. 8/9/65
REGISTRAR'S SIGNATURE [illegible]
25. EMBALMER [illegible] LICENSE NO. E359
FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

JUN 29 1979

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3395
Local Reg. No.
Reg. Dist. No. 552

RECEIVED
AUG 25 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake 040 3-13
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier, Idaho
c. LENGTH OF STAY (in this place) 13 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 040
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ovid, Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Marie
b. (Middle) 024
c. (Last) Beck

4. DATE OF DEATH (Month) (Day) (Year) July 31 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH July 3, 1872
9. AGE (In years last birthday) 93 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Bern Switzerland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Nicholeus Egli BIRTHPLACE Switzerland
14. MOTHER'S MAIDEN NAME Anna M. Weathmiller BIRTHPLACE Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-42-9908
17. INFORMANT'S OWN SIGNATURE Maurice Beck ADDRESS Ovid, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia — 24 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Thrombosis @ Femoral artery Gangreen @ Leg — 7 days

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ~~Montpelier~~ NA ~~Bear Lake~~ Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 8, 1965, *to* July 30, 1965, *that I last saw the deceased alive on* July 30, 1965, *and that death occurred at* 1:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE 675 Jonathan Hill Barnes MD (Degree or title)
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 8/9/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 4, 1965
24c. NAME OF CEMETERY OR CREMATORY Paris Cemetery
24d. LOCATION (City, town, or county) (State) Paris Idaho

DATE REC'D BY LOCAL REG. 8/9/65
REGISTRAR'S SIGNATURE H. J. Berg
25. EMBALMER Nile Matthews
LICENSE NO. E359

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3396
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO. 65-7568

AUG 25 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bear Lake 04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier, Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 040 b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier, Idaho
d. STREET ADDRESS (If rural, give location) 637 Reel Street

3. NAME OF DECEASED (Type or Print) a. (First) Scotty b. (Middle) Duwayne 024 c. (Last) Cox

4. DATE OF DEATH (Month) Aug (Day) 3. (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Aug. 1. 1965
9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days 2 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Montpelier Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Grady Duwayne Cox BIRTHPLACE Brownfield Texas
14. MOTHER'S MAIDEN NAME Chystel Ann Peevy BIRTHPLACE Coleman Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Grady D. Cox ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Name Known
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Birth 1 Aug 1965, *to* 3 Aug 1965, *that I last saw the deceased alive on* 3 Aug 1965, *and that death occurred at* 8 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE E. F. Landers (Degree or title) MD
23b. ADDRESS Montpelier
23c. DATE SIGNED 8/4/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 8/5/65
24c. NAME OF CEMETERY OR CREMATORY Fillmore Cal.
24d. LOCATION (City, town, or county) (State) Fillmore California

DATE REC'D BY LOCAL REG. 8/5/65
REGISTRAR'S SIGNATURE
25. EMBALMER Dale Matthews LICENSE NO. E-359
FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 3397
Local Reg. No.
Reg. Dist. No. 552

RECEIVED AUG 25 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 040 3-07
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Idaho
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 040
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fish Haven, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Olive
b. (Middle): Ethel 024
c. (Last): Perkins

4. DATE OF DEATH (Month) Aug. (Day) 11 (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 3, 1965 18 hrs
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Loa Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ezra Bullard — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Mary Ann Brinkerhoff — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-42-8078
17. INFORMANT'S OWN SIGNATURE: Leonard F. Perkins — ADDRESS: Fish Haven Ida.

18. CAUSE OF DEATH 260 X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CVA — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension, essential — Not Known
DUE TO (c): Diabetes Mellitus — Not Known

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1964, *to* 11 Aug, 1965, *that I last saw the deceased alive on* 11 Aug, 1965, *and that death occurred at* 9:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE 300 (Degree or title): E. F. Landers MD
23b. ADDRESS: Montpelier, Idaho
23c. DATE SIGNED: 13 Aug 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Aug. 14, 1965
24c. NAME OF CEMETERY OR CREMATORY: Bedford Cemetery
24d. LOCATION (City, town, or county) (State): Bedford Wyoming

DATE REC'D BY LOCAL REG.: 8/13/65
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Nile Matthews
LICENSE NO.: E359

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 2 8 2013

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3398
Local Reg. No.
Reg. Dist. No. 55-2

65-8896
BIRTH NO.

RECEIVED
SEP 17 1965
Bur. of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bear Lake 040
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier, Idaho 002
LENGTH OF STAY (in this place):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bear Lake 040
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier, Idaho
d. STREET ADDRESS (If rural, give location): 304 Circle Drive

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bear Lake Memorial Hospital

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Kelli	Beth 024	Lattig	Aug. 31, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never Married	Aug. 31, 1965					30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None 07	07	Montpelier, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert M. Lattig	Payette, Idaho	Imogene Carmody	Matthews Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	Robert M. Lattig	Montpelier, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrocephalus — INTERVAL BETWEEN ONSET AND DEATH: Birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) German Measles — 6 mo previously

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
8-31-65	Delivery and Physical Examination	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8-31, 1965, *to* 8-31, 1965, *that I last saw the deceased alive on* 8-31, 1965 *and that death occurred at* 1:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Kelly Buck M.D. 439	Montpelier Idaho	9-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 2, 1965	Montpelier, Cemetery	Montpelier, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9/16/65		Nile Matthews	E359

Federal Security Agency
United States Public Health Service

Form DH-69021

FIRM NAME: Matthews Mortuary

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3399
Local Reg. No. 42
Reg. Dist. No. 190

BIRTH NO.

RECEIVED
AUG 30 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Benewah 050
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 1 Hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Benewah Community Hospital 025

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 050
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 2118 Washington Avenue

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Oscar c. (Last) Briscoe

4. DATE OF DEATH: (Month) August (Day) 9 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married M

8. DATE OF BIRTH: January 23, 1881

9. AGE (In years last birthday): 84 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY: Construction 06

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Doris Briscoe
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Elizabeth Mariner
BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-14-4409

17. INFORMANT'S OWN SIGNATURE: Lena M. Briscoe
ADDRESS: St. Maries, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerotic gangrene — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): rt. foot with
DUE TO (c): septicemia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cardiac decompensation — 5 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960 *to* 8-9 , 1965, *that I last saw the deceased alive on* 8-9 , 1965, *and that death occurred at* 2:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Eugene C. Rapp 428 (Degree or title): M.D.

23b. ADDRESS: St. Maries Idaho

23c. DATE SIGNED: 8-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: August 11, 1965

24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

24d. LOCATION (City, town, or county): St. Maries (State): Idaho

DATE REC'D BY LOCAL REG.: Aug 24, 1965

REGISTRAR'S SIGNATURE: Wanda Simms

25. FUNERAL DIRECTOR: Gerald E Browning
ADDRESS: St. Maries, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Gerald E. Browning Lic. No. E-411 at St. Maries, Ida. on 8/9/1965

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 24 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3400
Local Reg. No. 38
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plummer
c. LENGTH OF STAY (In this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Plummer, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plummer
d. STREET ADDRESS (If rural, give location): Plummer, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Florence b. (Middle) Faye c. (Last) Bowmer

4. DATE OF DEATH: (Month) August (Day) 14 (Year) 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	Sept. 18, 1894	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife	Own home	Rapid Valley, South Dakota	U. S.

13. FATHER'S NAME — BIRTHPLACE	14. MOTHER'S MAIDEN NAME — BIRTHPLACE
William David Jolly - Fayette, Wisconsin	Ellen Wilkinson - Mineral Paint, Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE — ADDRESS
no	none	Ethel Olsen — N. 7207 Crestline - Spokane, Wn.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Hemorrhage	1 day
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hypertension	5 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Gen. Arterio Sclerosis 15 yrs.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 1963, *to* 17 Aug, 1965, *that I last saw the deceased alive on* 17 Aug, 1965, *and that death occurred at* 8:04 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E M Sillaway MD	St Maries, Idaho	17 Aug 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	August 19, 1965	Greenwood Memorial Terrace	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 20, 1965	Wanda Dimico	Donald L. Ball	Wa. 941

FIRM NAME: Budd Dodd Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

FEB 27 1987

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3401
Local Reg. No. 39
Reg. Dist. No. 130

Certificate of Death

STATE OF IDAHO

RECEIVED
AUG 24 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Benewah 050 3-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
LENGTH OF STAY (in this place) 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Benewah Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 050 b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
d. STREET ADDRESS (If rural, give location) 1210 Washington Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) Elmer b. (Middle) James 025 c. (Last) Smith

4. DATE OF DEATH (Month) August (Day) 14 (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH January 12, 1891
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY Construction 06
11. BIRTHPLACE (State or foreign country) Minnesota
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME George Emery Smith — BIRTHPLACE Canada
14. MOTHER'S MAIDEN NAME Martha Nelson — BIRTHPLACE Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) World War One
16. SOCIAL SECURITY NO. 3519-10-5633
17. INFORMANT'S OWN SIGNATURE Beulah J Peters — ADDRESS Hayden Lake Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/18/, 1952, *to* 14 Aug, 1965, *that I last saw the deceased alive on* 14 Aug, 1965, *and that death occurred at* 9.15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE 511 E. Sullivan Md (Degree or title)
23b. ADDRESS St Maries Idaho
23c. DATE SIGNED 14 Aug 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 17, 1965
24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
24d. LOCATION (City, town, or county) St. Maries (State) Idaho

DATE REC'D BY LOCAL REG. Aug. 20, 1965
REGISTRAR'S SIGNATURE Wanda Dimico
25. EMBALMER Gerald E Browning
LICENSE NO. E-411

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3402
Local Reg. No. 34
Reg. Dist. No. 130

BIRTH NO.

RECEIVED AUG 24 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Benewah 058
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
c. LENGTH OF STAY (in this place) 3-07 One Week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Benewah Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 058
b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
d. STREET ADDRESS (If rural, give location) Route #3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Margaret	Ethel 025	Rose	August	16	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Divorced 4	November 7, 1895	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Domestic 01	Washington	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Annie Augusta Lee	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-44-0604	Mrs. M. C. Eckman, #3	St Maries Idaho

331X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 13 July, 1965, to 16 Aug, 1965, *that I last saw the deceased alive on* 16 Aug, 1965, *and that death occurred at* 12:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
Bruce E Kalwick 427 MD	St Maries, Ida	8-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 18, 1965	Woodlawn Cemetery	St. Maries Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 18, 1965	Wanda Dimics	Everett E Browning	E-477

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JAN 16 1990

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3403
Local Reg. No. 41
Reg. Dist. No. 130

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
AUG 30 1965
Bureau of Vital Statistics

1. PLACE OF DEATH 050
a. COUNTY Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
c. LENGTH OF STAY (in this place) 14 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2038 St. Maries Avenue (007)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 058
b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
d. STREET ADDRESS (If rural, give location) 2038 St. Maries Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) Albert
b. (Middle) ———
c. (Last) Wery

4. DATE OF DEATH (Month) (Day) (Year) August 22, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: December 25, 1883
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY: Diversified 01
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jacob Wery — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Louisa Bigler — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Iva V. Hall — ADDRESS: 1428 Brown Ave. Lewiston, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Never *19___, to _____, 19___, that I last saw the deceased alive on* 8-22, 1965, *and that death occurred at* 8:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: 428 Bergen A. Rapp M.D. (Degree or title)
23b. ADDRESS: St Maries Idaho
23c. DATE SIGNED: 8-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 25, 1965
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county): Moscow (State) Idaho

DATE REC'D BY LOCAL REG.: Aug. 25, 1965
REGISTRAR'S SIGNATURE: Wanda Dimico
25. EMBALMER: Gerald Browning — LICENSE NO. E-411

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED SEP 2 0 1965 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 3404
Local Reg. No. 42
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Benewah 050 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
c. LENGTH OF STAY (in this place) One Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Benewah Community Hospital 625

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 050 b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
d. STREET ADDRESS (If rural, give location) 1221 College Avenue

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) — c. (Last) Knoepfel

4. DATE OF DEATH (Month) August (Day) 26 (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH December 14, 1874
9. AGE (In years last birthday) 90 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction 709
10b. KIND OF BUSINESS OR INDUSTRY Railroad 50
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Unknown BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 777-18-5879
17. INFORMANT'S OWN SIGNATURE ADDRESS St. Maries Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Cardiac Arrest	Immed.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Generalized Arteriosclerosis	30 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Carcinoma lip with metastasis in neck	18 mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1964, *to* 8-26, 1965, *that I last saw the deceased alive on* 8-26, 1965, *and that death occurred at* 1:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Bruce E Rakestraw (Degree or title) MD
23b. ADDRESS St Maries Idaho
23c. DATE SIGNED 8-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE August 30, 1965
24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State) St. Maries, Idaho

DATE REC'D BY LOCAL REG. Sept. 13, 1965
REGISTRAR'S SIGNATURE Hanka Dimiss
25. EMBALMER Donald E. Browning LICENSE NO. E-477

FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 19 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3405
Local Reg. No. 105
Reg. Dist. No. 600

BIRTH NO.

RECEIVED AUG 26 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham 06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 410 East Alice St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 06
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 410 East Alice St.

3. NAME OF DECEASED (Type or Print)
a. (First): Lawrence
b. (Middle):
c. (Last): Bischoff

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2

8. DATE OF BIRTH: June 10, 1915

9. AGE (In years last birthday): 50
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store owner 35

10b. KIND OF BUSINESS OR INDUSTRY: Paint and Glass 6

11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Michael Bischoff
BIRTHPLACE: Minnesota

14. MOTHER'S MAIDEN NAME: Lila Robinson
BIRTHPLACE: Franklin, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Lora Bischoff
ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH: 6 month

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 12, 1965 *to* July 22, 1965, *that I last saw the deceased alive on* July 22, 1965, *and that death occurred at* 2:25 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 404 (Degree or title) M.D.

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: July 28, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 26, 65

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: Aug 20, 1965

REGISTRAR'S SIGNATURE: Dorothy J. Jones

25. EMBALMER: [signature]
LICENSE NO.: E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

SEP 1 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3406
Local Reg. No. 99
Reg. Dist. No. 600

BIRTH NO.

RECEIVED AUG 26 1965

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham 66
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot Bureau of Reclamation
c. LENGTH OF STAY (in this place): 51 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 700 East Curtis St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham 66
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 700 East Curtis St.

3. NAME OF DECEASED (Type or Print): a. (First) RAY b. (Middle) H. c. (Last) YOST

4. DATE OF DEATH (Month) (Day) (Year): July 26, 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: April 2, 1906

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tv technician 92

10b. KIND OF BUSINESS OR INDUSTRY: Electronics 07

11. BIRTHPLACE (State or foreign country): Sutton, Nebraska

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry Yost
BIRTHPLACE: Norka, Russia

14. MOTHER'S MAIDEN NAME: Magdaline, Dianes
BIRTHPLACE: Norka, Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-28-3341

17. INFORMANT'S OWN SIGNATURE: Ruth A. Yost
ADDRESS: Blackfoot, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the colon, generalized metastasis. — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6/24/63

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the colon.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/24/63, 19__, *to* July 26, 19 65, *that I last saw the deceased alive on* 5/3/65, 19__, *and that death occurred at* 3:15a. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 65
(Degree or title): M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 29, 1965
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: Aug. 23, 1965
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: [signature]
LICENSE NO.: E-466
FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service
Form PH-63021

AUG 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED AUG 26 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3407
Local Reg. No. 100
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 37yr 4 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South 033

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print)
a. (First): Helen
b. (Middle):
c. (Last): Hollinger

4. DATE OF DEATH (Month) (Day) (Year): July 26 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: ? ? 1886
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Op. G.N.R.Railroad 70
10b. KIND OF BUSINESS OR INDUSTRY: Operator 170
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Richard Hollinger — BIRTHPLACE: Pann.
14. MOTHER'S MAIDEN NAME: Iowa Niece — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Med. Records-State Hospital South

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Progressive myocardial disease — INTERVAL BETWEEN ONSET AND DEATH: 20 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cardiac arrest — 24 hours
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 15 March 1928, *to* 26 July, 1965, *that I last saw the deceased alive on* 26 July, 1965, *and that death occurred at* 11:25 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Hollinger 594 MD
23b. ADDRESS: State Hospital South, Blackfoot, Idaho
23c. DATE SIGNED: 7-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 2
24b. DATE: 7-30-65
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho.

DATE REC'D BY LOCAL REG.: Aug 30, 1965
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: John C. Sandberg
LICENSE NO.: E-280

FIRM NAME: Sandberg-Hill - Blackfoot, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3408
Local Reg. No. 104
Reg. Dist. No. 600

BIRTH NO.

RECEIVED AUG 26 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bingham 06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
c. LENGTH OF STAY (in this place) 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bingham county nursing home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham 06
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
d. STREET ADDRESS (If rural, give location) 709 South University

3. NAME OF DECEASED (Type or Print) a. (First) ELIZA b. (Middle) 304 c. (Last) FACKRELL

4. DATE OF DEATH (Month) (Day) (Year) July 30, 1965

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 7

8. DATE OF BIRTH January 5, 1871

9. AGE (In years last birthday) 94 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01

10b. KIND OF BUSINESS OR INDUSTRY home 21

11. BIRTHPLACE (State or foreign country) Denmark

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mads Sorensen | BIRTHPLACE Denmark

14. MOTHER'S MAIDEN NAME Kirstine Larsen | BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE | ADDRESS Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cerebro Cardio Vascular Disease | INTERVAL BETWEEN ONSET AND DEATH years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fractured hip | 1 yr

334X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-22, 1964, *to* Aug 3, 1965, *that I last saw the deceased alive on* Aug 3, 1965, *and that death occurred at* 7:24 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Dean Sadar 403 | (Degree or title) M.D. | 23b. ADDRESS Blackfoot, Idaho | 23c. DATE SIGNED August 3, 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE August 3, 1965 | 24c. NAME OF CEMETERY OR CREMATORY Riverside-Thomas cemetery | 24d. LOCATION (City, town, or county) (State) Bingham county, Idaho

DATE REC'D BY LOCAL REG. Aug 20, 1965 | REGISTRAR'S SIGNATURE Dorothy J. Jones | 25. EMBALMER E. Dean Hill | LICENSE NO. E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: OCT 26 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 26 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3409
Local Reg. No. 102
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Broadway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana 27
b. COUNTY: Blaine 055
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Belknap
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MATTHEW	ALLEN	SMITH	July 31, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	Am. Indian 3	never married 7	March 6, 1946	19				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer 06	00	Ft. Belknap, Montana	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jack Smith	Rock Boy, Montana	Katherine Theboy	Hays, Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-58-0610	John Joseph Smith	Blackfoot, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Fractured 2-3 cervical Vertebra with dislocation	Minutes
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hit by car	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
accident 74	street 13	Blackfoot	Bingham	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
7	31	65	1015 p.m.		Hit by car

22. *I hereby certify that I attended the deceased from* July 31, *19* 65, *that I last saw the deceased alive on* [illegible], *and that death occurred at* 11:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl Staby 583	Coroner, Bingham County	Blackfoot, Idaho	Aug 3, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial		Gibson cemetery	Ft. Hall reservation, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 30, 1965	Dorothy L. Jones	L. Dean Hill	E-466

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Sandberg-Hill Funeral Home

SEP 2 0 1983

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3410
Local Reg. No. 93
Reg. Dist. No. 601

BIRTH NO.

AUG 18 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Basalt
LENGTH OF STAY (in this place): 002
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Basalt
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Geraldine		Fosbinder	August 1 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never Married	June 14, 1949	16				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None 00	None 00	Idaho Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Basil A. Fosbinder	Wisconsin	Nelda Irene Arave	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Basil Fosbinder	Basalt, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4938

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized decreased resistance
DUE TO (c) Congenital defects most likely panhypopituitrism.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* 8-1, 1965, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 3:00 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wendell Peterson, M.D.	Shelley, Idaho	8/1/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/5/65	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 3, 1965	Dorothy J. Jones	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JAN 1 0 1992

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3411
Local Reg. No. 97
Reg. Dist. No. 600

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham 06 | AUG 18 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY IN THIS PLACE (If dead on arrival, or if not a resident of this place, write "DOA" or "Not Resident"): 1yr3mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South 033

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #6

3. NAME OF DECEASED (Type or Print): a. (First) Hazel | b. (Middle) E. | c. (Last) Crook

4. DATE OF DEATH: (Month) August (Day) 1 (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: November 23 1894

9. AGE (In years last birthday): 70 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Oregon

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frank Reed | BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Nellie Rodgers | BIRTHPLACE: California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE | ADDRESS: Med. Records-State Hospital South

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) diabetes mellitus — 14 yrs.
DUE TO (c) generalized arteriosclerosis — 30 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. acute severe gastroenteritis — 2 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 25 April, 1964, *to* 1 August, 1965, *that I last saw the deceased alive on* 1 August, 1965, *and that death occurred at* 11:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 594 (Degree or title) MD. | **23b. ADDRESS**: Box 390 | **23c. DATE SIGNED**: Aug 4 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal | **24b. DATE**: 8-2-65 | **24c. NAME OF CEMETERY OR CREMATORY**: Caldwell | **24d. LOCATION** (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Aug. 4, 1965 | REGISTRAR'S SIGNATURE: Dorothy J. Jones

25. EMBALMER: Howard Packham | LICENSE NO.: E-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

OCT 7 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 19 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3412
Local Reg. No. 101
Reg. Dist. No. 600

BIRTH NO.

RECEIVED AUG 26 1965 VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bingham 06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) EDITH b. (Middle) C. c. (Last) JACKLIN
4. DATE OF DEATH: (Month) August (Day) 2 (Year) 1965
5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: January 8, 1887
9. AGE (In years last birthday): 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George S. Bailey BIRTHPLACE: Salt Lake, Utah
14. MOTHER'S MAIDEN NAME: Victoria Price BIRTHPLACE: Salt Lake, Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Evelyn L. Storer ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4209

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension Cardiac decompensation — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 1965, to Aug 2, 1965, that I last saw the deceased alive on Aug 2, 1965, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE: Tom Packer 404 (Degree or title) M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: Aug 4, 65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: August 6, 1965
24c. NAME OF CEMETERY OR CREMATORY: Groveland cemetery
24d. LOCATION (City, town, or county) (State): Bingham county Idaho

DATE REC'D BY LOCAL REG.: Aug 20, 1965
REGISTRAR'S SIGNATURE: Dorothy L. Jones
25. EMBALMER: [signature] LICENSE NO.: E-466
FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3413
Local Reg. No. 103
Reg. Dist. No. 601

BIRTH NO.

RECEIVED AUG 26 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): (Rural) Blackfoot
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): (Rural) Blackfoot
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	Edward	Hoyle	August 5, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	divorced 4	February 19, 1901	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Construction 06	20	Cherryville, North Carolina	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
J. C. Hoyle	Lincoln Co., N. Carolina	Tullie Mae Heavner	North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	Worl War II 243-24-9145	W. W. Havens	Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Blood vessel in lung — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) aneurysm
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
8 5 65 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* August 5, *19* 65 *that I last saw the deceased alive on* [illegible], *and that death occurred at* 4:30p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl Hoyle 583	Coroner, Bingham county	Blackfoot, Idaho	August 6, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 2	August 6, 1965	Bethlehem cemetery	Lincoln county, North Carol.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 30, 1965	Dorothy L. Jones	E. Dean Hill	E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 13 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 17 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3414
Local Reg. No. 95
Reg. Dist. No. 600

BIRTH NO.

RECEIVED
AUG 18 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 06 Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
DURATION OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): North of Fairgrounds 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 06
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): North of Fairgrounds

3. NAME OF DECEASED (Type or Print): a. (First) William; b. (Middle); c. (Last) Tipton

4. DATE OF DEATH: (Month) Aug. (Day) 6, (Year) 1965

5. SEX: male

6. COLOR OR RACE: negro 2

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 1

8. DATE OF BIRTH: Dec. 8, 1886

9. AGE (In years last birthday): 78 | IF UNDER 1 YEAR Months: 7 Days: 28 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 20

10b. KIND OF BUSINESS OR INDUSTRY: UPRRoad 10

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Not known
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Not known
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 520-07-4628

17. INFORMANT'S OWN SIGNATURE
ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.6 Arterio sclerotic heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 1950-1965

22. *I hereby certify that I attended the deceased from* Did not see him alive, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Howard Packham 583
(Degree or title): Coroner 4

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: 8-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/10/65

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Aug. 13 1965

REGISTRAR'S SIGNATURE: Dorothy J. Jones

25. EMBALMER: Howard Packham

LICENSE NO.: E-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3415
Local Reg. No. 107
Reg. Dist. No. 600

RECEIVED AUG 26 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 40 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 298 South Fisher St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 061
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 298 South Fisher St.

3. NAME OF DECEASED (Type or Print)
a. (First): LEO
b. (Middle):
c. (Last): MANSOR

4. DATE OF DEATH: (Month) August (Day) 8 (Year) 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2

8. DATE OF BIRTH: October 5, 1905

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipe Fitter 70

10b. KIND OF BUSINESS OR INDUSTRY: U.P. Railroad 16

11. BIRTHPLACE (State or foreign country): Circleville, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Mansor
BIRTHPLACE: Circleville, Utah

14. MOTHER'S MAIDEN NAME: Hannah Collins
BIRTHPLACE: Circleville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-01-1518

17. INFORMANT'S OWN SIGNATURE: Mrs Nellie Mansor
ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Anginal attacks

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 8, 1965, *to* Aug 8, 1965, *that I last saw the deceased alive on* Aug 8, 1965, *and that death occurred at* 11:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: Aug 10, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Aug 12, 1965

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Bingham county Idaho

DATE REC'D BY LOCAL REG.: Aug 20, 1965

REGISTRAR'S SIGNATURE: Dorothy D. Jones

25. EMBALMER: [signature]

LICENSE NO.: E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. AUG 19 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3416
Local Reg. No. 97
Reg. Dist. No. 601

Certificate of Death

RECEIVED
AUG 26 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 06 Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Blackfoot
c. LENGTH OF TOWN: 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rose Gravel Pits 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Blackfoot
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): Christopher
b. (Middle): Alan
c. (Last): Aitken

4. DATE OF DEATH (Month) (Day) (Year): August 11, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 1
8. DATE OF BIRTH: April 5, 1948
9. AGE (In years last birthday): 17 — IF UNDER 1 YEAR: Months 4, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student & Laborer 77
10b. KIND OF BUSINESS OR INDUSTRY: High School 62
11. BIRTHPLACE (State or foreign country): Rigby, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Vern A. Aitken — BIRTHPLACE: Lewisville, Idaho
14. MOTHER'S MAIDEN NAME: Yvonne Wilson — BIRTHPLACE: Lewisville, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 518-58-0982
17. INFORMANT'S OWN SIGNATURE: Vern A. Aitken — ADDRESS: Rt.#1, Blackfoot

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

929.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Exhaustion
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident 18
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): gravel pit 13
21c. (CITY, TOWN, OR TOWNSHIP) 060 (COUNTY) (STATE): Blackfoot Rt.1 Bingham Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8/11/65 5 P.m. 2
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Swimming in water-filled gravel-pit, suddenly tired and went under

22. *I hereby certify that I attended the deceased from* Did not see him alive, *19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 5 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Carl Staley 583 — (Degree or title): Coroner 4
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 8-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 8/14/65
24c. NAME OF CEMETERY OR CREMATORY: Grant Cemetery
24d. LOCATION (City, town, or county) (State): Grant Jefferson Idaho

DATE REC'D BY LOCAL REG.: Aug. 20, 1965
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: Howard Packham
LICENSE NO.: E-338

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Howard Packham Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3417
Local Reg. No. 96
Reg. Dist. No. 601

Certificate of Death

RECEIVED
AUG 26 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 060
a. COUNTY: Bingham 5-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot Rural
c. LENGTH OF STAY (in this place): seconds
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Interstate 15, W Blf't. Interchange

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 200
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home Rural
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print)
a. (First): Floyd
b. (Middle): Roosevelt 000
c. (Last): Clouser

4. DATE OF DEATH (Month) (Day) (Year): August 12, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: May 14, 1903
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY: Construction 06
11. BIRTHPLACE (State or foreign country): Hannibal, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William H. Clouser — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Elizabeth Ann Darr — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486-14-5302
17. INFORMANT'S OWN SIGNATURE: Floyd Leslie Clouser — ADDRESS: St. Louis, Mo.

18. CAUSE OF DEATH 825.4
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto Accident
DUE TO (c) Ran off road and thrown from car

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 06 Interstate 15 13
21c. (CITY, TOWN, OR TOWNSHIP) 061 (COUNTY) (STATE): Blackfoot Bingham Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8- 12-65 9 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Car skidded on wet pavement dec'd. was thrown from car into opp. lane

22. *I hereby certify that I attended the deceased from* Did not see 1965 *to* 8-12-65, *19___, that I last saw the deceased alive on* 8-12-65, *19___, and that death occurred at* 10:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE 404 (Degree or title): M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 8-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 21, 1965
24c. NAME OF CEMETERY OR CREMATORY: Hannibal
24d. LOCATION (City, town, or county) (State): Hannibal, Marian, Missouri

DATE REC'D BY LOCAL REG.: Aug. 20, 1965
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: Howard Packham — LICENSE NO.: E-338

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Howard Packham Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3418
Local Reg. No. 186
Reg. Dist. No. 600

Certificate of Death

STATE OF IDAHO

RECEIVED
AUG 26 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): New Tourist Hotel, 245 N.W. Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 061
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
d. STREET ADDRESS (If rural, give location): New Tourist Hotel 245 N.W. Main

3. NAME OF DECEASED (Type or Print)
a. (First): Carol
b. (Middle): Joan
c. (Last): Chaffin

4. DATE OF DEATH (Month) (Day) (Year): Aug. 15, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan 24, 1937
9. AGE (In years last birthday): 28 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 322-30-2649
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shot in head at upper lip with 16 gauge shot gun. — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 1st & 2nd Cervical Spine + spinal cord
DUE TO (c) Shot away

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Head X-Rayed - some shot removed
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 15 Hotel
21c. (CITY, TOWN, OR TOWNSHIP) 061 (COUNTY) (STATE): 13 Blackfoot, Bingham Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 15, 1965 3:00 P.m. 2
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Shot in head at close range

22. *I hereby certify that I* ~~[illegible]~~ *saw the deceased* DEAD ~~[illegible]~~ *on* Aug. 16, 1965, *and that death occurred at* 3:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl Staley 583 — Coroner, Bingham County, Blackfoot, Idaho
23b. ADDRESS
23c. DATE SIGNED: Aug. 16, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Aug. 17, 1965
24c. NAME OF CEMETERY OR CREMATORY: Concordia Cemetery
24d. LOCATION (City, town, or county) (State): Forest Park, Illinois

DATE REC'D BY LOCAL REG.: Aug. 20, 1965
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER
LICENSE NO.: E 466

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: ~~Sandberg-Hill Funeral Home~~ Blackfoot, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 13 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 9 1974

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3419
Local Reg. No. 98
Reg. Dist. No. 601

BIRTH NO.

AUG 26 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN: Blackfoot (If outside corporate limits, write RURAL and give township) 032
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 737 West Sexton St. 607

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 061
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 737 West Sexton St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Merton	Monroe	Davis	August 17, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	married 2	May 16, 1906	59		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant 55	01	Barron, Wisconsin	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Davis	Unknown	Maggie Blanco	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		711-18-9526	Barbara L. Harper	Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug 17, 1965, *to* Aug 17, 1965, *that I last saw the deceased alive on* Aug 17, 1965, *and that death occurred at* 7:15a. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. McLean M.D.	M.D.	Blackfoot, Idaho	Aug 20, 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	August 21, 65	Grove City Cemetery	Blackfoot, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 23, 1965	Dorothy J. Jones	C. Dean Hill	E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

SEP 13 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3420
Local Reg. No. 144
Reg. Dist. No. 601

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

SEP 15 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 060 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Firth,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Firth,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Emanuelk George
c. (Last): Bolander

4. DATE OF DEATH (Month) (Day) (Year): Aug 20 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan 8 1888
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): AALBORG Denmark
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Christen Bolander — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Anna Patrina Maria Jensen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-42-9243
17. INFORMANT'S OWN SIGNATURE: Lloyd G. Bolander — ADDRESS: Firth, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CVA

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 18, 1965, *to* Aug 20, 1965, *that I last saw the deceased alive on* Aug 18, 1965, *and that death occurred at* 3:00 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 339 (Degree or title)
23b. ADDRESS: Shelley Idaho
23c. DATE SIGNED: 8/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 24 Aug. 1965
24c. NAME OF CEMETERY OR CREMATORY: Hill Crest
24d. LOCATION (City, town, or county) (State): Shelley, Bingham Idaho

DATE REC'D BY LOCAL REG.: SEP 17 1965
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: Gary L. Nolder — LICENSE NO. E444

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3421
Local Reg. No. 110
Reg. Dist. No. 601

Certificate of Death

RECEIVED
SEP 15 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Fort Hall
c. LENGTH OF STAY (in this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7 miles W. on Marshall Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Fort Hall
d. STREET ADDRESS (If rural, give location): Ft. Hall Reservation Marshall Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): Monico
b. (Middle): 000
c. (Last): Wettenbone

4. DATE OF DEATH (Month) (Day) (Year): August 26, 1965

5. SEX: male
6. COLOR OR RACE: Am. Indian 3
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Feb. 27, 1938
9. AGE (In years last birthday): 27 — IF UNDER 1 YEAR: Months 5, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY: On farm 02
11. BIRTHPLACE (State or foreign country): Fort Hall, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Oscar Ray Wettenbone — BIRTHPLACE: Lemhi, Idaho
14. MOTHER'S MAIDEN NAME: Julia Partridge — BIRTHPLACE: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Priscilla P. Wettenbone — ADDRESS: Ft. Hall

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture (DeCompressed) — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Fall on head into basement
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

902.0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home 01
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ft. Hall Res., Bingham, Idaho 060 13
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-26-65 11 p.m. 2
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell through hole in floor into basement and struck hd. on cinder block

22. *I hereby certify that I attended the deceased from* did not see him alive, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 11 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl Staley 583 — (Degree or title): Coroner 4
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 8-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY: Sand Hill Cemetery
24d. LOCATION (City, town, or county) (State): Ft. Hall Reservation, Idaho

DATE REC'D BY LOCAL REG.: Sept. 1, 1965
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: Howard Packham — LICENSE NO.: E-338

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Howard Packham Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 15 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 25 1974

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAY 1 1974

JUL 13 1974

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED

State File No. 3422
Local Reg. No. 108
Reg. Dist. No. 6A0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 060
SEP 15 1965
U.S. Vital Statistics
b. CITY OR TOWN: Blackfoot Pingree Rural (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 mi. West 1 S. Liberty Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pingree Rural
d. STREET ADDRESS (If rural, give location): Liberty Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): Melva
b. (Middle): Rose
c. (Last): Williams

4. DATE OF DEATH: (Month) Aug. (Day) 28, (Year) 1965

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: Dec. 16, 1932

9. AGE (In years last birthday): 32
If under 1 year: Months 8 Days 12
If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: own home 01

11. BIRTHPLACE (State or foreign country): Moreland, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Irvin S. Goodwin
BIRTHPLACE: Salt Lake City, Utah

14. MOTHER'S MAIDEN NAME: Rose May Grimmett
BIRTHPLACE: Moreland, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-34-7667

17. INFORMANT'S OWN SIGNATURE: Richard O. Williams
ADDRESS: Pingree, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

193.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of Brain — INTERVAL BETWEEN ONSET AND DEATH: 4 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov — 19 64 *to* Aug 28, 19 65, *that I last saw the deceased alive on* Aug. 14, 19 65, *and that death occurred at* 7:40 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Merrill Jensen (Degree or title) M.D.

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: 8-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-31-65

24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cem.

24d. LOCATION (City, town, or county) (State): Blackfoot Rt.#2, Idaho

DATE REC'D BY LOCAL REGISTRAR: AUG 30 1965

REGISTRAR'S SIGNATURE: Dorothy J. Jones

25. EMBALMER: Howard Packham

LICENSE NO.: E-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 15 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3423
Local Reg. No. 109
Reg. Dist. No. 600

RECEIVED
SEP 15 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Blackfoot
c. LENGTH OF STAY IN THIS PLACE: 3 hours

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Blackfoot
d. STREET ADDRESS (If rural, give location): Rt # 2, (Taber)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital 029

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	George	William	Loebsack	August 29, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 3	Feb. 6, 1908	57				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Ruby Farms, Ind.	Waterville, Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Henry Loebsack	Russia	Ida Anna Griem	Kiel, Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-12-2783	x Isabella Loebsack	Blackfoot

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Hemolytic Anemia — INTERVAL BETWEEN ONSET AND DEATH: 2 Month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Foci of Infection in teeth — Years
DUE TO (c) Duodenal Ulcer Cholecystitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cardiac Decompensation

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
6-18-65	Bad Infected Teeth - Duodenal Ulcer & Band.	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec 29, 1964, *to* 8-29, 1965, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 2:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. E. Miller 360 M.D.	Blackfoot, Idaho	9-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-1-65	Moreland Cemetery	Moreland, Bingham, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
AUG 30 1965	Dorothy L. Jones	Howard Packham	E-338

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Howard Packham Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 15 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 3424
Local Reg. No. 12
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED STATE OF IDAHO

SEP 16 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aberdeen
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 060
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aberdeen
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) THOMAS
b. (Middle) EDWARD
c. (Last) ISAAK

4. DATE OF DEATH (Month) (Day) (Year) Aug. 31, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH June 15, 1941
9. AGE (In years last birthday) 24 — IF UNDER 1 YEAR Months 2 Days 16 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic - Welder 10
10b. KIND OF BUSINESS OR INDUSTRY Vanderford Inc.
11. BIRTHPLACE (State or foreign country) Sterling, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Henry S. Isaak — BIRTHPLACE Kansas
14. MOTHER'S MAIDEN NAME Louise Hoffer — BIRTHPLACE Pleasant Valley, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-48-0975
17. INFORMANT'S OWN SIGNATURE Jo Anne Isaak — ADDRESS Aberdeen, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe lung congestion and pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Heart failure
DUE TO (c) Cause unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Aberdeen — (COUNTY) Bingham — (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* see decreased *to* Olive, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Carl Staley 583 — (Degree or title) Coroner 4
23b. ADDRESS 321 E. Walker Blackfoot
23c. DATE SIGNED 9-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Rem. & Burial
24b. DATE 9-3-65
24c. NAME OF CEMETERY OR CREMATORY Homestead Cemetery
24d. LOCATION (City, town, or county) Aberdeen, Idaho (State)

DATE REC'D BY LOCAL REG. Sept. 14, 1965
REGISTRAR'S SIGNATURE Frances Curtis
25. EMBALMER H. L. Davis — LICENSE NO. E-253

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Davis Furniture & Mortuary, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 17 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 2 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

BIRTH NO. 65-4341

RECEIVED AUG 19 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3425
Local Reg. No. 27
Reg. Dist. No. 410

1. PLACE OF DEATH
a. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ketchum
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 070
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ketchum
d. STREET ADDRESS (If rural, give location): Ski Lift Road

3. NAME OF DECEASED (Type or Print)
a. (First): JULIE
b. (Middle): KRISTINE
c. (Last): GLENN

4. DATE OF DEATH (Month) (Day) (Year): Aug. 9, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: May 11, 1965
9. AGE (In years last birthday): IF UNDER 1 YEAR: Months 4, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant 02
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Sun Valley, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James L. Glenn — BIRTHPLACE: Boise, Idaho
14. MOTHER'S MAIDEN NAME: Lois Nicholaus — BIRTHPLACE: Stockham, Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: James L. Glenn — ADDRESS: Ketchum, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 492X Acute viral pneumonitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): (presumed - this was a "crib death")
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: hours

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 583 [signature] Coroner 4
23b. ADDRESS: Sun Valley, Idaho
23c. DATE SIGNED: 8/12/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8/11/65
24c. NAME OF CEMETERY OR CREMATORY: Ketchum Cemetery
24d. LOCATION (City, town, or county) (State): Ketchum, Idaho

DATE REC'D BY LOCAL REG.: Aug-16-65
REGISTRAR'S SIGNATURE: Robert H Wright per [signature]
25. EMBALMER: Keith Bird
LICENSE NO.: E. 373
FIRM NAME: Bird Funeral Home, Hailey, Ida

Federal Security Agency
United States Public Health Service

Form DH-63021

AUG 26 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3426
Local Reg. No. 28
Reg. Dist. No. 410

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 19 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine 070 3-16
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sun Valley
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sun Valley Hosp. 036

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California 05 555
b. COUNTY: San Francisco
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): San Francisco
d. STREET ADDRESS (If rural, give location): 1360 Montgomery Street

3. NAME OF DECEASED (Type or Print)
a. (First): FREDERICK
b. (Middle): WILBUR
c. (Last): TALBERT

4. DATE OF DEATH (Month) (Day) (Year): August 11, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2
8. DATE OF BIRTH: Aug. 28, 1909
9. AGE (In years last birthday): 55 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Matson Navigation Co. 02
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): Greeley, Colorado
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Archibald Talbert, 96
BIRTHPLACE: Odin, Ill
14. MOTHER'S MAIDEN NAME: Clara Smith
BIRTHPLACE: Joplin, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes 1
(If yes, give war or dates of service): WW 2 4
16. SOCIAL SECURITY NO.: 549-24-9712
17. INFORMANT'S OWN SIGNATURE: Natalie G. Talbert
ADDRESS: Ketchum, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction
INTERVAL BETWEEN ONSET AND DEATH: 12

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Acute infarct on Aug 1st
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arrythmia & failure

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1, 1965, *to* Aug 11, 1965, *that I last saw the deceased alive on* Aug 10, 1965, *and that death occurred at* 6:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George B. Sowerd Sup 455
23b. ADDRESS: Sun Valley, Idaho
23c. DATE SIGNED: Aug 13 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 2
24b. DATE: 8/14/65
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Mem.
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Aug 16-65
REGISTRAR'S SIGNATURE: Robert H. Wright per C.B.W.
25. EMBALMER: Keith Bird
LICENSE NO.: E-373
FIRM NAME: Bird Funeral Home, Hailey, Ida

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 26 1965

SEP 24 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3427
Local Reg. No. 29
Reg. Dist. No. 410

Certificate of Death

RECEIVED SEP 1 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine 070 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Dam Reservior 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): Elwood
b. (Middle): L.
c. (Last): Roberts

4. DATE OF DEATH (Month) (Day) (Year): August 25, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: March 17, 1889
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): gardener 11
10b. KIND OF BUSINESS OR INDUSTRY: 02
11. BIRTHPLACE (State or foreign country): Greeley, Colorado
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Roberts — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Emma Redmond — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 518-26-4209
17. INFORMANT'S OWN SIGNATURE: + Louise M. Roberts — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: One hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio Sclerotic Heart Dis. — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 0, 19__, *to* 0, 19__, *that I last saw the deceased alive on* 0, 19__, *and that death occurred at* 5:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Alden McPadden 402 (Degree or title)
23b. ADDRESS: Hailey, Idaho
23c. DATE SIGNED: 8-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Aug. 28, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county): Twin Falls (State): Idaho

DATE REC'D BY LOCAL REG.: Aug 28-65
REGISTRAR'S SIGNATURE: Robert H. Wright per C.B.W.
25. EMBALMER: Keith Bird
LICENSE NO.: E 373

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 2 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 18 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 30 1971

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3428
Local Reg. No. 30
Reg. Dist. No. 410

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 8 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine 070 4-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (in this place): 1hr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blaine Co. Hosp. 037

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 08 California 555
b. COUNTY: orange
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glendale
d. STREET ADDRESS (If rural, give location): 1329 East Garfield

3. NAME OF DECEASED (Type or Print): a. (First) LARS b. (Middle) P. c. (Last) LARSON

4. DATE OF DEATH (Month) (Day) (Year): Aug. 28, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Sept. 14, 1900
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): contractor 73
10b. KIND OF BUSINESS OR INDUSTRY: building 01
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 549-01-8389
17. INFORMANT'S OWN SIGNATURE: Eva P. Larson — ADDRESS: Glendale, Calif

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: ≈3 HRS

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Probable Myocardial (coronary) Embolus — "
DUE TO (c): Auricular Fibrillation — ≈2 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Arteriosclerotic Heart Disease — "
Cerebral embolus & Subclavian embolus — 3 HRS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-28, 1965, *to* —, 19__, *that I last saw the deceased alive on* 8-28, 1965, *and that death occurred at* 3:P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 402 A. M. Parker MD
23b. ADDRESS: Box ~~Box~~ 37 Hailey, Idaho
23c. DATE SIGNED: 8-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: 8/29/65
24c. NAME OF CEMETERY OR CREMATORY: Forest Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Hollywood Hills, Californi

DATE REC'D BY LOCAL REG.: Sept 3-'65
REGISTRAR'S SIGNATURE: Robert H. Wright for CBW
25. EMBALMER: Ruth Bird — LICENSE NO.: E-373
FIRM NAME: Bird Funeral Home, Hailey, Ida

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 9 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 19 1965

State File No. 3429
Local Reg. No. 35
Reg. Dist. No.

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Boise (080) (007)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho City
Bureau of Vital Statistics
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wiegel's Place (007)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (080) b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho City
d. STREET ADDRESS (If rural, give location): Idaho City

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	JOHN	NMI	KLAM	8	6	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	Nov. 15, 1882	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
logger (08)	timber (07)	Austria	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Sam Klam	Austria	Helen Boyko	Austria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO			Jack E. Klam	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apparent heart attack (434.4) — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ralph Lanning (583)	Coroner	Idaho City	8-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
burial	8/10/65	Morris Hill Cemetery	Boise	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8/17/65	Mrs. E. S. Robison	Clark M. Sears	E 460

FIRM NAME: Rebyea Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

MAY 4 1970

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 13 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3430
Local Reg. No. 352
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boise (080)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural (002) | LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Robie Creek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho (42)
b. COUNTY Twin Falls (083)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 228 Du Bois

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ricki	Duane	Smith	August	7,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	never married	Nov. 21, 1955	9				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student (03)	(01)	Ontario, Oregon	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Delbert L. Smith	Tarkio, Missouri	Wilma Deshazer	Lewellen, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	none	Delbert L. Smith	Twin Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning (999.9)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ralph Lamoreaux (583)	Coroner	Idaho City	8-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Aug. 11, 1965	Rosedale Park	Payette,	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8/11/65	Mrs. E. S. Robison	John F. Wilkerson	E 435

FIRM NAME: McBrathey-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 2 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3431
Local Reg. No. 98
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 017
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 091
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Anchorage Hotel

3. NAME OF DECEASED (Type or Print): a. (First) Ray b. (Middle) c. (Last) Clintsman

4. DATE OF DEATH: (Month) Aug. (Day) 3 (Year) 1965

5. SEX: m

6. COLOR OR RACE: w

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Dec. 15, 1913

9. AGE (In years last birthday): 51
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): railroad 72

10b. KIND OF BUSINESS OR INDUSTRY: Rail Road 07

11. BIRTHPLACE (State or foreign country): North Dakota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Clintsman
BIRTHPLACE: Unobtainable

14. MOTHER'S MAIDEN NAME: Anna Boesen
BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: X Lucinda Savage
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 153.0 Carcinoma of Cecum — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-22-65

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Cecum

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, *19*65, *to* Aug 3, *19*65, *that I last saw the deceased alive on* Aug 3, *19*65, *and that death occurred at* 2:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Sandpoint, Ida

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug 7, 1965

24c. NAME OF CEMETERY OR CREMATORY: Bonner County

24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Aug. 24, 1965

REGISTRAR'S SIGNATURE: Layelle G. Gillette

25. EMBALMER: L. G. Moon, Jr.

LICENSE NO.: E-405

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3432
Local Reg. No. 92
Reg. Dist. No. 110

RECEIVED
AUG 17 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 09 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest Lake Road
c. LENGTH OF STAY (in this place): day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 15 Mi N, Priest River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 09
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 105 Hickory

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Harold	Chester	Flatt	Aug. 4 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	Married 2	June 24, 1910	55		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Superintendent 74	Mine & Mill 12	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Flatt	Illinois	Anna Reese	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	340-09-1351	X Lucille G. Flatt	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Barry D. Nelson 583	Coroner	Sandpoint, Idaho	Aug 5, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial		Pinecrest	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 9, 1965	Phyllis Y. Tibbetts	L. G. Moon, Jr.	E-405

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 18 1965

APR 27 1967

JAN 13 1984

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 25 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3433
Local Reg. No. 96
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091 — 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint — LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 27 Montana — b. COUNTY: 555 Sanders
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Noxon
d. STREET ADDRESS (If rural, give location): Rural-10 miles out

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Larry	Thomas	Clarke	August	6	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Never married	Feb. 26, 1952	13				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 03	Public Schools 01	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jack Watson Clarke	Red Lodge, Mont.	Theda Van Cleave	Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	X Jack Clarke	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

9228

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Injuries, multiple, & trauma — INTERVAL BETWEEN ONSET AND DEATH: 11 hours.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 555 (COUNTY) (STATE)
Accident	69 Woods	27 Noxon Sanders Montana

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
8-5-65 3:30 p.m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Run over by caterpillar tractor.

22. *I hereby certify that I attended the deceased from* Aug. 5, 1965, *to* Aug. 6, 1965, *that I last saw the deceased alive on* Aug. 6, 1965, *and that death occurred at* 3:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Helen E. Peterson M.D.	Sandpoint, Idaho	8/17/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 10, 1965	Pinecrest	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 16, 1965	Phyllis Y. Tibbetts	L. G. Moon, Jr.	E-405

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Moon Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 17 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3434
Local Reg. No. 95
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
c. LENGTH OF STAY (in this place) minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) NP Train # 26

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Montana 27
b. COUNTY Butte 055
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Butte
d. STREET ADDRESS (If rural, give location) 1819 Monroe

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Joseph	Edward	Ellis	August	9	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Never married	May 2, 1914	51				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Warehouse Superintendent
10b. KIND OF BUSINESS OR INDUSTRY: Wholesale 54
11. BIRTHPLACE (State or foreign country): Montana
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Ellis — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Mary Perrow — BIRTHPLACE: England
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWII
16. SOCIAL SECURITY NO. Unobtainable
17. INFORMANT'S OWN SIGNATURE L. G. Moon, Jr. — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5-10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-vaxscular disease — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Barry D. Nelson 583	Coroner	Salmon Idaho	8/10/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Removal 3	Aug. 10, 1965	Richards Funeral Home	Butte	Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 12, 1965	Phyllis Y. Tibbetts	L. G. Moon, Jr.	E-405

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

AUG 18 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3435
Local Reg. No. 101
Reg. Dist. No. 110

BIRTH NO.

RECEIVED SEP 2 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner 09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 514 Pine St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 13 Idaho
b. COUNTY: Bonner 09
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 514 Pine St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ralph	Barkley	Mason	August	9	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	Never married	May 17, 1889	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Gardner 11	General Gardening 07	Pennsylvania	USa

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Freeman Mason	Pennsylvania	Sarah Barkley	Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-30-0571	x Evelyn M. Nash	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: Seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) myocardial infarction — Seconds
DUE TO (c) Coronary Artery Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb 24, 1953, *to* August 9, 1965, *that I last saw the deceased alive on* Aug 1, 1965 *and that death occurred at* 11 20 a *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Sandpoint Idaho	8/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-cremation	8/11/65	Smith Funeral Home	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 23 1965	[signature]	L. G. Moon, Jr.	E-405

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3436
Local Reg. No. 97
Reg. Dist. No. 110

RECEIVED AUG 25 1965

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner 09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 39

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wyoming 56
b. COUNTY: Big Horn 55
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Manderson
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Lawrence; b. (Middle) Parcus; c. (Last) Hulshizer

4. DATE OF DEATH: (Month) August (Day) 11 (Year) 1965

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: March 25, 1895

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 54

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm 01

11. BIRTHPLACE (State or foreign country): Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Parcus Hulshizer
BIRTHPLACE: USA

14. MOTHER'S MAIDEN NAME: Unobtainable
BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 555-30-3491

17. INFORMANT'S OWN SIGNATURE: X Constance Hulshizer
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-9, 1965, *to* 8-11, 1965, *that I last saw the deceased alive on* 8-10, 1965, *and that death occurred at* 1300 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John W. Arnold 480 MD
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 8-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Aug 12, 1965
24c. NAME OF CEMETERY OR CREMATORY: Veile Mortuary
24d. LOCATION (City, town, or county) (State): Worland Wyoming

DATE REC'D BY LOCAL REG.: Aug 16 1965
REGISTRAR'S SIGNATURE: Phyllis Y. Tibbetts

25. EMBALMER: L. G. Moon, Jr.
LICENSE NO.: E-405
FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form PH-63021

AUG 26 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3437
Local Reg. No. 100
Reg. Dist. No. 110

Certificate of Death

RECEIVED SEP 2 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Camp Bay
c. LENGTH OF STAY (in this place): 43 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pend Oreille Lake 100

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Camp Bay
d. STREET ADDRESS (If rural, give location): Pend Oreille Lake

3. NAME OF DECEASED (Type or Print)
a. (First): Kate
b. (Middle):
c. (Last): Van Schravendyk

4. DATE OF DEATH (Month) August (Day) 11 (Year) 1965

5. SEX: Female
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb. 6, 1891
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HMusewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jackson Voorhees — BIRTHPLACE: Michigan
14. MOTHER'S MAIDEN NAME: Sarah Williams — BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-42-5116
17. INFORMANT'S OWN SIGNATURE: x Joanne Green — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 20 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1965, *to* Aug 11, 1965, *that I last saw the deceased alive on* Aug 4, 1965, *and that death occurred at* 11:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 327 B. Marienau MD
23b. ADDRESS: Sandpoint Ida
23c. DATE SIGNED: 8-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Aug. 14, 1965
24c. NAME OF CEMETERY OR CREMATORY: Smith Funeral Home
24d. LOCATION (City, town, or county): Spokane — (State): Washington

DATE REC'D BY LOCAL REG.: Aug. 24, 1965
REGISTRAR'S SIGNATURE: Phyllis G. Tibbetts
25. EMBALMER: L. G. Moon, Jr. — LICENSE NO.: E-405
FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 6 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3438
Local Reg. No. 99
Reg. Dist. No. 110

Certificate of Death

RECEIVED
SEP 2 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 097 2-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In hospital): 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint Manor 262

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
d. STREET ADDRESS (If rural, give location): --

3. NAME OF DECEASED (Type or Print)
a. (First): Hugh
b. (Middle): Calvin
c. (Last): Gillaspie

4. DATE OF DEATH (Month) (Day) (Year): August 13, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Huly 1, 1884
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woods worker 08
10b. KIND OF BUSINESS OR INDUSTRY: Lumber 08
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Not known — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Not Known — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: Unob.
17. INFORMANT'S OWN SIGNATURE: X Bruce Kettke — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio vascular renal disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1963, *to* Aug 13, 1965, *that I last saw the deceased alive on* Aug 1, 1963, *and that death occurred at* 6:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 327 (Degree or title): MD
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 8-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 17, 1965
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24d. LOCATION (City, town, or county): Priest River (State): Idaho

DATE REC'D BY LOCAL REG.: Aug. 24, 1965
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: L. G. Moon, Jr.
LICENSE NO.: E-405

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3439
Local Reg. No. 102
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED SEP 2 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner 091 4-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 3 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 091
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 1124 Church Street

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): nmn
c. (Last): Phillips

4. DATE OF DEATH (Month) (Day) (Year): August 17, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 9, 1896
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tavern owner 74
10b. KIND OF BUSINESS OR INDUSTRY: Tavern 11
11. BIRTHPLACE (State or foreign country): Boyne Falls, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Phillips — BIRTHPLACE: U.S.A.
14. MOTHER'S MAIDEN NAME: Mary Jane unob. — BIRTHPLACE: U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. I 3
16. SOCIAL SECURITY NO.: 518-05-5010
17. INFORMANT'S OWN SIGNATURE: Mary E. Holst — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Shock — INTERVAL BETWEEN ONSET AND DEATH: 3 Hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Extensive myocardial infarction — 3 Hrs
DUE TO (c): Coronary occlusion — 3 Hrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Coronary artery disease Emphysema Diabetes

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 16, 1957, *to* Aug 17, 1965, *that I last saw the deceased alive on* Aug 17, 1965, *and that death occurred at* 1:22 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank Frenson M 471
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 8/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 21, 1965
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Boundary county Idaho

DATE REC'D BY LOCAL REG.: Aug 27 1965
REGISTRAR'S SIGNATURE: Phyllis Yr. Whitetts
25. EMBALMER: L. G. Moon, Jr. — LICENSE NO.: E-405

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 7 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 2 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3440
Local Reg. No. 103
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sagle
c. LENGTH OF STAY (in this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lignite District

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print): a. (First) Carl; b. (Middle) R.; c. (Last) Jacobson

4. DATE OF DEATH: (Month) August (Day) 22 (Year) 1965

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Nov. 7, 1948

9. AGE (In years last birthday): 16 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: High School 07

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alvin Jacobson
BIRTHPLACE: South Dakota

14. MOTHER'S MAIDEN NAME: Vivian Turner
BIRTHPLACE: Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. [redacted]

17. INFORMANT'S SIGNATURE: Alvin Jacobson
ADDRESS

9358 518-60-4627

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Electrocution — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 09 woods
21c. (CITY, TOWN, OR TOWNSHIP) 13 Sagle (COUNTY) 090 Bonner (STATE) Idaho

21d. TIME OF INJURY: (Month) 8 (Day) 22 (Year) 1965 (Hour) 5p m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Struck and killed by lightning under tree

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: Barry D. Nelson (Degree or title) Coroner
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 8/25/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 25, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county): Sandpoint (State): Idaho

DATE REC'D BY LOCAL REG.: Aug. 27 1965
REGISTRAR'S SIGNATURE: Lucille M. Villette

25. EMBALMER: L. G. Moon, Jr.
LICENSE NO.: E-405

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form PH-63021

DUTIES: SEP 8 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3441
Local Reg. No. 104
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 2 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sagle
c. LENGTH OF STAY (in this place): minutes 5-05
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LIgnite District 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sagle
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Duane
b. (Middle): W.
c. (Last): Hart

4. DATE OF DEATH (Month) August (Day) 22 (Year) 1965

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 18, 1949
9. AGE (In years last birthday): 16 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY: Hight School 02
11. BIRTHPLACE (State or foreign country): Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Hart — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Ruby (Hart) — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-56-8291
17. INFORMANT'S OWN SIGNATURE: William C. Hart — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

935.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): electrocution — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 09 woods
21c. (CITY, TOWN, OR TOWNSHIP) 090 (COUNTY) (STATE): 13 Sagle Bonner Idaho

21d. TIME OF INJURY (Month) 8 (Day) 22 (Year) 1965 (Hour) 5p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Struck and killed by lightning under a tree

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Barry D. Nelson 583 (Degree or title): Coroner
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 8/25/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 25, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Aug. 27, 1965
REGISTRAR'S SIGNATURE: Phyllis G. Tibbetts
25. EMBALMER: L. G. Moon, Jr. — LICENSE NO.: E-405

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 8 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 7 - 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3442
Local Reg. No. 110
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

BIRTH NO.

SEP 13 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner 090 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Priest River
c. LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Priest River
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Patrick
b. (Middle):
c. (Last): Kenny

4. DATE OF DEATH (Month) (Day) (Year): August 22 1965

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: February 13, 1897
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm 01
11. BIRTHPLACE (State or foreign country): Oregon
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Kenny — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Lou Belshe — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWI 3
16. SOCIAL SECURITY NO.: 518-05-3448
17. INFORMANT'S OWN SIGNATURE: Arvilla Kenny — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Sudden death Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary artery disease — 4 years
DUE TO (c): Arterio sclerotic Heart Disease — 4-5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 21, 1964, *to* Aug 22, 1965, *that I last saw the deceased alive on* July 8, 1965, *and that death occurred at* 3:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Fanny Siemsen 421 in
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 8/31/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 26, 1965
24c. NAME OF CEMETERY OR CREMATORY: Seneacquoteen
24d. LOCATION (City, town, or county) (State): Bonner County Idaho

DATE REC'D BY LOCAL REG.: Sept. 7, 1965
REGISTRAR'S SIGNATURE: Phyllis G. Gibbetts
25. EMBALMER: L. G. Moon, Jr. — LICENSE NO.: E-405

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: SEP 27 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3443
Local Reg. No. 108
Reg. Dist. No. 110

RECEIVED SEP 13 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark Fork
LENGTH OF STAY (in this place): 53 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark Fork
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Marie	Elizabeth	Hazelroth	August	23	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widowed	Nov. 4, 1890	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home 01	Sweden	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Erik G. Erickson	Sweden	Johannah Isacson	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	X Phyllis E. Brashear	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4201 Sudden Death - ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: Seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery Disease — 4-5 years
DUE TO (c) Arteriosclerosis — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes — 5 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov 21, 1960, *to* Aug 23, 1965, *that I last saw the deceased alive on* Nov 7, 1962, *and that death occurred at* 3:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Frank Deemer	MD	Sandpoint Idaho	8/31/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 27, 1965	Clark Fork	Clark Fork Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 7 1965	Phyllis E. Tibbetts	L. G. Moon, Jr.	E-405

FIRM NAME: Moon Funeral HOme

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3444
Local Reg. No. 105
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED SEP 2 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (If in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 091
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 124 S. 2nd

3. NAME OF DECEASED (Type or Print)
a. (First): Beatrice
b. (Middle): Ellen
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): August 23 1965

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb. 19, 1897
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas Winfield — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Ellen----- — BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Jack Jones by [signature] — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of uterus with metastases — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

174X

19a. DATE OF OPERATION: 1959
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of uterus
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1959, *to* Aug. 23, 1965, *that I last saw the deceased alive on* Aug. 23, 1965, *and that death occurred at* 11:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Helen E. Peterson 415 Md.
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 8/27/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 26, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Aug. 31, 1965
REGISTRAR'S SIGNATURE: Phyllis Y. Tibbetts
25. EMBALMER: L. G. Moon, Jr.
LICENSE NO.: E-405

Federal Security Agency
United States Public Health Service
Form OH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 8 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JAN 13 1977

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3445
Local Reg. No. 136
Reg. Dist. No. 110

RECEIVED
SEP 13 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 09 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Anchorage Hotel 022

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana 555
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Lawrence	L.	Radis	August	27	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Divorced	March 16, 1909	54				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Watchman 11	Mill 01	Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Radis	Lithuania	Nellie Bushaneskis	Lithuania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		535-03-6900	V Larry H Radis	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Larry D. Nelson 583	Coroner	Sandpoint Idaho	8/31/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 2	8/29/65	Howden Kennedy F H	Seattle Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 7 1965	Josephine Gillette	L. G. Moon, Jr.	E-405

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service

Form OH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 22 1968

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3446
Local Reg. No. 109
Reg. Dist. No. 110

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

SEP 13 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (If in hospital): f 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 1039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sagle
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Ann
b. (Middle): M.
c. (Last): Peterson

4. DATE OF DEATH (Month) (Day) (Year): August 27 1965

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 8, 1908
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Andrew Olson — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Marie Johnson — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Archie Peterson — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebro Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1961, *to* Aug 27, 1965, *that I last saw the deceased alive on* Aug 26, 1965, *and that death occurred at* 3:20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: B. Marienau 327 (Degree or title) MD
23b. ADDRESS: Sandpoint, Ida
23c. DATE SIGNED: 8-31-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 30, 1965
24c. NAME OF CEMETERY OR CREMATORY: Lakeview
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Sept. 7, 1965
REGISTRAR'S SIGNATURE: Phyllis Y. Gibbetts
25. EMBALMER: L. G. Moon, Jr. — LICENSE NO.: E-405

Federal Security Agency
United States Public Health Service
Form PH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 20 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 24 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3447
Local Reg. No. 107
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 13 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Samuels
c. LENGTH OF STAY (in this place): 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Samuels
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Thomas; b. (Middle) Richard 000; c. (Last) Puckett

4. DATE OF DEATH (Month) August (Day) 29 (Year) 1965

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: November 24, 1929n
9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming & Construction 04
10b. KIND OF BUSINESS OR INDUSTRY: Construction 01
11. BIRTHPLACE (State or foreign country): Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Laten F. Puckett — BIRTHPLACE: Arkansas
14. MOTHER'S MAIDEN NAME: Arna Hudlow — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-26-6949
17. INFORMANT'S OWN SIGNATURE: Lillian Puckett by [signature] — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Barry D. Nelson 583 (Degree or title): Coronary 4
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 8-31-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial-removal
24b. DATE: Sept. 1, 1965
24c. NAME OF CEMETERY OR CREMATORY: Athol
24d. LOCATION (City, town, or county): Athol — (State): Idaho

DATE REC'D BY LOCAL REG.: Sept. 7, 1965
REGISTRAR'S SIGNATURE: Phyllis Y. Tibbetts
25. EMBALMER: L. G. Moon, Jr. — LICENSE NO.: E-405
FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 16 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 23 2012

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3448
Local Reg. No. 225
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED
SEP 2 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 100
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Rt. # 4 Box 230

3. NAME OF DECEASED (Type or Print)
a. (First): SIGRID
b. (Middle): OTELIA
c. (Last): ADOLFSON

4. DATE OF DEATH (Month) (Day) (Year): July 11, 1965

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 6, 1883
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Smoland, Sweden
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Levin Johannson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Johanna Johannson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs Alice M Buckman — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

204.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphocytic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 7 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1952, *to* 11 July, 1965, *that I last saw the deceased alive on* 11 July, 1965, *and that death occurred at* 5:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L Franzmis 294
23b. ADDRESS: 798 South Blvd. Idaho Falls, Idaho
23c. DATE SIGNED: July 17, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 14, 1965
24c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
24d. LOCATION (City, town, or county) (State): Firth, Idaho

DATE REC'D BY LOCAL REG.: Aug. 27-65
REGISTRAR'S SIGNATURE: Anne A Bridges
25. EMBALMER: R. W. Madland
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 3 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 7 1971

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

Kootenai Co

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3449
Local Reg. No. 226
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 2 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 2-08
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 8 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Greenview Chalet 3-08

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 170
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dubois
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle): ELLO
c. (Last): HAIGHT

4. DATE OF DEATH (Month) (Day) (Year): July 12, 1965

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Apr. 10, 1887
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Anaconda, Montana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles H. Smith — BIRTHPLACE: Bangor, Maine
14. MOTHER'S MAIDEN NAME: Ello F. Levengood — BIRTHPLACE: Memphis, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs. Irene V. Bowhay — ADDRESS: Dubois, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	1 Fractured left Hip	14 hours
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic Heart Disease	years
DUE TO (c)	Diabetes mellitus	years
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Senility + obesity	years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none performed
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify): accident 3
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Greenview Chalet Nursing Home 13
21c. (CITY, TOWN, OR TOWNSHIP) 101 **(COUNTY)** Idaho Falls Bonneville **(STATE)** Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 11, 1965 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Patient fell while walking to Bathroom

22. *I hereby certify that I attended the deceased from* July, 1964, *to* July 12, 1965, *that I last saw the deceased alive on* July 11, 1965, *and that death occurred at* 2:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Asael Hall, 522 M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: July 28, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 7/15/65
24c. NAME OF CEMETERY OR CREMATORY: Dubois Cemetery
24d. LOCATION (City, town, or county) (State): Dubois, Idaho

DATE REC'D BY LOCAL REG.: Aug. 27-65
REGISTRAR'S SIGNATURE: Anna Bredger
25. EMBALMER: R. W. Madland
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Buck Funeral HOme

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: SEP 3 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3450
Local Reg. No. 227
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 2 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2845 East Morningside Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 2845 East Morningside Drive

3. NAME OF DECEASED (Type or Print)
a. (First): IDA
b. (Middle): (NMN) 000
c. (Last): HUGHES

4. DATE OF DEATH (Month) July (Day) 22 (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 10, 1885
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home 01
11. BIRTHPLACE (State or foreign country): Panora, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dude Davis — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Eva Elizabeth Johnson — BIRTHPLACE: New Venice, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-46-7749
17. INFORMANT'S OWN SIGNATURE: Arden C. Hughes — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Medullary infarct

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Pulmonary Contusion
DUE TO (c): (auto accident)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 04
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) 7 (Day) 12 (Year) 65 (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/12, 1965, *to* 7/22, 1965, *that I last saw the deceased alive on* 7/21, 1965, *and that death occurred at* 9:00A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: 463 [signature] (Degree or title)
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: July ,1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 24, 1965
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county): Idaho Falls (State): Idaho

DATE REC'D BY LOCAL REG.: Aug. 27-1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Orland C. Buck
LICENSE NO.: E-250

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 13 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3451
Local Reg. No. 277
Reg. Dist. No. 610

RECEIVED
AUG 26 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Falls L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marysville
d. STREET ADDRESS (If rural, give location): None given

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	UTAWNA	DEON 042	CHRISTIANSEN	July	29	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	never married	26 August 1963	1	11	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
------ 02	02 ----	Ashton, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gilbert Dale Christiansen	Marysville, Ida.	Faye Jones	Aberdeen, Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	------	None	Gilbert D Christiansen	Ashton, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	HEMORRHAGE, SUBDURAL AND EXTERNAL & SCHOCK	4-5 HOURS
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	SKULL FRACTURES & SUTURE SEPARATIONS	SAME
DUE TO (c)	AUTOMOBILE ACCIDENT (RAN OVER HEAD)	SAME
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	None	

8354

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
ACCIDENT	07 HOME	13 ASHTON	FREMONT	IDAHO

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
7-29-65			A m.		CHILD FELL FROM STATIONWAGON AND UNDER THE BACK WHEEL.

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 3:30p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hazel L McGaffey M.D. HAZEL L. MC GAFFEY, M.D.	2525 SOUTH BOULEVARD	8-18-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2 Aug. 1965	Pineview Cemetery	Ashton, Fremont Co., Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 26-65	Anna Rudges	Robert Q. Bean	E-456

FIRM NAME: Bean Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-69021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician Child was brought to L.D.S. Hospital of Idaho Falls + Dr Barnard, Neurosurgeon began operation to elevate depressed skull fractures, but the child died on the operation table in irreversible shock. H L McDaffey, MD

State File No. 3452
Local Reg. No. 228
Reg. Dist. No. 611

RECEIVED SEP 2 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 100 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Swan Valley, rural
c. LENGTH OF STAY (in this place): unknown
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway 26 east of Swan Valley

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 05 California 555
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chico
d. STREET ADDRESS (If rural, give location): 447 W. 7th St. Apt. # 2

3. NAME OF DECEASED (Type or Print)
a. (First): ELLEN
b. (Middle): MAY 000
c. (Last): JONES

4. DATE OF DEATH (Month) (Day) (Year): July 30, 1965

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Feb. 20, 1965
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 5 Days 10; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant 02
10b. KIND OF BUSINESS OR INDUSTRY: infant 02
11. BIRTHPLACE (State or foreign country): Oroville, California
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Pansey Imogene Jones BIRTHPLACE: Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: R. W. M. Sheriff's Records ADDRESS: Bonneville Co.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

983X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Skull Fractures, head trauma + subdural hematoma
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Beating (alleged)
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: less than 1 day

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Bruises, body, general

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT (Specify) SUICIDE HOMICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 06 Hiway #26
21c. (CITY, TOWN, OR TOWNSHIP) 100 (COUNTY) (STATE): B 13 Bonneville Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-30-65 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hazel L McDaffey MD 342
23b. ADDRESS: 2525 So Boulevard
23c. DATE SIGNED: 8/13/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 12, 1965
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Aug. 27-65
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: R. W. Madland
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

Coroner

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician A 21 year male, Lee Wayne Daniels, is arraigned for first degree murder + is charged c "beating" this 5 months female child to death on 7/30/65. [illegible] McCaffey M.D.

Certificate of Death

RECEIVED AUG 19 1965

STATE OF IDAHO

State File No. 3453
Local Reg. No. 217
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 10 Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
LENGTH OF STAY (In this place) 080
Bureau of
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) D.O.A. at L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 16
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Earl b. (Middle) c. (Last) Wheatley

4. DATE OF DEATH (Month) (Day) (Year) Aug 1, 1965

5. SEX male

6. COLOR OR RACE Indian 3

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single

8. DATE OF BIRTH ? about

9. AGE (In years last birthday) 38 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer 06

10b. KIND OF BUSINESS OR INDUSTRY 60

11. BIRTHPLACE (State or foreign country) unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME unknown
BIRTHPLACE

14. MOTHER'S MAIDEN NAME unknown
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 271-40-2527

17. INFORMANT'S OWN SIGNATURE No Relatives or Friends
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8124

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage and Shock from head wound

INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Fractures, multiple comminuted of Skull

DUE TO (c) Auto-Accident (Auto-pedestrian)

II. OTHER SIGNIFICANT CONDITIONS (victim was pedestrian) on 8/1/65.
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
INTOXICATION (Blood Alcohol at 2.24 mg/cc).

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 04

21c. (CITY, TOWN, OR TOWNSHIP) 13 IDAHO FALLS (COUNTY) 100 BONNEVILLE (STATE) IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-1-65 m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR? Ran out in front of Automobile & was struck.

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE 342 HAZEL L. MC GAFFEY, M. D. (Degree or title)

23b. ADDRESS 2525 South Boulevard

23c. DATE SIGNED 8/7/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug 6, 1965

24c. NAME OF CEMETERY OR CREMATORY Rosehill Cemetery

24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. Aug 13-1965

REGISTRAR'S SIGNATURE Anna Bridges

25. EMBALMER Leo A Williams

LICENSE NO. E-319

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-630(2)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3454
Local Reg. No. 215
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED AUG 19 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville 10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 60 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 252 Birch Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 10
b. COUNTY: Bonnneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 252 Birch Street

3. NAME OF DECEASED (Type or Print)
a. (First): ALFREDA
b. (Middle): SIGRID
c. (Last): JOHNSON

4. DATE OF DEATH (Month) (Day) (Year): August 1, 1965

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: Dec. 7, 1885
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundry operator 86
10b. KIND OF BUSINESS OR INDUSTRY: hospital 03
11. BIRTHPLACE (State or foreign country): Elkhart, Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Carl Alfred Johnson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Maria Sophia Peterson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 519-50-1049
17. INFORMANT'S OWN SIGNATURE: Mrs Alice M Boelaert — ADDRESS: Idaho Falls, Id

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 4-5 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 25, *19* 61, *to* June 19, *19* 65, *that I last saw the deceased alive on* June 19, *19* 65, *and that death occurred at* 9:30A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L K Krantz 294 — L. K. Krantz, M.D.
23b. ADDRESS: 798 South Blvd. Idaho Falls, Idaho
23c. DATE SIGNED: August, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 5, 1965
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Aug 11-1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: R. W. Mallard
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

.....

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Certificate of Death

STATE OF IDAHO

State File No. 3455
Local Reg. No. 220
Reg. Dist. No. 610

RECEIVED
AUG 26 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville (10)
b. CITY OR TOWN: Idaho Falls
c. LENGTH OF STAY IN (this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital (042)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (16)
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roberts
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Samuel
b. (Middle): Effende
c. (Last): Tanner

4. DATE OF DEATH: August 1 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed (2)

8. DATE OF BIRTH: October 17, 1886

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (54)

10b. KIND OF BUSINESS OR INDUSTRY: Farming (01)

11. BIRTHPLACE (State or foreign country): Provo, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Bertrand A. Tanner
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Emma Goodmanson
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW 1

16. SOCIAL SECURITY NO.: 519 10 7411

17. INFORMANT'S OWN SIGNATURE: Thelma Cochran
ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: General Growth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of Pancreas — 1 year
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senility

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1951, *to* August 1, 1965, *that I last saw the deceased alive on* August 1, 1965, *and that death occurred at* 12:00 noon, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): (521) Leon Hall, M.D.

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 8/18/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/4/65

24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Aug. 20-65

REGISTRAR'S SIGNATURE: Anna Budge

25. EMBALMER: Ralph M. Wood — Ralph M. Wood

LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 31 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3456
Local Reg. No. 271
Reg. Dist. No. 610

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

AUG 11 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 100
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route # 1 Box 330 B

3. NAME OF DECEASED (Type or Print)
a. (First): Leeann
b. (Middle):
c. (Last): Schaat

4. DATE OF DEATH (Month) (Day) (Year): August 2 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: January 2, 1951
9. AGE (In years last birthday): 14 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY: High School 62
11. BIRTHPLACE (State or foreign country): St Anthony, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charly Schaat — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Wanda Josephson — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Charly Schaat — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Medullary Center Dysfunction — INTERVAL BETWEEN ONSET AND DEATH: 2½ hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gen. anesthetic for
DUE TO (c): knee surgery.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8/2/65
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2½ mos before 8/2/65
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Dancing

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on 8/2, 1965, and that death occurred at 3:00 p. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 463 [signature] Charly Schaat M.D.
23b. ADDRESS: 500 Walnut Idaho Falls Idaho
23c. DATE SIGNED: 8/5/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/6/65
24c. NAME OF CEMETERY OR CREMATORY: St Anthony Cemetery
24d. LOCATION (City, town, or county) (State): St Anthony Idaho

DATE REC'D BY LOCAL REG.: Aug 7-1965
REGISTRAR'S SIGNATURE: Anna Budger
25. EMBALMER: Ralph M. Wood [signature] — LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 16 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3457
Local Reg. No. 229
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 2 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hosp. (DOA)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1030 Homer Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): CLIFFORD
b. (Middle): P.
c. (Last): LA PLANTE

4. DATE OF DEATH (Month) (Day) (Year): August 3, 1965

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 23, 1903
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steamfitter 80
10b. KIND OF BUSINESS OR INDUSTRY: NRTS 00
11. BIRTHPLACE (State or foreign country): Colorado
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Sim La Plante — BIRTHPLACE: New- York
14. MOTHER'S MAIDEN NAME: Della Newland — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 552-07-2569
17. INFORMANT'S OWN SIGNATURE: + Bernice La Plante — ADDRESS: Idaho Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-9-58, 19__, *to* 8/3, 1965, *that I last saw the deceased alive on* 7/16, 1965, *and that death occurred at* 10:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 546
23b. ADDRESS: Idaho Falls Ida
23c. DATE SIGNED: 8/11/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/7/1965
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls Ida

DATE REC'D BY LOCAL REG.: Aug. 27-1965
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: R. W. Maitland
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 3 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3458
Local Reg. No. 337
Reg. Dist. No. 610

BIRTH NO. RECEIVED

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bonneville (10) AUG 26 1965 3-19 Bureau of Vital Statistics

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

c. LENGTH OF STAY (at this place): 19 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Falls LDS Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho (10)

b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. STREET ADDRESS (If rural, give location): 3175 East 24th Street

3. NAME OF DECEASED (Type or Print)

a. (First): Geneva

b. (Middle): 042

c. (Last): Ricks

4. DATE OF DEATH (Month) (Day) (Year): August 4 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: October 3, 1878

9. AGE (In years last birthday): 86

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home 0

11. BIRTHPLACE (State or foreign country): Lehi, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Francis Marion Molen

BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Emma Lawrence

BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Vernon E. Ricks

ADDRESS: Idaho Falls Is

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Cerebral Thrombosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1960, *to* Aug 4, 1965, *that I last saw the deceased alive on* Aug 4, 1965, *and that death occurred at* 9:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wendell Petty MD (Degree or title)

23b. ADDRESS: Shelley Idaho

23c. DATE SIGNED: 8/12/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/7/65

24c. NAME OF CEMETERY OR CREMATORY: Ammon Cemetery

24d. LOCATION (City, town, or county) (State): Ammon Idaho

DATE REC'D BY LOCAL REG.: Aug. 26-1965

REGISTRAR'S SIGNATURE: Anna Bridges

25. EMBALMER: Ralph M. Wood Ralph M. Wood

LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-6021

DUTIES:

APR 19 1979

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. SEP 24 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

65-7688
BIRTH NO.

RECEIVED
SEP 2 1965
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3459
Local Reg. No. 230
Reg. Dist. No. 610

1. PLACE OF DEATH
a. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) LDS Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 101
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 488 "D" Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
KEITH	RICHARD	HEDLUND	Aug. 5, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Caucasian	Never Married	Aug. 5, 1965				5	0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
infant 07	infant 00	Idaho Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Richard R. Hedlund	Minnesota	Maureen Clair	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	none	Richard R. Hedlund	I.F.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Prematurity with marked immaturity	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Premature placental separation	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

761.5

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 5, 1965, *to* Aug 5, 1965, *that I last saw the deceased alive on* Aug 5, 1965, *and that death occurred at* 12:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. W. Davis 133 MD	539 2nd St Idaho Falls Idaho	11 Aug 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug 9, 1965	Rosehill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 27-65	Anna Budges	R. M. Mallard	E-468

Federal Security Agency
United States Public Health Service

Form DH-6902S

FIRM NAME: Buck Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3460
Local Reg. No. 222
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 26 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 10 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 160
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Iona
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Farold
b. (Middle): Hansen
c. (Last): Conrad

4. DATE OF DEATH (Month) (Day) (Year): August 6 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: October 3, 1908
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Iona, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David F. Conrad — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Ida Hansen — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW 11 4
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Carl Stephens — ADDRESS: Iona, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: John S Hatch MD 210 (Degree or title)
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 8-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/9/65
24c. NAME OF CEMETERY OR CREMATORY: Iona Cemetery
24d. LOCATION (City, town, or county): Iona (State): Idaho

DATE REC'D BY LOCAL REG.: Aug. 20-65
REGISTRAR'S SIGNATURE: Anna Budgeo
25. EMBALMER: Ralph M. Wood — Ralph M. Wood
LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 31 1965

SEP 10 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3461
Local Reg. No. 223
Reg. Dist. No. 610

RECEIVED
AUG 26 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 500
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highland Ball Park 500

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1182 Boise Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle):
c. (Last): Hayes

4. DATE OF DEATH (Month) (Day) (Year): August 7 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: September 15, 1880
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Byron Republic, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Nathaniel W. Hayes — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Debarah Terrell — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 07 4795
17. INFORMANT'S OWN SIGNATURE: Joseph P. Rhoads — ADDRESS: Idaho Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): heart attack.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ——, 19__, *to* ——, 19__, *that I last saw the deceased alive on* ——, 19__, *and that death occurred at* 8 pm *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. Wm Brunt Jr. MD. 633
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 8-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/11/65
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Aug. 20 '65
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Ralph M. Wood — Ralph M. Wood — LICENSE NO. 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 6 1981

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3462
Local Reg. No. 231
Reg. Dist. No. 610

Certificate of Death

RECEIVED
SEP 2 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 350 "E" Street Apt. 207 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 350 "E" Street Apt. 207

3. NAME OF DECEASED (Type or Print)
a. (First): EUGENE
b. (Middle): RALPH
c. (Last): MASON

4. DATE OF DEATH (Month) (Day) (Year): August 7, 1965

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: June 13, 1900
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook 49
10b. KIND OF BUSINESS OR INDUSTRY: Restraunt 02
11. BIRTHPLACE (State or foreign country): California
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Mason — BIRTHPLACE: Washington
14. MOTHER'S MAIDEN NAME: Salome Schiesser — BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): W.W. I 3
16. SOCIAL SECURITY NO.: 540-28-2858
17. INFORMANT'S OWN SIGNATURE: X Carol J. Walton — ADDRESS: Thayne, Wyoming

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerosis severe c̄ stenosis, coronary arteries — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fatty metamorphosis, liver

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls Bonneville Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hazel L McGaffey MD 342
23b. ADDRESS: 2525 So. Boulevard
23c. DATE SIGNED: 8/15/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 12, 1965
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Aug. 27-65
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: R. W. Maddock
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 3 1965

NOV 2 2 1978

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

Coroner

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician: There is evidence of alcoholism (fatty liver) and congestive heart failure. Found dead in bed at his room. No violence.

P. L. McDuffee, MD

State File No. 3463
Local Reg. No. 218
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 24 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 10
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Porter Canal

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 10
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 262 11th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Edwin
b. (Middle): Bentley
c. (Last): Allen

4. DATE OF DEATH (Month) (Day) (Year): August 8, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Sept 6, 1913
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months 11, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter 23
10b. KIND OF BUSINESS OR INDUSTRY: Westinghouse El.
11. BIRTHPLACE (State or foreign country): Higgins, Texas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Earl Allen — BIRTHPLACE: Centralia, Kansas
14. MOTHER'S MAIDEN NAME: Anna Belle Porter — BIRTHPLACE: Arnett, Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: George R. Allen — ADDRESS:

18. CAUSE OF DEATH 823.4
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Drowning due to

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Single Car Accident (overturned in Canal)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: minutes

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): 18
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 13
21c. (CITY, TOWN, OR TOWNSHIP): Bonneville 101 — (COUNTY): Idaho Falls — (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-8 65 1:55 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Car over-turned into canal on West River Road

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE 342 (Degree or title): Gayle L McGaffey, MD
23b. ADDRESS: 2525 So Boulevard
23c. DATE SIGNED: 8-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 11, 1965
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Aug. 19-1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Leo A Williams
LICENSE NO.: E-319

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 26 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3464
Local Reg. No. 236
Reg. Dist. No. 610

BIRTH NO.

RECEIVED SEP 8 1965

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville 10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Bureau of Vital Statistics
c. LENGTH OF STAY (In this place): 3 Mo.,
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R#1 Shelley, Idaho
d. STREET ADDRESS (If rural, give location): 798 South Blvd. Idaho Falls, Idaho

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Henry	Ferroll	Garriott	Aug ; 9 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	27 March 1905	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 06	06	Sac City, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Minton Andrew Garriott	Ill.,	Leona Hartert	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	519-07-3337	Florence Garriott	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).
**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.0 Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary emboli

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec. 12, 1964, *to* Aug. 8, 1965, *that I last saw the deceased alive on* Aug 8, 1965, *and that death occurred at* 3:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. K. Krantz M.D.	798 South Blvd. Idaho Falls, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12 Aug 65	Hill Crest	Shelley, Bingham Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 1 1965	Emma Bradsen	Lloyd M. Nalder	E-275

FIRM NAME: Nalder's Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

SEP 9 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3465
Local Reg. No. 224
Reg. Dist. No. 6/0

RECEIVED AUG 26 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Bonneville 101 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho — LENGTH OF STAY (in this place): 1 mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 10 — b. COUNTY: Bonneville — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Nursing Home 042 — d. STREET ADDRESS (If rural, give location): none given

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Elsie	Matilda	Gardner	August 10, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	30 January 1883	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00	00	Animony, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Hyrum Dockstader	Payson, Utah	Matilda Emily King	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		X LaJetta Glover	Twin Falls Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) CVA

DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 5:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wendell L. Nielsen MD	Idaho Falls	8-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	13 August 1965	Rose Hill Cemetery	Idaho Falls, Bonneville, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 20-1965	Anna Rudges	Robert O. Bean	E-456

FIRM NAME: Bean Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-631

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

.....

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State File No. 3466
Local Reg. No. 232
Reg. Dist. No. 610

Certificate of Death

RECEIVED SEP 2 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
c. LENGTH OF STAY (In this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Evan
b. (Middle): C
c. (Last): Peterson

4. DATE OF DEATH (Month) (Day) (Year): Aug. 16, 1965

5. SEX: Made
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 27, 1891
9. AGE (In years last birthday): 74 Yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk 29
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Glenwood, Utah
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Joseph K. Peterson — BIRTHPLACE: Glenwood, Utah
14. MOTHER'S MAIDEN NAME: Kista Marie Hendrickson — BIRTHPLACE: Glenwood, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-09-3972
17. INFORMANT'S OWN SIGNATURE: L. A. Sayton — ADDRESS: 839 Oak Colma Calif

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible]

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 15, 1965 *to* Aug 16, 1965, *that I last saw the deceased alive on* Aug 15, 1965, *and that death occurred at* 3:00 PM, *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] 339 (Degree or title)
23b. ADDRESS: R2 3 11 Center Shelley
23c. DATE SIGNED: 8/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 18, 1965
24c. NAME OF CEMETERY OR CREMATORY: Hill Crest
24d. LOCATION (City, town, or county): Shelley, Bingham (State): Idaho

DATE REC'D BY LOCAL REG.: Aug 24-65
REGISTRAR'S SIGNATURE: Anne Bridges
25. EMBALMER: L. M. Nalder [signature] — LICENSE NO.: E275
FIRM NAME: NAlder Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3467
Local Reg. No. 233
Reg. Dist. No. 610

RECEIVED

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville 10 SEP 8 1965 002
b. CITY OR TOWN Idaho Falls
c. LENGTH OF STAY IN (Hospital) (Institution) (Dist.)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 10 b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 1569 Cassiopea St.

3. NAME OF DECEASED (Type or Print) a. (First) Norman b. (Middle) c. (Last) Islitzer
4. DATE OF DEATH (Month) (Day) (Year) August 21, 1965
5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2
8. DATE OF BIRTH Nov. 8, 1925
9. AGE (In years last birthday) 39 IF UNDER 1 YEAR Months 9 Days 12 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meteorologist 34
10b. KIND OF BUSINESS OR INDUSTRY U.S. Weather Bur.
11. BIRTHPLACE (State or foreign country) Raymond, Washington
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Louis Islitzer BIRTHPLACE Austria
14. MOTHER'S MAIDEN NAME Elizabeth BIRTHPLACE Villach, Austria
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) War2
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Sandra M. Islitzer ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 190.9
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Melanoma — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with cerebral metastases — 2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION June '63
19b. MAJOR FINDINGS OF OPERATION Malignant Melanoma
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Idaho Falls (COUNTY) Idaho (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1963, *to* Aug, 1965, *that I last saw the deceased alive on* Aug 21, 1965, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Farrel Harrison (Degree or title) MD
23b. ADDRESS Idaho Falls Ida
23c. DATE SIGNED 8-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Rem & Bur
24b. DATE Aug 26, 1965
24c. NAME OF CEMETERY OR CREMATORY Pocatello City Cemetery
24d. LOCATION (City, town, or county) Pocatello, Idaho (State)

DATE REC'D BY LOCAL REG. Aug 28-65
REGISTRAR'S SIGNATURE Irma A. Rudges
25. EMBALMER Leo A. Williams
LICENSE NO. E-319

FIRM NAME:

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 9 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 14 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 24 1997

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 8 1965

State File No. 3468
Local Reg. No. 237
Reg. Dist. No. 610

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Greenview Chalet 308

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Olive b. (Middle) Irene c. (Last) Jorgensen

4. DATE OF DEATH: (Month) (Day) (Year): Aug 22, 1965

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: July 9, 1894

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months 1 / Days 13
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Belmont Idaho

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Alfred Foster
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Bertha Sweet
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Jack Jorgensen ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Embolism - Paralytic Stroke — 10 mos.
DUE TO (c) Arteriosclerotic Heart Disease — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hypertension & Arteriosclerosis — years
Diabetes mellitus — years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: None performed

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 23 Jan, 1956, *to* Aug. 22, 1965, *that I last saw the deceased alive on* 19 Aug., 1965, *and that death occurred at* 5:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Arael Tall, 522 (Degree or title) M.D.

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 24 Aug. 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug 27, 1965

24c. NAME OF CEMETERY OR CREMATORY: Ammon Cemetery

24d. LOCATION (City, town, or county) (State): Ammon, Idaho

DATE REC'D BY LOCAL REG.: Sept. 1-1965

REGISTRAR'S SIGNATURE: Verna Rudgen

25. EMBALMER: Les A Williams

LICENSE NO.: E-319

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-6302

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3469
Local Reg. No. 249
Reg. Dist. No. 611

RECEIVED SEP 22 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville (100)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Idaho Falls)
c. LENGTH OF STAY (in this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Irrigation ditch at Coltman

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (107)
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Idaho Falls
d. STREET ADDRESS (If rural, give location): (Coltman) Rt. #2

3. NAME OF DECEASED (Type or Print): a. (First) Gregory; b. (Middle) L. (00); c. (Last) Good

4. DATE OF DEATH: (Month) Aug. (Day) 26, (Year) 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Feb. 13, 1964

9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months 6, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None (00)

10b. KIND OF BUSINESS OR INDUSTRY: (00)

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Harold E. Good — BIRTHPLACE: Blackfoot, Idaho

14. MOTHER'S MAIDEN NAME: Beverly Marilyn Waters — BIRTHPLACE: Ririe, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Harold E. Good — ADDRESS: Rt. #2, Idaho Falls.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 229.8 Drowning — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 18

21c. (CITY, TOWN, OR TOWNSHIP): 13 Idaho Falls (COUNTY): Bonneville (STATE): Idaho

21d. TIME OF INJURY (Month) 8/26/65 (Day) (Year) (Hour) 3:30 P.M.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: fell into irrigation ditch

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 3:30p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ward L McDaffee (342) MD (Degree or title)

23b. ADDRESS: 2525 So Boulevard

23c. DATE SIGNED: 9-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/30/65

24c. NAME OF CEMETERY OR CREMATORY: Moreland Cemetery

24d. LOCATION (City, town, or county) (State): Moreland, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Sept-17-1965

REGISTRAR'S SIGNATURE: Anna Rudgeo

25. EMBALMER: Howard Packham — **LICENSE NO.**: E-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3470
Local Reg. No. 240
Reg. Dist. No. 610

RECEIVED
SEP 16 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville (01)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (160)
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route # 1 Box 259

3. NAME OF DECEASED (Type or Print): a. (First) Jacob; b. (Middle) Frederick (042); c. (Last) Hill

4. DATE OF DEATH: (Month) August (Day) 26 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: May 28, 1879

9. AGE (In years last birthday): 86 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (04)

10b. KIND OF BUSINESS OR INDUSTRY: Farming (01)

11. BIRTHPLACE (State or foreign country): Millcreek, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William H. Hill
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Caroline Sorensen
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 517 44 2011

17. INFORMANT'S OWN SIGNATURE: [signature] M. Hill
ADDRESS: Ucon, Idaho

18. CAUSE OF DEATH (420.0)
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — years
DUE TO (c): Generalized arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Secondary Anemia due to Carcinoma of Bladder — 1 year?

19a. DATE OF OPERATION: April 1965
19b. MAJOR FINDINGS OF OPERATION: Prostatectomy - Carcinoma of Bladder
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1963, *to* Aug. 26, 1965, *that I last saw the deceased alive on* Aug. 26, 1965, *and that death occurred at* 10:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Asael Hall (522) (Degree or title) M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 8/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/31/65
24c. NAME OF CEMETERY OR CREMATORY: Ucon Cemetery
24d. LOCATION (City, town, or county) (State): Ucon, Idaho

DATE REC'D BY LOCAL REG.: Sept 2-65
REGISTRAR'S SIGNATURE: Anna Burgess

25. EMBALMER: Ralph M. Wood [signature]
LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-630 Rev.

DUTIES:

APR 09 1998

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3471
Local Reg. No. 248
Reg. Dist. No. 610

Certificate of Death

RECEIVED
SEP 16 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 — 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter day saints Hospital 242

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 218 East 17th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Inez
b. (Middle): Erma
c. (Last): Bates

4. DATE OF DEATH (Month) (Day) (Year): August 28 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 28, 1895
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Billings, Montana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Oliver Howard Brown — BIRTHPLACE: Montana
14. MOTHER'S MAIDEN NAME: Frances Brown — BIRTHPLACE: Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Owen V. Bate — ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes mellitus — INTERVAL BETWEEN ONSET AND DEATH: 12 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture of vertebra (7-26-65)
DUE TO (c) Cerebral hemorrhage due to arteriosclerosis ~~(7-30-65)~~ — 8 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls — Bonneville — Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1946, *to* 8-28, 1965, *that I last saw the deceased alive on* 8-28, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): X S. Blair Ellsworth [illegible] 156
23b. ADDRESS: 1106 S. Blvd. Idaho Falls, Idaho
23c. DATE SIGNED: 9-4-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/31/65
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls — Idaho

DATE REC'D BY LOCAL REG.: Sept 9-65
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Ralph M. Wood — Ralph M. Wood
LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 25 1982

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED Bureau of Vital Statistics

State File No. 3472
Local Reg. No. 243
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 01 SEP 16 1965 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital 842

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 660 Lomax

3. NAME OF DECEASED (Type or Print): a. (First) Ruth b. (Middle) c. (Last) Cook

4. DATE OF DEATH: (Month) August (Day) 29 (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: July 30, 1893

9. AGE (In years last birthday): 72 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01

11. BIRTHPLACE (State or foreign country): Gordon, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Elmer Wallace Gilger — BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Eva J. Leibert — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs. Ruth Cook — ADDRESS: Shelley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation with failure, acute. — INTERVAL BETWEEN ONSET AND DEATH: acute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

434.4

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* Aug 29, 1965, *that I last saw the deceased alive on* Aug 29 1965, *and that death occurred at* 7:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: L. J. Bingham 044 (Degree or title) MD — **23b. ADDRESS**: Idaho Falls, Idaho — **23c. DATE SIGNED**: Sept. 1, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 9/1/65 — **24c. NAME OF CEMETERY OR CREMATORY**: Fielding Memorial — **24d. LOCATION** (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Sept. 7 1965 — **REGISTRAR'S SIGNATURE**: Anna Bridges

25. EMBALMER: Ralph M. Wood Ralph M. Wood — **LICENSE NO.**: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3473
Local Reg. No. 243
Reg. Dist. No. 610

Certificate of Death

RECEIVED
SEP 16 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 1 day 3-01
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 435 Fanning

3. NAME OF DECEASED (Type or Print)
a. (First): Carlos
b. (Middle): D.
c. (Last): Cousin

4. DATE OF DEATH (Month) (Day) (Year): August 31 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: June 2, 1907
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Businessman 35
10b. KIND OF BUSINESS OR INDUSTRY: Motels & Theater 19
11. BIRTHPLACE (State or foreign country): Shelley, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David Cousin — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Adelia Mangum — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Jan Ellis — ADDRESS: 435 Fanning

18. CAUSE OF DEATH 330X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): subarachnoid bleeding — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): probable ruptured aneurysm — 1 day
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-30-, 1965, *to* 8-31-, 1965, *that I last saw the deceased alive on* 8-31-, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George J. Barnard MD 027
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 9-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/4/65
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Sept. 7-1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Ralph M. Wood — Ralph M. Wood
LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 1 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3474
Local Reg. No. 40-65
Reg. Dist. No. 100

BIRTH NO. 110

RECEIVED
AUG 30 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 3-14
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) Anna b. (Middle) Frances c. (Last) Austin

4. DATE OF DEATH: August 7 1965

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: February 13, 1902

9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker 01

10b. KIND OF BUSINESS OR INDUSTRY: 01 --

11. BIRTHPLACE (State or foreign country): Cassidy, Kansas

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James Murphy — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Maud McBride — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: 542-14-3135

17. INFORMANT'S OWN SIGNATURE: Houston Austin — ADDRESS: BonnersFerry

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1704 Uremia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinomatosis — 18 mos.

DUE TO (c) Carcinoma of breast — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1964

19b. MAJOR FINDINGS OF OPERATION: Adeno-ca R breast

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1963, *to* Aug. 7, 1965, *that I last saw the deceased alive on* 8/6, 1965, *and that death occurred at* 9A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Fred W. Burns 150 (Degree or title) MD

23b. ADDRESS: Bonners Ferry, Idaho

23c. DATE SIGNED: 8/17/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-12-65

24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery

24d. LOCATION (City, town, or county) (State): Bonners Ferry, Idaho

DATE REC'D BY LOCAL REG.: Aug. 24, 1965

REGISTRAR'S SIGNATURE: Cwyla Stone

25. FUNERAL DIRECTOR / ADDRESS: Hillcrest Memorial Chapel, Bonners Ferry Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Charles O. Malone Jr. Lic. No. E 453 at Bonners Ferry on 8-7-65

ADDITIONAL REMARKS by Physician .....

Certificate of Death

STATE OF IDAHO

State File No. 3475
Local Reg. No. 43-65
Reg. Dist. No. 100

BIRTH NO.

RECEIVED
AUG 30 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Boundary (ID) 002
b. CITY OR TOWN: Bonners Ferry
c. LENGTH OF STAY: —
d. FULL NAME OF HOSPITAL OR INSTITUTION: Residence on Northside (007)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (ID)
b. COUNTY: Boundary
c. CITY OR TOWN: Bonners Ferry
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	NELL	DOUGLASS	BURTON	August 10 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widowed 2	Dec. 16, 1908	56.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker 01	01 —	Bonners Ferry, Idaho	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joel Douglass	Cooperstown NY	Mae Snyder	Anamosa, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	—	537-26-2558	Clayton Douglass	Bonners Ferry Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion 420.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary insufficiency

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
(a) 24 hr.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 1960, *to* 8/10, 1965, *that I last saw the deceased alive on* 8/9, 1965, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Bonners Ferry, Idaho	8/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-13-65	Paradise Valley	Boundary County, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug. 27, 1965	Twyla Stone	Hillcrest Memorial Chapel,	Bonners Ferry

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of R. W. Mesenbrink Lic. No. E-487 at Bonners Ferry on 8/10/65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3476
Local Reg. No. 42-65
Reg. Dist. No. 100

RECEIVED AUG 30 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary 110 3-21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry Bur au
c. LENGTH OF STAY (In this place): 21 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Porthill
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): AMELIA
b. (Middle): McLOUGHLIN
c. (Last): KING

4. DATE OF DEATH (Month) (Day) (Year): August 10, 1965

5. SEX: F
6. COLOR OR RACE: Am. Indian 2
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 12-2-82
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Boundary County, Idaho
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: David McLoughlin — BIRTHPLACE: Ft. William, Ont.
14. MOTHER'S MAIDEN NAME: Annie Grizzly — BIRTHPLACE: Boundary Cty, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: --
17. INFORMANT'S OWN SIGNATURE: Roy King — ADDRESS: Copeland, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastro intestinal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinoma Sigmoid colon — 1 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Lung & liver metastases — Sev. mo.

153.3

19a. DATE OF OPERATION: 1964
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of large intestine
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: None
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/16, 1965, *to* 8/10, 1965, *that I last saw the deceased alive on* 8/10, 1965, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 103 — (Degree or title): MD
23b. ADDRESS: Bonners Ferry, Idaho
23c. DATE SIGNED: 8/16/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-14-65
24c. NAME OF CEMETERY OR CREMATORY: I. O. O. F. Cemetery
24d. LOCATION (City, town, or county) (State): Porthill, Idaho

DATE REC'D BY LOCAL REG.: Aug. 24, 1965
REGISTRAR'S SIGNATURE: Twyla Stone
25. FUNERAL DIRECTOR: Hillcrest Memorial Chapel — ADDRESS: Bonners Ferry

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Richard W. Mesenbrink Lic. No. E487 at Bonners Ferry on 8-10-65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 3477
Local Reg. No. 44-65
Reg. Dist. No. 100

BIRTH NO.

RECEIVED AUG 30 1965

110

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bureau of Indian Affairs, Bonners Ferry
c. LENGTH OF STAY (in this place): 43 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence-Northside 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 120
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry, Idaho
d. STREET ADDRESS (If rural, give location): Northside

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROSINE	CORNELIA	GRUNERUD	8	12	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Married 3	3-9-1894	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker 01	-- 01	Newry, Wisconsin	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
August Holen	--	Chistine Brettengen - Westby, Wisconsin	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	--	Almira Grunerud	Bonners Ferry

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Left Colon — 1 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

153.2

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1 yr.	Carcinoma L. Colon & L. Kidney	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 1960, *to* 8/12, 1965, *that I last saw the deceased alive on* 8/12, 1965, *and that death occurred at* 7:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. J. Edwards 153	MD	Bonners Ferry, Idaho	8/13/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-16-65	Grandview	BonnersFerry, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug. 27, 1965	Twyla Stone	HILLCREST MEMORIAL CHAPEL	Bonners Ferry

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

SEP 16 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of R. W. Mesenbrink Lic. No. E487 at Bonners Ferry on 8-12-65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 30 1965 Bureau of Vital Statistics

State File No. 3478
Local Reg. No. 43-65
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary 110 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 2 mths.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): BESSIE
b. (Middle): ORETTA
c. (Last): SHANLEY

4. DATE OF DEATH (Month) (Day) (Year): 8 - 12 - 65

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: 11-26-1881
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker 01
10b. KIND OF BUSINESS OR INDUSTRY: -01
11. BIRTHPLACE (State or foreign country): Deer Field Township, Michigan
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Jacob Wisener — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Isadora Brockett — BIRTHPLACE: Mich.
George W. Shanley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 24 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arteriosclerotic heart disease
Heart block - third degree — unknown

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1963, *to* Aug, 1965, *that I last saw the deceased alive on* 8/12, 1965, *and that death occurred at* 8 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 103 [signature]
23b. ADDRESS: Bonners Ferry, Idaho
23c. DATE SIGNED: 8/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-16-65
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Bonners Ferry, Idaho

DATE REC'D BY LOCAL REG.: Aug. 27, 1965
REGISTRAR'S SIGNATURE: Twyla Stone
25. FUNERAL DIRECTOR — ADDRESS: Hillcrest Memorial Chapel Bonners Ferry

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of R. W. Mesenbrink Lic. No. E487 at Bonners Ferry on 8-12-65

ADDITIONAL REMARKS by Physician

State File No. 3479
Local Reg. No. 46-65
Reg. Dist. No. 100

RECEIVED
AUG 30 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BOUNDARY 110
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BONNERS FERRY
c. LENGTH OF STAY (in this place): 64 yrs. 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 110
b. COUNTY: BOUNDARY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BONNERS FERRY
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): HARRISON
c. (Last): POSTON

4. DATE OF DEATH (Month) 8- (Day) 16 (Year) 65

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 11-16-1890
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millworker 09
10b. KIND OF BUSINESS OR INDUSTRY: Lumber 00
11. BIRTHPLACE (State or foreign country): SALTVILLE, VIRGINIA
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: CHARLES POSTON — BIRTHPLACE: SALTVILLE, VA.
14. MOTHER'S MAIDEN NAME: MARY WYOMA CAMPBELL — BIRTHPLACE: SALTVILLE, VA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: 518-03-5118
17. INFORMANT'S OWN SIGNATURE: Shirley Thomas — ADDRESS: Calif

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Atherosclerosis — "
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ~~Bonners Ferry, Boundary Idaho~~
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1965, *to* 8/14, 1965, *that I last saw the deceased alive on* 8/14, 1965, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Fred W. Denose M.D. 150
23b. ADDRESS: Bonners Ferry, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-18-65
24c. NAME OF CEMETERY OR CREMATORY: Grandview
24d. LOCATION (City, town, or county) (State): Bonners Ferry, Idaho

DATE REC'D BY LOCAL REG.: Aug. 27, 1965
REGISTRAR'S SIGNATURE: Pewyla Stone
25. FUNERAL DIRECTOR: Hillcrest Memorial Chapel — ADDRESS: Bonners Ferry

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of R. W. Mesenbrink Lic. No. E487 at Bonners Ferry on 8-16-65

ADDITIONAL REMARKS by Physician

State File No. 3480
Local Reg. No. 47-65
Reg. Dist. No. 100

RECEIVED
AUG 30 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary 110
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 19 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home on Northside

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): Northside

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): JOHN
c. (Last): COSTER

4. DATE OF DEATH (Month) (Day) (Year): August 21, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 28, 1889
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Railroad 70
10b. KIND OF BUSINESS OR INDUSTRY: Transportation 68
11. BIRTHPLACE (State or foreign country): Aurora, Illinois
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Andrew S. Coster — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 520-10-0466 A
17. INFORMANT'S OWN SIGNATURE: Richard L. Coster — ADDRESS: Placerville, California

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Emphysema

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1960, *to* 8/21, 1965, *that I last saw the deceased alive on* 8/20, 1965, *and that death occurred at* 9A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 153, MD
23b. ADDRESS: Bonners Ferry Ida
23c. DATE SIGNED: 8/24/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/25/65
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.: Aug. 27, 1965
REGISTRAR'S SIGNATURE: Twyla Stone
25. FUNERAL DIRECTOR: Charles [signature] Malony — ADDRESS: Bonners Ferry, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

SEP 2 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of R. W. Mesenbrink Lic. No. E-487 at Bonners Ferry on 8/21/65

ADDITIONAL REMARKS by Physician

State File No. 3481
Local Reg. No. 41-65
Reg. Dist. No. 100

Certificate of Death

RECEIVED SEP 9 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary 110 378
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 18 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): 216 South 2nd Street

3. NAME OF DECEASED (Type or Print)
a. (First): KENNETH
b. (Middle): BERNARD
c. (Last): CORBETT

4. DATE OF DEATH (Month) (Day) (Year): August 26, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: September 2, 1913
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bus Driver 87
10b. KIND OF BUSINESS OR INDUSTRY: Transportation 60
11. BIRTHPLACE (State or foreign country): Edson, Alberta, Canada
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Clarence Corbett — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Nora Maude Johnson — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 701-03-7239
17. INFORMANT'S OWN SIGNATURE: Kathalun A. Corbett — ADDRESS: Bonners Ferry, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute coronary Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Severe Coronary arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertensive Cardiovascular Disease

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Congestive Heart failure + cirrhosis of liver
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE, HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1960, to 8/26, 1965, that I last saw the deceased alive on 8/26, 1965, and that death occurred at 7:00 a.m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 153 (Degree or title) MD
23b. ADDRESS: Bonners Ferry, Ida
23c. DATE SIGNED: 8/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 8/30/65
24c. NAME OF CEMETERY OR CREMATORY: Hazen & Jaeger Crematory
24d. LOCATION (City, town, or county): Spokane (State): Washington

DATE REC'D BY LOCAL REG.: Sept. 2, 1965
REGISTRAR'S SIGNATURE: Pawyla Stone
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Bonners Ferry, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

SEP 10 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Charles O. Malone Lic. No. E-453 at Bonners Ferry on 8/26/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 3482
Local Reg. No. 2
Reg. Dist. No. 670

RECEIVED
AUG 11 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
LENGTH OF STAY (in this place): 3 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lost Rivers Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Mackay
d. STREET ADDRESS (If rural, give location): 3 miles West of Leslie

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Willard	Lawrence	Goff	August 1, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Nov. 27, 1902	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	Sandy, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Henry Willard Goff, West Jordon	Utah	Elizabeth Naomi Lawrence	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-42-8317	X Helen Goff	Mackay, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Congestive heart failure	2 hrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	hypostatic pneumonia	4 days
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	multiple edema	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8/1, 1965, *to* 8/1, 1965, *that I last saw the deceased alive on* 8/1, 1965, *and that death occurred at* 9:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
434 [illegible] M.D.	Arco, Idaho	8/6/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-5-65	Mt. McCaleb Cemetery	Mackay, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
August 8 1965	Betty J. Marvel	C. D. Marvel	E-457

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Marvel Memorial Chapel
Arco, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3483
Local Reg. No. 53
Reg. Dist. No. 360

65-9166
BIRTH NO.

RECEIVED
AUG 17 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (in this place): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middleton
d. STREET ADDRESS (If rural, give location): Box 143

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hosp.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Steven	Myron	Whiteley	August 1, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	July 31, 1965				16	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant		Caldwell, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Eldon Whiteley	Emmett, Idaho	June Woodruff	Weiser, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	X Eldon Whiteley	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

762.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spontaneous right pneumothorax — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) [illegible]
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Patent ductus arteriosus & patent foramen ovale — Present at birth

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* birth, 19___, *to* 1hr 8-1, 19 65, *that I last saw the deceased alive on* 8-1, 1965, *and that death occurred at* 1A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl C Kenick 280	MD	1819 Ellis St Caldwell Idaho	8-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-3-65	Middleton Cemetery	Middleton, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-14-1965	Vera Dakan	Lucy M Flahiff	E 393

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician Infant did not breath well at birth although there was no evidence of birth trauma to the baby. Baby was kept in O. Croupette - X-ray later that day showed pneumothorax Rt. - this was aspirated but lung would not stay inflated. Autopsy showed defective lung with pleural fistula

State File No. 3484
Local Reg. No. 178
Reg. Dist. No. 362

Certificate of Death

RECEIVED
AUG 10 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Midland Manor 301

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa 403 Chestnut Street
d. STREET ADDRESS (If rural, give location): 423 Chestnut

3. NAME OF DECEASED (Type or Print)
a. (First): Chester
b. (Middle): A
c. (Last): Campbell

4. DATE OF DEATH (Month) (Day) (Year): Aug. 1, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 8, 1881
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Poultryman 06
10b. KIND OF BUSINESS OR INDUSTRY: Poultry 03
11. BIRTHPLACE (State or foreign country): Hammond, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Melvin W. Campbell — BIRTHPLACE: Buffalo, New York
14. MOTHER'S MAIDEN NAME: Loretta Foster — BIRTHPLACE: Peoria, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Spanish American
16. SOCIAL SECURITY NO.: 543 24 8360
17. INFORMANT'S OWN SIGNATURE: + Regna Gallaway — ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334X1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis — 10 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes Mellitus — 3 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/29/ 1963, *to* 8/1/, 1965, *that I last saw the deceased alive on* 8/1/, 1965, *and that death occurred at* 10:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold W. Brown MD 062
23b. ADDRESS: 619 So. Canyon, Nampa, Idaho
23c. DATE SIGNED: 8/4/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 5, 1965
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Mem. Park
24d. LOCATION (City, town, or county) (State): Ada County Idaho

DATE REC'D BY LOCAL REG.: Aug 7 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: John F. Alsip, Jr.
LICENSE NO.: E-361
FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 18 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 20 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3485
Local Reg. No. 59
Reg. Dist. No. 360

BIRTH NO.

RECEIVED
AUG 26 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 14 600
b. CITY OR TOWN Caldwell
c. LENGTH OF STAY (in this place) ?
d. FULL NAME OF HOSPITAL OR INSTITUTION Caldwell Memorial Hospital 05

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 14
b. COUNTY Canyon
c. CITY OR TOWN Caldwell
d. STREET ADDRESS (If rural, give location) 2822 East Linden

3. NAME OF DECEASED (Type or Print)
a. (First) Melvin
b. (Middle) P.
c. (Last) Coffelt

4. DATE OF DEATH (Month) Aug. (Day) 3, (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH June 28, 1890
9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 91
10b. KIND OF BUSINESS OR INDUSTRY Railroad Engn. 03
11. BIRTHPLACE (State or foreign country) Fairfield Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Robert Coffelt — BIRTHPLACE Indiana
14. MOTHER'S MAIDEN NAME Mattie A. Likens — BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. 541-07-4104
17. INFORMANT'S OWN SIGNATURE Charles E. Coffelt — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

527.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cor pulmonale----unknown — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary emphysema & fibrosis
for many years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-3-65, 19___, *to* 8-3-65, 19___, *that I last saw the deceased alive on* 8-3-65, 19___, *and that death occurred at* 3:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Lyle Stones (Degree or title) M.D.
23b. ADDRESS 222 East Elm--Caldwell, Idaho
23c. DATE SIGNED 8-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 66 1965
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery
24d. LOCATION (City, town, or county) Caldwell, (State) Idaho

DATE REC'D BY LOCAL REG. 8-24-1965
REGISTRAR'S SIGNATURE Vera Dakan
25. EMBALMER Merville D. Davis
LICENSE NO. E-399
FIRM NAME: Peckham-Dakan-Davis Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 30 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3486
Local Reg. No. 57
Reg. Dist. No. 360

BIRTH NO.

RECEIVED
AUG 26 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Benjamin Nursing Home 291

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 380
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Noah	Lewis	Howard	Aug. 4, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced 4	Jan. 20, 1892	73	-	-	-	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter 23	Building 01	Missouri	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lewis Howard	Missouri	No record	No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - - - - - -	- - - - - - -	Arnold B. Howard	New Plymouth Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	INTERVAL BETWEEN ONSET AND DEATH
(a)	Coronary Occlusion 420.1	
	ANTECEDENT CAUSES	
DUE TO (b)	Atherosclerosis	
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Inspection only, 19__ *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wesche 583 MD Coroner 4	Nampa Idaho	8-4-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-17- 1965	Park View Cemetery	New Plymouth, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-24-1965	Vera Parker	Gifford L. Shaffer	E-344

FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3487
Local Reg. No. 184
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED
AUG 26 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): 508
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Parkview Manor 296

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Mounted Route--West Roosevelt

3. NAME OF DECEASED (Type or Print)
a. (First): IRA
b. (Middle): A.
c. (Last): THOMPSON

4. DATE OF DEATH (Month) (Day) (Year): August 5, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec. 6, 1869
9. AGE (In years last birthday): 95 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Teacher 12
10b. KIND OF BUSINESS OR INDUSTRY: School 01
11. BIRTHPLACE (State or foreign country): Clark County Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Dennis Thompson — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Margaret Hume — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: M. L. Thompson — ADDRESS: Laguna Beach Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3-4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arteriosclerotic cerebral vascular disease: senile — 12 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? X YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 8:10A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert Cooley MD 217
23b. ADDRESS: 619 So. Canyon, Nampa, Idaho
23c. DATE SIGNED: 8-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 9, 1965
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Canyon County Calif

DATE REC'D BY LOCAL REG.: Aug. 20, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: John F. Alsip, Jr.
LICENSE NO.: E-361
FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3488
Local Reg. No. 179
Reg. Dist. No. 362

RECEIVED
AUG 19 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY IN THIS PLACE: 50 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 115 12th AVE. NORTH (DOA)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 142
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 115 12th AVE. NORTH

3. NAME OF DECEASED (Type or Print): a. (First) HIRAM b. (Middle) T. c. (Last) BARRETT

4. DATE OF DEATH: (Month) (Day) (Year) AUGUST 5, 1965

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 3

8. DATE OF BIRTH: AUG. 5, 1884

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED PLASTER 33

10b. KIND OF BUSINESS OR INDUSTRY: BUILDING 01

11. BIRTHPLACE (State or foreign country): ROGERSVILLE, TENNESSEE

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: CALVIN BARRETT
BIRTHPLACE: TENN.

14. MOTHER'S MAIDEN NAME: MARTHA P. ALLEN
BIRTHPLACE: TENN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-03-1845

17. INFORMANT'S OWN SIGNATURE: Hazel Barrett
ADDRESS: NAMPA, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary occlusion
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* found dead *, 19___, to ____, 19___, that I last saw the deceased alive on ____, 19___, and that death occurred at* APPX 11:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 583 Henry C. Weschke M.D. Coroner
23b. ADDRESS: NAMPA, IDAHO
23c. DATE SIGNED: 8-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8-10-65
24c. NAME OF CEMETERY OR CREMATORY: KOHLER LAWN CEMETERY
24d. LOCATION (City, town, or county) (State): NAMPA, IDAHO

DATE REC'D BY LOCAL REG.: Aug. 12 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: H. B. Shepherd
LICENSE NO.: 473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3489
Local Reg. No. 180
Reg. Dist. No. 362

BIRTH NO.

RECEIVED
AUG 19 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place): 10YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 527 GREENLEAF

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 527 GREENLEAF

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ROBERT	KOHLER	RINTOUL	AUGUST 6, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	NEVER MARRIED	AUG. 4, 1894	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED STOCKMAN	CATTLE	WILSON, IDAHO	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
ROBERT RINTOUL	OREGON	IDA GEORGE	MISSOURI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WWI 3-28-1	NONE	Ruby Rintoul	NAMPA, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* found dead, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 2:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C Wessels M.D	Coroner	NAMPA, IDAHO	8-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	8-10-65	REYNOLDS CREEK CEMETERY,	OWYHEE COUNTY, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 12, 1965	Jane Steck	W. B. Shepherd	473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 23 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 21 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3490
Local Reg. No. 181
Reg. Dist. No. 363

BIRTH NO.

RECEIVED AUG 19 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 9 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Midland Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 805 Main St.

3. NAME OF DECEASED (Type or Print): a. (First) Alma b. (Middle) M. c. (Last) Brinegar

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 7, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 3, 1892
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Bear Lodge, Mont.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Hollenback — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Elisabeth Buckman — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Yes
17. INFORMANT'S OWN SIGNATURE: Mrs L. W. Lemon — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 428X Hypertensive Ht. Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Terminal Pneumonia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1, 1965 *to* _____, 19____, *that I last saw the deceased alive on* Aug 7, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 322 (Degree or title)
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 8/11/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-10-65
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town or county): Boise (State): Idaho

DATE REC'D BY LOCAL REG.: Aug 12, 1965
REGISTRAR'S SIGNATURE: [signature]

25. EMBALMER: G. W. Waters [signature]
LICENSE NO.: E-461

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 19 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3491
Local Reg. No. 782
Reg. Dist. No. 362

Certificate of Death

RECEIVED
AUG 19 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 219-16th Ave South

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle): Ann
c. (Last): Kellogg

4. DATE OF DEATH (Month) (Day) (Year): August 9, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 29, 1887
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Queenstown, County Cork, Ireland
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Leahy — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Mary — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Maye Potter — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebro vascular accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) 6 mos. 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Ca of colon - Ca of stomach

19a. DATE OF OPERATION: 1965-1962
19b. MAJOR FINDINGS OF OPERATION: above
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 10:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. 524 [signature] D.
23b. ADDRESS: 619 So. Canyon, Nampa, Idaho
23c. DATE SIGNED: August 11,

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 11, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Canyon Idaho

DATE REC'D BY LOCAL REG.: Aug 12, 1965
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature] — LICENSE NO. E 496

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 26 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3492
Local Reg. No. 51
Reg. Dist. No. 360

Certificate of Death

RECEIVED
AUG 17 1965
Bureau of Vital Statistics

BIRTH NO.

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 459 Caldwell Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): Clark
b. (Middle): J.
c. (Last): Skidmore

4. DATE OF DEATH (Month) (Day) (Year): August 9, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: August 18, 1947
9. AGE (In years last birthday): 17 — IF UNDER 1 YEAR: Months 11, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY: 02
11. BIRTHPLACE (State or foreign country): Nmapa, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Chester L. Skidmore — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Lucille Cheshire — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 309-48-7477
17. INFORMANT'S OWN SIGNATURE: x Chester L. Skidmore — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Lacerations & subdural & epidural hematoma — INTERVAL BETWEEN ONSET AND DEATH: 5 day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Bilateral pulmonary hemorrhage, hemopneumothorax

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Subdural & epidural hematoma
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): highway 13
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Caldwell 141 Canyon Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 4 65 1030 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Motorcycle accident

22. *I hereby certify that I attended the deceased from* Aug 4, 1965, *to* Aug 9, 1965, *that I last saw the deceased alive on* Aug 8, 1965, *and that death occurred at* 1 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 495 [signature] Fletcher MD
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: 8-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 11, 1965
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Memorial Garden
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 8-14-1965
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: [signature] Dakan
LICENSE NO.: E-285

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 18 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAY 4 1988

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 13 1989

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3493
Local Reg. No. 185
Reg. Dist. No. 363

BIRTH NO.

RECEIVED 147 AUG 26 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (in this place): 9 Mon.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 1131 E. 1st

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Cora		Coggins	Aug. 9, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Sept. 23, 1889	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	0	Ogden, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John H. Caufield	Ill.	Mary E. Irwin	Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	519-46-1488	Viola Irene White	Meridian

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

600.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Pylonephritis — 5+yrs
DUE TO (c) Paralysis of bladder — 5+years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Tumor of Spinal Cord — 5+yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8-21, 1962, *to* 8-9, 1965, *that I last saw the deceased alive on* 8-9, 1965, *and that death occurred at* 11:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harold W. Brown MD	619 So. Canyon, Nampa, Ida.	8-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-12-65	Cloverdale Mem. Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 21 1965	Janet Steak	Leo Read	E-366

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Robison Chapel of the Chimes

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 20 1965
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3494
Local Reg. No. 183
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) County Rd. Near Nampa
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION ½ Mile N. Midway School R.R. Crossing

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 14
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 2409 S. Ohio Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Cynthia	Denise	Prohaska	August	10,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	Feb. 12, 1948	17	5	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 77	02	Nampa, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lynn J. Prohaska	Idaho	Nina L. Stewart	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
			X Nina L. Prohaska	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Broken neck - Crushed Skull	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Auto accident	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Fracture left arm - Traumatic Amputation right leg. Below knee.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident 06	on highway - at train crossing 13	140	Canyon	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		Car ran into train at crossing

22. *I hereby certify that I attended the deceased from* Inspection, 19 July, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
584 Henry C. Wesche MD Coroner	Nampa Idaho	8-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 13, 1965	Hillcrest Memorial Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 17, 1965	Jane Steck.	Merville D. Davis	E-394

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 3495
Local Reg. No. 58
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
AUG 26 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 140 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South 3rd St. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Box 453

3. NAME OF DECEASED (Type or Print)
a. (First): Clarence
b. (Middle): T.
c. (Last): Winn

4. DATE OF DEATH (Month) (Day) (Year): August 11, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Feb. 11, 1886
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 6, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: 03
11. BIRTHPLACE (State or foreign country): Platte CouNty, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William J. Winn — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Emma Simpson — BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 524-10-2550
17. INFORMANT'S OWN SIGNATURE: Ralph T. Winn — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive-arteriosclerotic heart dis — several yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-13, 1964, *to* 8-11-65, 19__, *that I last saw the deceased alive on* 8-5, 1965, *and that death occurred at* 10:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bruce Mc 324 Cmd
23b. ADDRESS: Parma, Idaho
23c. DATE SIGNED: 8-18-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 16, 1965
24c. NAME OF CEMETERY OR CREMATORY: Parma Cemetery
24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: 8-24-1965
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Merville D. Davis
LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 30 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3496
Local Reg. No. 56
Reg. Dist. No. 360

BIRTH NO.

RECEIVED
AUG 19 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Neal	D.	Hibbs	Aug. 11. 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	Feb. 1, 1892	73	6	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Waukee, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Stephen F. Hibbs — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Ruanna Hadley — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-40-6002
17. INFORMANT'S OWN SIGNATURE: X Mrs. Neal Hibbs. ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ASHD - myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Rheumatoid arthritis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/8, 1965, *to* 8/11, 1965, *that I last saw the deceased alive on* 8/11, 1965, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Gerald C. Peckham M.D.	1819 Ellis Caldwell	8-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 14, 1965	Greenleaf Cemetery	Greenleaf, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-18-1965	Vera Dakan	Kenneth E. Spence	E-395

FIRM NAME: Peckham-Dakan-Davis Chapel, Caldwell

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3497
Local Reg. No. 55
Reg. Dist. No. 360

BIRTH NO.

RECEIVED AUG 19 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon (14) (007)
b. CITY OR TOWN Caldwell
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho (40) b. COUNTY Canyon
c. CITY OR TOWN Parma
d. STREET ADDRESS (If rural, give location) Box 215

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Carl		Eisenmenger	August 11, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married 2	Dec. 20, 1882	82	7 / 21	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00	00	Germany	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Carl Eisenmenger Sr.	Germany	Anna Unknown	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-28-5718	Eleanor Eisenmenger	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	600.0 Bleeding duodenal ulcer	4 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	chronic pylo-nephritis	15 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug. 6, 1965 *to* Aug. 11, 1965, *that I last saw the deceased alive on* Aug. 11, 1965, *and that death occurred at* 1:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A M Palmer 425 M.D	227 E. Logan, Caldwell, Idaho	8-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 16, 1965	Parma Cemetery	Parma Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-18-1965	Vera Dakan	T. M. Dakan	E-285

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME Peckham-Dakan-Davis, Caldwell, Ida.

AUG 20 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 18 1974

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3498
Local Reg. No. 12
Reg. Dist. No. 360

RECEIVED
SEP 14 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) Caldwell
c. LENGTH OF STAY (in this place) 11 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Blakely Nursing Home 177

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Washington
b. COUNTY Walla Walla
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) College Place
d. STREET ADDRESS (If rural, give location) 807 S. College Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Norma	Grace	Johnson	Aug. 13 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Cauc.	Widowed 2	Aug. 29, 1878	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 0	Home 0	Chariton Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Jay Allen	Indiana	Mary A Hopps	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Mabel Blakely	Caldwell 613 Dearborn St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — 204.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Leukemia, — INTERVAL BETWEEN ONSET AND DEATH: several years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug. 4, 1965, *to* Aug. 13, 1965, *that I last saw the deceased alive on* Aug. 13, 1965, *and that death occurred at* 6:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J.W. Kellogg 275 M.D.	120 S. Kimball Caldwell Idaho	9 Sept 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 17, 1965	Valley View Mem. Park	Newberg, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 10-1965	Freda D. Hunt Deputy	Fred Walker	E 483

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 7 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 19 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician It was in a terminal condition when brought to a nursing home here. There seemed to be no need to determine exactly which type of Cancer she had & no accurate history came from her previous M.D. DMK

State File No. 3499
Local Reg. No. 186
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED AUG 26 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: CANYON 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA,
c. LENGTH OF STAY (in this place): 2 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BLVD. NURSING HOME 284

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 142
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA,
d. STREET ADDRESS (If rural, give location): 211 24th AVE. SOUTH

3. NAME OF DECEASED (Type or Print)
a. (First): AGNES
b. (Middle): J.
c. (Last): GEE

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 14, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Jan. 31, 1896
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE 01
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME 01
11. BIRTHPLACE (State or foreign country): MINNESOTA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: NO RECORD — BIRTHPLACE: NO RECORD
14. MOTHER'S MAIDEN NAME: NO RECORD — BIRTHPLACE: NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-44-4403
17. INFORMANT'S OWN SIGNATURE: J M Gee — ADDRESS: NAMPA, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 237X Brain Tumor — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1963, *to* 8-14, 1965, *that I last saw the deceased alive on* 8-14, 1965, *and that death occurred at* 12:25 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gordon Olson 115 M
23b. ADDRESS: NAMPA, IDAHO
23c. DATE SIGNED: 8-18-65

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8-17-65
24c. NAME OF CEMETERY OR CREMATORY: HILLCREST CEMETERY
24d. LOCATION (City, town, or county) (State): CANYON COUNTY, IDAHO

DATE REC'D BY LOCAL REG.: Aug 21 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: M. B. Shepherd
LICENSE NO.: 473

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SHEPHERD MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3500
Local Reg. No. 71
Reg. Dist. No. 360

BIRTH NO.

RECEIVED
SEP 14 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Blakley's Nursing Home 177

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 141
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 318 Blaine St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Floyd	Milton	Skidmore	August 15, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced 4	Dec. 15, 1888	76	8	—		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Highland Park, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Skidmore — BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE + Gordon H. Skidmore — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 443X Hypertensive cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Broken hip a few months ago — Jan 1965

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 13, 1963, *to* Aug 15, 1965, *that I last saw the deceased alive on* July 1965, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dr. Kellogg 275 MD.	1201 S. Kimball Caldwell Ida.	Sept 9 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 19, 1965	Canyon Hill Cemetery	Caldwell Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 9-1965	Freda D. Hunt, Deputy	Peckham-Dakan-Davis Chapel, Caldwell	E-285

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3501
Local Reg. No. 188
Reg. Dist. No. 362

Certificate of Death

RECEIVED
AUG 30 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township place): Nampa
c. LENGTH OF TIME (If outside corporate limits, write RURAL and give township place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Midland Manor 301

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 119-12 Avenue North

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): LEE
c. (Last): DANIEL

4. DATE OF DEATH (Month) (Day) (Year): August 17, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Feb. 24, 1886
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 04
10b. KIND OF BUSINESS OR INDUSTRY: Farm 01
11. BIRTHPLACE (State or foreign country): Lamar, Arkansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Noah Daniel — BIRTHPLACE: North Carolina
14. MOTHER'S MAIDEN NAME: Mary — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: --------
17. INFORMANT'S OWN SIGNATURE: Kathleen Daniel — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.0 Arteriosclerotic Heart Dis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1959, *to* Aug 13, 1965, *that I last saw the deceased alive on* Aug 13, 1965, *and that death occurred at* 3:25A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Graydon Olson M 115
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: 8-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 21, 1965
24c. NAME OF CEMETERY OR CREMATORY: Greenleaf Cemetery
24d. LOCATION (City, town, or county) (State): Canyon Co. Idaho

DATE REC'D BY LOCAL REG.: Aug. 28, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Don D. Sinigiani — LICENSE NO.: E 496

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 20 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3502
Local Reg. No. 196
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON 142 3-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place): 6 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 142
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 1715 1st STREET NORTH

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): L.
c. (Last): WYMER

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 18, 1965

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: SEPT. 19, 1884
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BRAKEMAN 70
10b. KIND OF BUSINESS OR INDUSTRY: RAIL ROAD 14
11. BIRTHPLACE (State or foreign country): McPHERSON COUNTY, KANSAS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: A. JACKSON WYMER — BIRTHPLACE: OHIO
14. MOTHER'S MAIDEN NAME: SAMANTHA C. HUISE — BIRTHPLACE: ILLINOIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Jeanette Allen — ADDRESS: PARMA,

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Dt Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Emphysema and Pneumonia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1955, *to* Aug 18, 1965, *that I last saw the deceased alive on* Aug 18, 1965, *and that death occurred at* 2:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 322 J. L. Mangum
23b. ADDRESS: NAMPA, IDAHO
23c. DATE SIGNED: 8/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8-23-65
24c. NAME OF CEMETERY OR CREMATORY: KOHLERLAWN CEMETERY
24d. LOCATION (City, town, or county) (State): NAMPA, IDAHO

DATE REC'D BY LOCAL REG.: Sept 17 1965
REGISTRAR'S SIGNATURE: Janet Steck
25. EMBALMER: W. B. Shepherd — LICENSE NO. 473
FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

JUN 16 1986

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3503
Local Reg. No. 187
Reg. Dist. No. 362

Certificate of Death

RECEIVED
SEP 9 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home- 420 Yale 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 420 Yale

3. NAME OF DECEASED (Type or Print)
a. (First): LOAY
b. (Middle): ELMER
c. (Last): PATTERSON

4. DATE OF DEATH (Month) (Day) (Year): August 19, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 24, 1895
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: Idaho Gas Co. 03
11. BIRTHPLACE (State or foreign country): Hartville, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Patterson — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Jenny Buck — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 500-12-9814
17. INFORMANT'S OWN SIGNATURE: Ray Patterson — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infant — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Coronary Artery dis — 10 yrs
DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Duodenal Ulcer
Esophageal diverticulum

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* Aug, 1965, *that I last saw the deceased alive on* July, 1965, *and that death occurred at* 7:15P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Graydon Olson 115 (Degree or title)
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: Aug 27-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 24, 1965
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county): Ada County — (State): Idaho

DATE REC'D BY LOCAL REG.: Aug. 31, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Larry J Krouse — LICENSE NO. E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALSIP HUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended August 31, 1965

Certificate of Death

STATE OF IDAHO

State File No. 3504
Local Reg. No. 60
Reg. Dist. No. 361

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
c. LENGTH OF STAY (in this place): 16 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt #2 Parma

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Rt #2, Parma

3. NAME OF DECEASED (Type or Print)
a. (First): Elma
b. (Middle): Taylor
c. (Last): Burgess

4. DATE OF DEATH: (Month) August (Day) 19, (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 7-19-1906
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 61
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Lehi, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Ebenezer Taylor — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Rebecca Southwick — BIRTHPLACE: Lehi, Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Orion J. Burgess — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Decompensation

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Inspection, 19 Only *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche, M.D., Coroner 583 4
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 8-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 24,65
24c. NAME OF CEMETERY OR CREMATORY: Alpine Cemetery
24d. LOCATION (City, town, or county) (State): Alpine Utah

DATE REC'D BY LOCAL REG.: 8-30-1965
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Clark Sears
LICENSE NO.: E-460

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No.....

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)
for Elma Taylor Burgess (Name on Original Certificate) who died (Was Born or Died) on Aug 19, 1965 (Date of Event)
in Parma, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by.....(Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Age of Deceased	57	59

Subscribed and sworn to before me this 31 day of August, 19 65

Notary Public, residing at Eagle, Idaho

My commission expires Sept 28, 1968

(Seal)

Signed Orion J Burgess

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of August, 19 65

Notary Public, residing at Eagle, Idaho

My commission expires Sept 28, 1968

(Seal)

Signed Marsha T Wagstaff

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

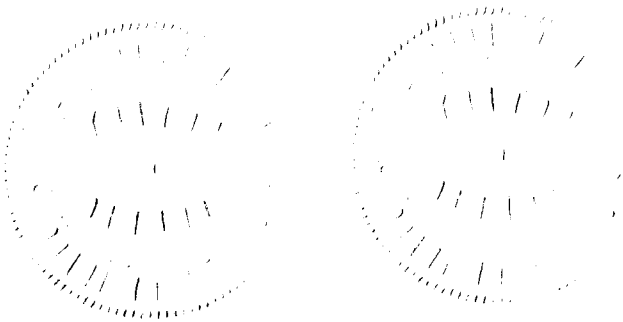

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 66
Reg. Dist. No. 361

BIRTH NO.

RECEIVED
AUG 30 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
c. LENGTH OF STAY (In this place): 16 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 2 Parma

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Rt. # 2 Parma

3. NAME OF DECEASED (Type or Print): a. (First) ELMA b. (Middle) TAYLOR c. (Last) BURGESS

4. DATE OF DEATH: (Month) 8 (Day) 19 (Year) 1965

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 7/19/1906

9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lehi, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ebenezer Taylor
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Rebecca Southwick
BIRTHPLACE: Lehi, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE: Orion Burgess
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Decompensation

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* Inspection only, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Henry C Wescher M.D (Degree or title) Coroner
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 8-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: August 24/65
24c. NAME OF CEMETERY OR CREMATORY: Alpine Cemetery
24d. LOCATION (City, town, or county) (State): Alpine Utah

DATE REC'D BY LOCAL REG.: 8-30-1965
REGISTRAR'S SIGNATURE: Vera Parker
25. EMBALMER: Cook & Evans
LICENSE NO.: E-460
FIRM NAME: Relyea Mortua

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 30 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 31 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3505
Local Reg. No. 192
Reg. Dist. No. 362

RECEIVED
SEP 8 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home--423-17th. Ave. South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 423 17th Ave. So.

3. NAME OF DECEASED (Type or Print)
a. (First): Louis
b. (Middle): Theodore 000
c. (Last): Lessinger

4. DATE OF DEATH (Month) (Day) (Year): August 22, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Feb. 28, 1889
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Fire Chief 32
10b. KIND OF BUSINESS OR INDUSTRY: City Fireman 03
11. BIRTHPLACE (State or foreign country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jean Jaques Lessinger — BIRTHPLACE: France
14. MOTHER'S MAIDEN NAME: Rose Marie Boulanger — BIRTHPLACE: France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): W.W.I 3
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Rt 3 - Nampa Ida

18. CAUSE OF DEATH 204.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic lymphocytic leukemia — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Chronic obstructive Pulmonary disease 15 yr

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 7:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Harold W Brown 062 MD (Degree or title)
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 25, 1965
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Sept 1, 1965
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Larry J. Krouch
LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 8 - 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 10 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 3506
Local Reg. No. 190
Reg. Dist. No. 362

STATE OF IDAHO

BIRTH NO.

RECEIVED SEP 8 1965

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SAMARITAN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 1821 1st STREET NORTH

3. NAME OF DECEASED (Type or Print): a. (First) ERNIE b. (Middle) c. (Last) DICK

4. DATE OF DEATH (Month) (Day) (Year): AUG. 23, 1965

5. SEX: MALE

6. COLOR OR RACE: INDIAN

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED

8. DATE OF BIRTH: MARCH 28, 1965

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months: 2 Days: 25 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): *****

10b. KIND OF BUSINESS OR INDUSTRY: *****

11. BIRTHPLACE (State or foreign country): OWYHEE, NEVADA

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: LINCOLN DICK — BIRTHPLACE: NEVADA

14. MOTHER'S MAIDEN NAME: ELOUISE McKEE — BIRTHPLACE: NEVADA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S OWN SIGNATURE: X Elouise Dick — ADDRESS: NAMPA, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4928 Virus Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-16, 1965, *to* 8-23-, 1965, *that I last saw the deceased alive on* 8-16, 1965, *and that death occurred at* 8:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D. — **23b. ADDRESS**: NAMPA, IDAHO — **23c. DATE SIGNED**: 8-25-65

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL — **24b. DATE**: 8-24-65 — **24c. NAME OF CEMETERY OR CREMATORY**: MIDDLECREEK CEMETERY — **24d. LOCATION** (City, town, or county) (State): OWYHEE, IDAHO

DATE REC'D BY LOCAL REG.: Aug 31, 1965 — REGISTRAR'S SIGNATURE: Jane Steck — **25. EMBALMER**: M. B. Shepherd — LICENSE NO.: 473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3507
Local Reg. No. 61
Reg. Dist. No. 360

BIRTH NO.

RECEIVED SEP 3 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon 14 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (in this place):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	Rayburn	Suter	August 23, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married 3	August 21, 1909	56	-	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	01	Fairmont, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alvah Guy Suter	Missouri	Lucy Rayburn	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	------	518-36-0053	Mrs. Edith J. Suter	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malignant Melanoma — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

198.9

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-17-61, 19___, *to* 8-23-65, 19___, *that I last saw the deceased alive on* 8-23-65, 19___, *and that death occurred at* 8:35 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
505 Lyle Stone, M.D.	222 East Elm - Caldwell, Idaho	8-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 27, 1965	Wilder Cemetery	Wilder, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-31-1965	Vera Dakan		E-285

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

SEP 8 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 31 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 21 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAR 30 1970

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3508
Local Reg. No. 191
Reg. Dist. No. 362

RECEIVED SEP 8 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 14
b. CITY OR TOWN: Nampa
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route-#-1 Nampa-Rural
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print): a. (First) IRA b. (Middle) or LEE c. (Last) DAVIS

4. DATE OF DEATH: (Month) August (Day) 24, (Year) 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Feb. 10, 1888	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91
10b. KIND OF BUSINESS OR INDUSTRY: 03
11. BIRTHPLACE (State or foreign country): Howell County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Theodore Davis — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: ~~Xxxx~~ Jenny Roderick — BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 510 09 6703
17. INFORMANT'S OWN SIGNATURE: Mrs. Ira Lee Davis — ADDRESS: Nampa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma prostate

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-30, 1948, *to* 8-24-, 1965, *that I last saw the deceased alive on* 8-10-, 1965, *and that death occurred at* 8:10P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jenny C. Wesche M.D. 560
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 8-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 27, 1965
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Canyon County Idaho

DATE REC'D BY LOCAL REG.: Aug 31, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Jerry J. Krouse
LICENSE NO.: E-447

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3509
Local Reg. No. 63
Reg. Dist. No. 360

BIRTH NO.

RECEIVED
SEP 3 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN Caldwell
c. LENGTH OF STAY (in this place) ooo
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital 061

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 14
b. COUNTY Canyon
c. CITY OR TOWN Caldwell
d. STREET ADDRESS (If rural, give location) 704 Belmont

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mary	Ellen	Bowers	August 24, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Nov. 12, 1883	81	9	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00	00	Huntsville, Alabama	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George W. Parker	Alabama	Sarah Cloud	Alabama

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	No	× Fred Bowers	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331.X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 45 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Vascular Disease — 7 0

DUE TO (c) Hypertensive Vascular Disease — 7 0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 24 Aug, 1965, to 24 Aug 1965, *that I last saw the deceased alive on* 10:25 Am 24 Aug 65, *and that death occurred at* 10:25 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. L. Poulsen MD	222 East Logan Caldwell Ida	27 Aug 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 27, 1965	Kohlerlawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-31-1965	Vera Dakan		E-285

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 3 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3510
Local Reg. No. 62
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon (14)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Memorial Hospital (002)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (16)
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print): a. (First) Edna; b. (Middle); c. (Last) Cone

4. DATE OF DEATH (Month) (Day) (Year): August 25, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 28, 1900
9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Star, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Ferrell
BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Mary McKiczik
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: x Aubrey B. Cone
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ? Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. L. Coulter (65) M.D. (Degree or title)
23b. ADDRESS: 222 East Logan Caldwell Idaho
23c. DATE SIGNED: 26 Aug 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 28, 1965
24c. NAME OF CEMETERY OR CREMATORY: Roswell Cemetery
24d. LOCATION (City, town, or county) (State): Roswell Idaho

DATE REC'D BY LOCAL REG.: 8-31-1965
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Kenneth E Spence
LICENSE NO.: E-395
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician: I never saw this lady. Aline & never attended her as a physician. She was dead when first seen. Cause of death is based on history alone

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 8 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3511
Local Reg. No. 65
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 0001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 370
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marsing
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Larry	Norman	Leavitt	August 25, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	August 13, 1945	20		7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00	00	Caldwell, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Norman Leavitt	Utah	Mary F. McKague	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Homedale Nat'l Guard 8	518-50-2919	Benjamin Dwight Davis	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial injury

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) auto accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Scalp laceration - fracture jaw
Possible internal abdominal injuries

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Highway 06	Near Caldwell 141 Canyon Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
8-25-65 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☑	Car rolled over on a curve

22. *I hereby certify that I attended the deceased from* Inspection, July, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wesche M.D. Corona 4	Nampa Idaho	9-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 30, 1965	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-7-1965	Vera Dakan		E-285

FIRM NAME: Peckham-Dakan-Davis, Caldwell

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES: SEP 1 4 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3512
Local Reg. No. 66
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 14 — SEP 8 1965 — 600
b. CITY OR TOWN: Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: D.O.A. Memorial Hospital 600

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 14
b. COUNTY: Canyon
c. CITY OR TOWN: Caldwell
d. STREET ADDRESS (If rural, give location): 611 Elgin St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Emily	Augusta	Glenn	August 26, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Sept. 15, 1900	64	11	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 0	0	Waynesboro, Tennessee	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elic Staggs	Tenn.	Chessee Robinette	Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	518-28-8924	Marion Glenn	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____ *and that death occurred at* 7:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R L Paulsen MD 65	222 East Logan Caldwell	31 Aug 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 30, 1965	Hillcrest Memorial Cem.	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-7-1965	Vera Dakan	Vera Dakan	E-285

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan-Davis Chapel, Caldwell

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician: This body was dead when I first saw her. I never attended her while alive

State File No. 3513
Local Reg. No. 67
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 8 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 05 California 555
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greenville
d. STREET ADDRESS (If rural, give location): Box 83

3. NAME OF DECEASED (Type or Print)
a. (First): Milton
b. (Middle): Richard
c. (Last): Miller

4. DATE OF DEATH (Month) (Day) (Year): August 27, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 3, 1898
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91
10b. KIND OF BUSINESS OR INDUSTRY: 03
11. BIRTHPLACE (State or foreign country): Trenton, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Oscar Green — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Monte Miller — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): War I 3
16. SOCIAL SECURITY NO.: 518-03-2594
17. INFORMANT'S OWN SIGNATURE: Bertha B. Miller — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Inspection only *19___, to ___, 19___, that I last saw the deceased alive on ___, 19___, and that death occurred at* 11:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D. Coroner 560 4
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 9-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Aug. 29, 1965
24c. NAME OF CEMETERY OR CREMATORY: Kellogg Cemetery
24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 9-7-1965
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: T. W. Dakan
LICENSE NO.: E-285

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 14 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 29 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3514
Local Reg. No. 143
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 SEP 9 1965
b. CITY OR TOWN: Nampa
c. LENGTH OF STAY (In this place): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 057

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print)
a. (First): WAYNE
b. (Middle): E.
c. (Last): AMBERG

4. DATE OF DEATH: (Month) (Day) (Year): August 27, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: April 20, 1908

9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming 01

11. BIRTHPLACE (State or foreign country): Danvers Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Emanuel J. Amberg
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Katherine B. Plank
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519 09 6798

17. INFORMANT'S OWN SIGNATURE: Esther M. Amberg
ADDRESS: Nampa, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Undifferentiated neoplasm involving the entire liver, probably metastatic from the pancreas.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-16, 1965, *to* Aug 27, 1965, *that I last saw the deceased alive on* Aug 27, 1965, *and that death occurred at* 8:00A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard C. Troyer, M.D.

23b. ADDRESS: 619 Canyon, Nampa, Ida

23c. DATE SIGNED: 9/1/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 31, 1965

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Canyon County Idaho

DATE REC'D BY LOCAL REG.: Sept 6 1965

REGISTRAR'S SIGNATURE: Jane Steck

25. EMBALMER: Tom C. Sinigiani

LICENSE NO.: E-496

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

SEP 10 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3515
Local Reg. No. 194
Reg. Dist. No. 362

Certificate of Death

RECEIVED
SEP 9 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME---Route # 4 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa- Rural
d. STREET ADDRESS (If rural, give location): Route # 4

3. NAME OF DECEASED (Type or Print)
a. (First): MARTIN
b. (Middle): S.
c. (Last): DOBBS

4. DATE OF DEATH (Month) (Day) (Year): August 28, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 30, 1878
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Stock Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY: Stock and Farming 01
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Paris L. Dobbs — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Sarah E. Marler — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Evert A. Dobbs — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Artery Disease — INTERVAL BETWEEN ONSET AND DEATH: 1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis — 10 yrs
DUE TO (c): Age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1962, *to* Aug 28, 1965, *that I last saw the deceased alive on* Aug 28, 1965, *and that death occurred at* 6:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Mangum MD 322 (Degree or title)
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 9/1/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 1, 1965
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Ada County, Idaho

DATE REC'D BY LOCAL REG.: Sept. 6, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Larry J. Krouch — LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3516
Local Reg. No. 195
Reg. Dist. No. 363

RECEIVED
SEP 13 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 2-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 5 mon.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Midland Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 610
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Hilda b. (Middle) K. 301 c. (Last) Engstrand

4. DATE OF DEATH: (Month) Aug. (Day) 30, (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Jan. 2, 1880

9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School teacher 12

10b. KIND OF BUSINESS OR INDUSTRY: public schools

11. BIRTHPLACE (State or foreign country): Kola, Sweden

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Kallgren — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Unk — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-54-4020

17. INFORMANT'S OWN SIGNATURE: X Mrs. Laura Lea — ADDRESS: RT 3 Kuna

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis 332 X — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960, *to* Aug 30, 1965, *that I last saw the deceased alive on* Aug 30, 1965, *and that death occurred at* 7:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 332 (Degree or title) MD
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 9/3/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 9-2-65
24c. NAME OF CEMETERY OR CREMATORY: Mt. View Crematory
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Sept. 10 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Les Read
LICENSE NO.: E-366

FIRM NAME: Robison Chapel of the Chimes

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 20 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3517
Local Reg. No. 10
Reg. Dist. No. 520-621

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou 150 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 03 Arizona 555
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) 069 c. (Last): Alta Nez

4. DATE OF DEATH: August 15, 1965

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: Dec. 7, 1964

9. AGE (In years last birthday): If UNDER 1 YEAR Months: 7 Days: 28 If UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02

10b. KIND OF BUSINESS OR INDUSTRY: 60

11. BIRTHPLACE (State or foreign country): Pinon, Arizona

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Kee Nez — BIRTHPLACE: Pinon, Arizona

14. MOTHER'S MAIDEN NAME: Helen Hosteen — BIRTHPLACE: Oraibi, Arizona

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: x Kee Nez — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7544.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 8 mon

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-15, 1965, *to* 8-15, 1965, *that I last saw the deceased alive on* 8-15, 1965, *and that death occurred at* 6:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE: C E Herron 226 — (Degree or title): MD

23b. ADDRESS:

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/15/65

24c. NAME OF CEMETERY OR CREMATORY: Central Cemetery

24d. LOCATION (City, town, or county) (State): Central, Idaho

DATE REC'D BY LOCAL REG.: 8-18-65

REGISTRAR'S SIGNATURE: Darth Kennett

25. EMBALMER: Theodore Allen — LICENSE NO.: E370

FIRM NAME: Allen Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3518
Local Reg. No. 1450
Reg. Dist. No. 470

BIRTH NO.

RECEIVED
AUG 12 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 6 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Burley Nursing Home 290

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 340
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Howard		Easton	Aug 1 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	Oct 9 1876	88		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer 04	01	Gardner Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elbert Easton	Illinois	Hannah Lee	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No None		X Lawn A. Easton	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 months.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Desease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Benign Prostatic Hypertrophy

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-1-, 1962, *to* 8-1-, 1965, *that I last saw the deceased alive on* 7/29/, 1965, *and that death occurred at* 4 30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert Lovell 506 MD	Paul, Idaho	8/3/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Aug 1 1965	Paul Cemetery	Paul Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 9, 1965	Beth H. Pearson	Robert E. Walk	E294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

JUL 1 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 5 1979

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3519
Local Reg. No. 1452
Reg. Dist. No. 470

BIRTH NO.

RECEIVED AUG 12 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia 16
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1748 Monroe Ave. 022

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1748 Monroe Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Louis b. (Middle) John c. (Last) Hagberg

4. DATE OF DEATH (Month) (Day) (Year): Aug. 3, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Feb. 18, 1883

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 01

11. BIRTHPLACE (State or foreign country): Osage City, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Carl John Hagberg – Unknown
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Ida (Unknown)
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 518-40-9906

17. INFORMANT'S OWN SIGNATURE: Mrs Nate Hagberg
ADDRESS: Burley, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio sclerosis — 2 days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1948 *to* June 1965, *that I last saw the deceased alive on* June 22, 1965, *and that death occurred at* 9:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: John W. Olsen (Degree or title) MD
23b. ADDRESS: 1410 Overlake Ave Burley Idaho
23c. DATE SIGNED: Aug 5 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/7/65
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Aug 9 1965
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: George Turner
LICENSE NO.: 480
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3520
Local Reg. No. 1455
Reg. Dist. No. 470

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

AUG 24 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia 160 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sublett
c. LENGTH OF STAY (In this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sublett Reservoir 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 160
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malta
d. STREET ADDRESS (If rural, give location): Star Route, Declo, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Michael
b. (Middle): Seiji
c. (Last): Endow

4. DATE OF DEATH (Month) (Day) (Year): August 10, 1965

5. SEX: male
6. COLOR OR RACE: Japanese 5
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Nov. 24, 1948
9. AGE (In years last birthday): 16 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY: ****** 02
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: Seiji Endow-Soldier Summit, Utah
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Masako Tsukamoto - Pocatello, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: **
17. INFORMANT'S OWN SIGNATURE: Seiji Endow — ADDRESS: Declo, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

929.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Drowning — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 18 Reservoir
21c. (CITY, TOWN, OR TOWNSHIP) 160 (COUNTY) (STATE): 13 Rural Cassia Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 10 65 2 pm
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Investigated the death of *, 19__, to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at* about 2 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leslie L Fillmore 584 MD Coroner
23b. ADDRESS: Box 668 Burley Idaho
23c. DATE SIGNED: 8-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 8/13/65
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: Aug. 18, 1965
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: J. Garth Payne
LICENSE NO.: E-389

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Payne Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3521
Local Reg. No. 1456
Reg. Dist. No. 470

Certificate of Death

STATE OF IDAHO

RECEIVED
AUG 24 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 000 life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 160
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): Mae 070
c. (Last): Stanger

4. DATE OF DEATH (Month) (Day) (Year): August 11 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: May 17, 1888
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Oakley, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Brigham Young Sharp — BIRTHPLACE: Alton, Illinois
14. MOTHER'S MAIDEN NAME: Sarah Ann Haynes — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ||||||||
16. SOCIAL SECURITY NO.: 519-03-1486
17. INFORMANT'S OWN SIGNATURE: Violet Martin — ADDRESS: Ogden, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive arteriosclerotic
DUE TO (c): Heart Disease — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1949, 19__, *to* 8-11-, 1965, *that I last saw the deceased alive on* 8-11-, 1965, *and that death occurred at* 4:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. Hutton 514 (Degree or title): M.D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 8-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 14, 1965
24c. NAME OF CEMETERY OR CREMATORY: Oakley Cemetery
24d. LOCATION (City, town, or county) (State): Oakley, Idaho

DATE REC'D BY LOCAL REG.: Aug 18, 1965
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: [signature]
LICENSE NO.: E-389

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Payne Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3522
Local Reg. No. 1457
Reg. Dist. No. 470

BIRTH NO.

RECEIVED
AUG 24 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia 16
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY IN THIS PLACE (If nonresident give usual residence): 36 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1827 Normal Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Clyde
b. (Middle): Stuart 070
c. (Last): Arbogast

4. DATE OF DEATH: August 11, 1965

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: Feb. 3, 1887

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months 6 Days 8
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY: Building 01

11. BIRTHPLACE (State or foreign country): Rising City, Nebraska

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Douglas Arbogast, Good Hope, Ill.
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Cora Dillie
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-12-7512

17. INFORMANT'S OWN SIGNATURE: Ted Arbogast
ADDRESS: 1827 Normal Burley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute myocardial failure — 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension - arteriosclerotic Heart disease — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: chronic Brain Synd. — ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1961, 19___, *to* 8-11-, 1965, *that I last saw the deceased alive on* 8-11, 1965, *and that death occurred at* 7:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R Sutton 514 M D

23b. ADDRESS: Burley Idaho

23c. DATE SIGNED: 8/14/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Aug. 13, 1965

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery,

24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Aug 18, 1965

REGISTRAR'S SIGNATURE: Beth A. Pearson

25. EMBALMER: Ormand F Burch

LICENSE NO.: E-471

FIRM NAME: MC CULLOCH FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3523
Local Reg. No. 1458
Reg. Dist. No. 470

BIRTH NO.

RECEIVED AUG 24 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
LENGTH OF STAY (in this place) 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Burley Nursing Home 390

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 161 b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
d. STREET ADDRESS (If rural, give location) 1729 Miller Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lorens		Kraus	August 11, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	White	Widowed 2	Feb. 20, 1887	78	5	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 54	Farming 61	Denhoff, Russia	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Kraus	Russia	Christina Bauer	Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	— — — —	518-42-6608A	Walter Kraus	Rupert R 2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Arteriosclerotic Heart Disease & Coronary occlusion	unkn
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12-11- 19 61, *to* 8/12 19 65, *that I last saw the deceased alive on* 8/14 19 65, *and that death occurred at* 10:55 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Paul, Idaho	8/13/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 14, 1965	Paul Cemetery	Paul, Minidoka Co. Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 18, 1965	Beth H. Pearson	Armand J. Burch	E-471

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: McCULLOCH FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. SEP 22 1977

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3524
Local Reg. No. 1454
Reg. Dist. No. 470

RECEIVED
AUG 24 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): none

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Cloud
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Concordia
d. STREET ADDRESS (If rural, give location): 726 W. 10th

3. NAME OF DECEASED (Type or Print): a. (First) Howard b. (Middle) Raymond c. (Last) Donaldson

4. DATE OF DEATH: (Month) August (Day) 13, (Year) 1965

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 8, 1899

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Belleville, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Sam Donaldson — BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Anna Johnson — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 513-07-1624

17. INFORMANT'S OWN SIGNATURE: Howard R. Donaldson — ADDRESS: Burley, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 16 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute coronary artery occlusion — 16 hours
DUE TO (c) Probable anteroseptate coronary artery disease —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-12, 1965, *to* 8-13, 1965, *that I last saw the deceased alive on* 8-13, 1965, *and that death occurred at* 11:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD

23b. ADDRESS: Burley Idaho

23c. DATE SIGNED: 8/14/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 8/14/65

24c. NAME OF CEMETERY OR CREMATORY: Concordia

24d. LOCATION (City, town, or county) (State): Concordia, Kansas

DATE REC'D BY LOCAL REG.: Aug 18, 1965

REGISTRAR'S SIGNATURE: Beth A. Pearson

25. EMBALMER: [signature]

LICENSE NO.: E-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 26 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 3525
Local Reg. No. 1459
Reg. Dist. No. 470

Certificate of Death

RECEIVED AUG 24 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 161 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospotal

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 160
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Albion
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): 070
c. (Last): Barrett

4. DATE OF DEATH (Month) (Day) (Year): August 17, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Sept.22,1888
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 10, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician-Carpenter-Building
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Edward Barrett, 45 Lancaster, England — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Alice Marsh, Yorkshire, England — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: 519-03-1341
17. INFORMANT'S OWN SIGNATURE: Glenn G Barrett — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

527.1

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic Cor Pulmonalae	5 yrs.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Pulmonary Emphysema	10-15 yrs
DUE TO (c)	Pulmonary Fibrosis	—
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Bronchopneumonia	5 days.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 5, 1950, *to* Aug 18, 1965, *that I last saw the deceased alive on* Aug 17, 1965, *and that death occurred at* 8:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J B Kircher 283 (Degree or title) M.D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 8-18-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Aug.21,1965
24c. NAME OF CEMETERY OR CREMATORY: Albion Masonic Cemetery,
24d. LOCATION (City, town, or county) (State): Albion, Idaho

DATE REC'D BY LOCAL REG.: Aug 20 1965
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: Ormand F Burch
LICENSE NO.: E-471

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McCULLOCH FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 4 1987

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3526
Local Reg. No. 1461
Reg. Dist. No. 470

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Cassia 160 SEP 1 1965 2-08
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley Bureau of Vital Statistics
c. LENGTH OF STAY (In this place): 8 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 05 California 555
b. COUNTY: Mercerd
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Delhi
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Cecil
b. (Middle): Floyd
c. (Last): Hallam

4. DATE OF DEATH (Month) (Day) (Year): August 18, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 29, 1912
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months 3, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Braggs, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Samuel Hallam, BIRTHPLACE: Arkansas
14. MOTHER'S MAIDEN NAME: Anna Brace, BIRTHPLACE: Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: 446-03-9423
17. INFORMANT'S OWN SIGNATURE: John Weatherby — ADDRESS: Oakley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

983X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): aspiration of gastric contents — INTERVAL BETWEEN ONSET AND DEATH: moments.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Shock from body blows.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 01 Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13 Oakley 160 Cassia Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 18 1965 10 30 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: During Fight

22. *I hereby certify that I attended the deceased from* Investigated the death of *19__ to 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* about 10 45 *Pm., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leslie 583 L Fillmore MD
23b. ADDRESS: Box 668 Burley Ida
23c. DATE SIGNED: 8-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Aug. 23, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery,
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Aug 30, 1965
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: Ormand F Burch
LICENSE NO.: E-471

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McCULLOCH FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 17 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3527
Local Reg. No. 1460
Reg. Dist. No. 470

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

SEP 1 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place) 25 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cassia Memorial hospital 070

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 161
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
d. STREET ADDRESS (If rural, give location) 1235 Yale Ave

3. NAME OF DECEASED (Type or Print)
a. (First) Arthur
b. (Middle) Franklin
c. (Last) Steube

4. DATE OF DEATH (Month) August (Day) 21 (Year) 1965

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH Sept 19, 1881
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired 04
10b. KIND OF BUSINESS OR INDUSTRY agriculture 01
11. BIRTHPLACE (State or foreign country) York County, Nebrska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Andrew Steube — BIRTHPLACE Ohio
14. MOTHER'S MAIDEN NAME Mary Ann Wahl — BIRTHPLACE Laundenville, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 519-2222-59
17. INFORMANT'S OWN SIGNATURE Darrel Steube — ADDRESS Burley, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 - 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Benign Prostate hypertrophy — 2 - 3 yrs

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-9-63, 19__, *to* 8-21-65, 19__, *that I last saw the deceased alive on* 8-21-y5 19__, *and that death occurred at* 9:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Eugene H. Hohinger 240 (Degree or title) M.D.
23b. ADDRESS Burley, Idaho
23c. DATE SIGNED 8-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify) removal 3
24b. DATE Aug 26, 1965
24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
24d. LOCATION (City, town, or county) (State) York, Nebraska

DATE REC'D BY LOCAL REG. Aug. 30, 1965
REGISTRAR'S SIGNATURE Beth H. Pearson
25. EMBALMER George Farmer — LICENSE NO. E-480
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3528
Local Reg. No. 260
Reg. Dist. No.

BIRTH NO.

AUG 3 0 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 170 Clark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural, Dubois
c. LENGTH OF STAY (in this place) 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Highway 15, 2 miles south Dubois

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 57 Canada 555
b. COUNTY Alberta
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Edmonton
d. STREET ADDRESS (If rural, give location) 9014 90th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LILA	MARIAN	GANAM	August	20	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Lebanese	Never married	March 9, 1943	22				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telex operator 58
10b. KIND OF BUSINESS OR INDUSTRY Newspaper 600
11. BIRTHPLACE (State or foreign country) Regina, saskatchewan, Canada
12. CITIZEN OF WHAT COUNTRY? Canada

13. FATHER'S NAME BIRTHPLACE Saleem Ameen Ganam /Sheho, Sask., Canada
14. MOTHER'S MAIDEN NAME BIRTHPLACE Marie Theresa Moses/ Kandahar, Sask., Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE S.M. Ganam ADDRESS Edmonton, Alta Canada

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed head — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway
21c. (CITY, TOWN, OR TOWNSHIP) 170 Dubois (COUNTY) Clark (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) August 20, 1965 4:30 PM m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile upset

22. *I hereby certify that I attended the deceased from* ____ 4:30 PM, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D. Lawrence 583	Coroner	Dubois, Idaho	Aug. 25, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 2	Aug. 25, 1965	Beechmount Cemetery	Edmonton, Alberta, Canada

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-25-65	M.D. Lawrence	Orland C. Buck	E-250

FIRM NAME: Buck Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3529
Local Reg. No. 24
Reg. Dist. No. 240

RECEIVED AUG 24 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater 18 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Office Creek
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 48 Washington
b. COUNTY: 555 Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 1142 Mc Carroll

3. NAME OF DECEASED (Type or Print): a. (First) Clarice b. (Middle) c. (Last) Hoffman

4. DATE OF DEATH: (Month) (Day) (Year) August 8, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 9-16-1910
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: Homekeeping 01
11. BIRTHPLACE (State or foreign country): New England North Dakota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fred Moore — BIRTHPLACE: Greenfield, Iowa
14. MOTHER'S MAIDEN NAME: Agnes Brubaker — BIRTHPLACE: Poke County, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 534-28-3479
17. INFORMANT'S OWN SIGNATURE: Edwin Hoffman — ADDRESS: Clarkston, Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 7954 Death from Natural Causes — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 2P *m., from the causes and on the date stated above.*

23a. SIGNATURE: WMC Morrison 583 (Degree or title): Coroner
23b. ADDRESS: Orangeville, Id.
23c. DATE SIGNED: 8/12/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 8-12-1965
24c. NAME OF CEMETERY OR CREMATORY: Lewis-Clark Memorial Gardens
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Aug. 14, 1965
REGISTRAR'S SIGNATURE: Irma Cone
25. EMBALMER: Cletus Uhlorn
LICENSE NO.: E 421

FIRM NAME: Merchant Funeral Home Clarkston Wn.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 8 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3530
Local Reg. No. 62
Reg. Dist. No. 210

BIRTH NO.

RECEIVED AUG 12 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Clearwater (180) 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 1½ mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North 074

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 357
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) Somerville Nursing Home

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	LULA		ELLER		08	09	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	White	Widowed 2	2-12-1883	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown 00	00	Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hendrix	Unknown	Jane Clinton	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Unknown	Barbara Gray	Records, SHN, Orofino, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerosis cardiac-cerebral-renal — INTERVAL BETWEEN ONSET AND DEATH: 1 yr. +

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — 1 yr. +
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6-25- , 19 65, *to* 8-9- , 19 65, *that I last saw the deceased alive on* 8-9- , 19 65, *and that death occurred at* 9:35 a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Myrick W. Cullen, Jr. 595	M. D.	Box 672, Orofino, Idaho	8-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	8-9-1965	Short's Chapel	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-9-1965	Josephine K. Gilbert	Glenn Gilbert	Moscow Orofino, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

SHORT'S GILBERT'S FUNERAL CHAPEL, INC.

AUG 17 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 2 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Glenn Carter Lic. No E 252 at Orofino Idaho 8/9/65

ADDITIONAL REMARKS by Physician

State File No. 3531
Local Reg. No. 64
Reg. Dist. No. 210

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED 180 AUG 19 1965 5-05 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino--rural
c. LENGTH OF STAY (in this place): few min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 mi. east of Praest Ranch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 180
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino--rural
d. STREET ADDRESS (If rural, give location): Russell Ridge A rea

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): 000
c. (Last): PRAEST

4. DATE OF DEATH (Month) (Day) (Year): Aug. 11 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Feb. 21, 1898
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 01
11. BIRTHPLACE (State or foreign country): Colfax Co. Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Bernard Praest — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Elizabeth Becker — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: x Joe Praest — ADDRESS: Nezperce, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compound, comminuted fracture (skull) — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Severly crushed skull
DUE TO (c) accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 02
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm
21c. (CITY, TOWN, OR TOWNSHIP) 180 (COUNTY) (STATE): 13 Orofino Clearwater Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 11 '65 11:00 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Combine tipped over on steep hill pinning deceased under

22. *I hereby certify that I attended the deceased from* never, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Larry 583 Wunderlich 4 (Degree or title): Coroner
23b. ADDRESS: Box 1115 Orofino, Ida.
23c. DATE SIGNED: 8-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-14-1965
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: 8-13-65
REGISTRAR'S SIGNATURE: Josephine K. Gilbert
25. EMBALMER: Glenn Ailor
LICENSE NO.: E.252

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: GILBERT'S FUNERAL CHAPEL, INC.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3532
Local Reg. No. 66
Reg. Dist. No. 210

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 2 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 180
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 20 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 180
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): 237 D Street

3. NAME OF DECEASED (Type or Print)
a. (First): WILMA
b. (Middle): BERNICE 073
c. (Last): JOHNSON

4. DATE OF DEATH (Month) Aug. (Day) 21 (Year) 1965

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 3, 1903
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): White Creek, Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alfred C. Howard — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Eleanor Stowell — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: * M. R. Johnson — ADDRESS: Orofino, Ida.

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1965, *to* Aug, 1965, *that I last saw the deceased alive on* 8-21, 1965, *and that death occurred at* 7 4/4 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 038 Ent
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 8-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8-24-1965
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: Aug. 25, 1965
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature]
LICENSE NO.: 476

Federal Security Agency
United States Public Health Service
Form DH-65021
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 7 1966

MAR 9 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3533
Local Reg. No. 65
Reg. Dist. No. 210

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

SEP 2 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Clearwater 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (If in this place): 2 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North 074

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Newport, Washington
d. STREET ADDRESS (If rural, give location): Old Town, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): ETHEL
b. (Middle): O.
c. (Last): SUNDLER

4. DATE OF DEATH (Month) 8 (Day) 24 (Year) 65

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 2-23-92
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George W. Huffman — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Margaret Blake — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Barbara Bray — ADDRESS: Records, SHN, Orofino, Idaho

18. CAUSE OF DEATH 260X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis, generalized — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes mellitus — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Asthma (history of) — Lifelong

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 16, 1965, *to* Aug. 24, 1965, *that I last saw the deceased alive on* Aug. 24, 1965, *and that death occurred at* 8:00 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Myrick W. Pulley Jr. 595 — (Degree or title): M. D.
23b. ADDRESS: Box 672, Orofino, Idaho
23c. DATE SIGNED: 8-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 8-24-1965
24c. NAME OF CEMETERY OR CREMATORY: Yates-Morse F. H.
24d. LOCATION (City, town, or county): Coeur d' Alene — (State): Idaho

DATE REC'D BY LOCAL REG.: 8-24-1965
REGISTRAR'S SIGNATURE: Josephine K. Gilbert
25. FUNERAL DIRECTOR: Lyle A. Strottmann — ADDRESS: Orofino, Ida.
GILBERT'S FUNERAL CHAPEL, INC.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 29 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Lyle A. Strottmann Lic. No. 476 at Orofino on 8-24-65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 3534
Local Reg. No. 67
Reg. Dist. No. 210

RECEIVED Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater 180 SEP 2 1965 2-03
b. CITY OR TOWN Pierce--rural (If outside corporate limits, write RURAL and give township) LENGTH OF STAY (in this place) 3 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kelly Creek District 60

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 380 b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kamiah
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	GLEN	EUGENE	WEDDING	Aug.	24	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Oct. 8, 1928	36				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Woodsworker 08
10b. KIND OF BUSINESS OR INDUSTRY Timber 52
11. BIRTHPLACE (State or foreign country) Craigmont, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Acie Wedding — BIRTHPLACE Idaho
14. MOTHER'S MAIDEN NAME Agnes Cyr — BIRTHPLACE Alberta, Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Korean 7
16. SOCIAL SECURITY NO. 519-30-7712
17. INFORMANT'S OWN SIGNATURE X Cleon Wedding — ADDRESS Kamiah, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Decapitation of cranium — INTERVAL BETWEEN ONSET AND DEATH: inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) gun shot wound
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Forest 09
21c. (CITY, TOWN, OR TOWNSHIP) 180 (COUNTY) 13 Pierce (STATE) Clearwater Idaho
21d. TIME OF INJURY (Month) Aug. (Day) 24 (Year) 65 (Hour) 1 P.M. 45
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Self inflicted gun shot wound

22. *I hereby certify that I attended the deceased from* never, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Larry Vanderlick 583 (Degree or title) Coroner 4
23b. ADDRESS Box 1115 Orofino, Idaho
23c. DATE SIGNED 8-27-1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-28-1965
24c. NAME OF CEMETERY OR CREMATORY Riverside
24d. LOCATION (City, town, or county) Orofino (State) Idaho

DATE REC'D BY LOCAL REG. 8-27-65
REGISTRAR'S SIGNATURE Josephine K. Gilbert
25. EMBALMER Lyle A. Stoltzmann
LICENSE NO. 476

FIRM NAME: GILBERT'S FUNERAL CHAPEL, INC.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 7 1965
SEP 17 1965
NOV 16 1965
MAR 25 1974
DEC 4 1974
JUN 04 2012

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to sign the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3535
Local Reg. No. 70
Reg. Dist. No. 210

BIRTH NO.

1 SEP 9 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Clearwater (180) 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North 074

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (180) b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Thomas b. (Middle) Arthur c. (Last) Leach

4. DATE OF DEATH: (Month) August (Day) 25, (Year) 1965

5. SEX: M

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married (2)

8. DATE OF BIRTH: 12/31/1902

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel Owner (74)

10b. KIND OF BUSINESS OR INDUSTRY: Hotel (05)

11. BIRTHPLACE (State or foreign country): Oklahoma

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Charles D. Leach
BIRTHPLACE: Unk.

14. MOTHER'S MAIDEN NAME: Lula L.
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: unk.

17. INFORMANT'S OWN SIGNATURE: Monick W. Pullen Jr Hosp Records
ADDRESS: State Hosp. No.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — unk.
DUE TO (c) Diabetes — unk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arthritis — unk

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug. 23, 19 65, *to* Aug. 25, 19 65, *that I last saw the deceased alive on* Aug. 25, 19 65, *and that death occurred at* 10:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Monick W. Pullen Jr 595 (Degree or title): M.D.
23b. ADDRESS: State Hospital North, Orofino
23c. DATE SIGNED: August 25

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/28/65
24c. NAME OF CEMETERY OR CREMATORY: Kamiah
24d. LOCATION (City, town, or county) (State): Kamiah Idaho

DATE REC'D BY LOCAL REGISTRAR: Sept. 3, 1965
REGISTRAR'S SIGNATURE: Erick Zeller

25. FUNERAL DIRECTOR: Robert Hanson
ADDRESS: Robertson-Hanson F 433 Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

NOV 26 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUN 11 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Clifton G. Nielsen Lic. No. E421 at Glenwood on 8/25/65

ADDITIONAL REMARKS by Physician

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3536
Local Reg. No. 68
Reg. Dist. No. 210

BIRTH NO.

SEP 2 1965

Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): 1285 Michigan Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): ANNIE
b. (Middle): A.
c. (Last): KIELE

4. DATE OF DEATH: Aug. 26 1965

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 27, 1898

9. AGE (In years last birthday): 66
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Park, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: W. W. McAllister
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Mary C. Bunch
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: X Richard G. Kiele
ADDRESS: Orofino, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): CA of rectum c Metastasis
INTERVAL BETWEEN ONSET AND DEATH: c. 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-20, 1965, *to* 8-26, 1965, *that I last saw the deceased alive on* 8-26, 1965, *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Orofino, Idaho

23c. DATE SIGNED: 8-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-28-1965

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 8-27-65

REGISTRAR'S SIGNATURE: Josephine K. Gilbert

25. EMBALMER: [signature]

LICENSE NO.: 476

FIRM NAME: GILBERT'S FUNERAL CHAPEL, INC.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3537
Local Reg. No. 69
Reg. Dist. No. 210

RECEIVED
180 SEP 2 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North 074

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 050
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MARTIN
b. (Middle):
c. (Last): BOXLEIGHTNER

4. DATE OF DEATH (Month) 8 (Day) 29 (Year) 65

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: 7-21-1908
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?: Unk.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Barbara Bray — ADDRESS: Records, SHN, Orofino, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4/6X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary occlusion	Immediate
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Acute Brain Syndrome-toxic liver involvement	5 wks.
DUE TO (c)	Rheumatic heart disease	Unknown
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Pyelonephritis	Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 28, 1965, *to* Aug. 29, 1965, *that I last saw the deceased alive on* Aug. 29, 1965, *and that death occurred at* 10:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Myrnith W. Pulling Jr 595 (Degree or title): M. D.
23b. ADDRESS: Box 672, Orofino, Idaho
23c. DATE SIGNED: 8-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Aug. 30, 1965
24c. NAME OF CEMETERY OR CREMATORY: Browning Funeral Home
24d. LOCATION (City, town, or county): St. Maries (State): Idaho

DATE REC'D BY LOCAL REG.: Aug. 30, 1965
REGISTRAR'S SIGNATURE: Ruth Zeller
25. FUNERAL DIRECTOR: Lyle A. Stottmann — ADDRESS: Orofino

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Ty C. Strottmann Lic. No. 476 at Orofino on 8-30-65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 13 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3538
Local Reg. No. 14
Reg. Dist. No. 680

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 16 miles No. of US 93
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway 93A on Morgan Creek Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: New Mexico (33)
b. COUNTY: (555)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blue Water
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Vivian b. (Middle) Jean c. (Last) Morlang

4. DATE OF DEATH (Month) (Day) (Year): Aug. 7, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Aug. 12, 1954

9. AGE (In years last birthday): 10 | IF UNDER 1 YEAR Months: | Days: | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): student 09

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Uravan, Colorado

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Robert Eugene Morlang | BIRTHPLACE: Colorado

14. MOTHER'S MAIDEN NAME: Carol Bond | BIRTHPLACE: Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: X Robert Morlang | ADDRESS: Cobalt, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8250

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Suffocation due to pressure | INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): on chest | 0
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): road 06
21c. (CITY, TOWN, OR TOWNSHIP) 198 (COUNTY) (STATE): near Challis, Custer, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-7-65 8:45P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 1
21f. HOW DID INJURY OCCUR? child riding in back of pickup, turning over & pinning her underneath

22. *I hereby certify that I attended the deceased from* ____ 19__, *to* ____, 19__, *that I last saw the deceased alive on* never, 19__, *and that death occurred at* 8:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Mrs. Pauline J. Mulder 582 | (Degree or title): Coroner 4
23b. ADDRESS: Challis, Idaho
23c. DATE SIGNED: 8-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-14-65
24c. NAME OF CEMETERY OR CREMATORY: Delta
24d. LOCATION (City, town, or county) (State): Delta, Colorado

DATE REC'D BY LOCAL REG.: Aug 10 1965
REGISTRAR'S SIGNATURE: Mrs Pauline J Mulder
25. FUNERAL DIRECTOR: Albert C. Jones | ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Delbert C. Jones Lic. No. E369 at Salmon on 8-765

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

RECEIVED

State File No. 3539
Local Reg. No. 15
Reg. Dist. No. 680

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 90 Custer — SEP 9 1965 — 680
b. CITY OR TOWN: Near Mackay (If outside corporate limits, write RURAL and give township) — Bureau of Vital Statistics — LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION: 2 miles N. of Mackay 680

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho OH — b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 802 N. 18th. Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	ROY	ROSS	GODLOVE		8	24	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 3	9/13/1898	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic 10	Construction 01	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Perry Grant Godlove	Kansas	Anabelle Hopper	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519/20/0656	Almeda M. Godlove	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 782.4

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Apparent heart failure
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. unknown

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 12:2 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Arthur A. Wright 583 Justice of Peace acting Coroner	Mackay	9-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	8/26/65	Terrace Lawn	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-10-65	[signature]	Clark W. Sears	E-460

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: SEP 10 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 25 1965

Certificate of Death

STATE OF IDAHO

State File No. 3540
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Elmore 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glenns Ferry (Bureau of Vit. Stat.)
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Glenns Ferry

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hammett
d. STREET ADDRESS (If rural, give location) Hammett

3. NAME OF DECEASED (Type or Print) a. (First) ARCHIE b. (Middle) GORDON c. (Last) HITESMAN

4. DATE OF DEATH (Month) (Day) (Year) July 31, 1965

5. SEX Male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH Sept. 12, 1908

9. AGE (In years last birthday) 56 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher - farmer

10b. KIND OF BUSINESS OR INDUSTRY 01

11. BIRTHPLACE (State or foreign country) Lehi, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME C. A. Hitesman — BIRTHPLACE Utah

14. MOTHER'S MAIDEN NAME Louie Belle Baker — BIRTHPLACE W. Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Arthur Smith — ADDRESS Mtn. Home, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see alive - investigation only, 19__, *to* __, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* __ m., *from the causes and on the date stated above.*

23a. SIGNATURE Arthur Smith (Degree or title) Coroner — **23b. ADDRESS** Mountain Home, Idaho — **23c. DATE SIGNED** 8/2/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial — **24b. DATE** 8/3/65 — **24c. NAME OF CEMETERY OR CREMATORY** Glenn Rest Cemetery — **24d. LOCATION** (City, town, or county) (State) Mountain Home, Idaho

DATE REC'D BY LOCAL REG. 8-19-65 — **REGISTRAR'S SIGNATURE** Mary Sullivan

25. FUNERAL DIRECTOR Arthur Smith — ADDRESS Mtn. Home, Idaho
Bey Mortuary, Inc.

Federal Security Agency
United States Public Health Service
Form DPH-48021

DUTIES:

JUL 3 1 1995

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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State File No. 3541
Local Reg. No. 44
Reg. Dist. No. 380 391

RECEIVED
AUG 30 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore 200 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elmore Memorial Hospital 080

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 200
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Mountain Home
d. STREET ADDRESS (If rural, give location): 3 miles So. Mtn. Home

3. NAME OF DECEASED (Type or Print)
a. (First): JOE
b. (Middle): MATIAS
c. (Last): URQUIDI

4. DATE OF DEATH (Month) (Day) (Year): August 3, 1965

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Sept. 21, 1895
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Sheepman 51
10b. KIND OF BUSINESS OR INDUSTRY: 028 Sheep industry
11. BIRTHPLACE (State or foreign country): Alustia, Viscaya, Spain
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joe Urquidi — BIRTHPLACE: Spain
14. MOTHER'S MAIDEN NAME: Maria M. Maruri — BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Antonio J. Urquidi — ADDRESS: Grand View

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 443X Cerebral Hemorrhage — hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) HCVD — years
DUE TO (c) Diabetes M. — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute Pneumonites

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 3, 1965, *to* Aug 3, 1965, *that I last saw the deceased alive on* Aug 3, 1965, *and that death occurred at* 2:35 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Malone W. Joe Bch 289 MD
23b. ADDRESS: Mountain Home Idaho
23c. DATE SIGNED: 8-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/6/65
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: Aug 23 1965
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: Mountain Home, Idah
Bey Mortuary, Inc.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 2 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 10 1974

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signature of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

FEB 16 1988

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUN 8 1988

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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State File No. 3542
Local Reg. No. 45
Reg. Dist. No. 380 391

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED AUG 30 1965 Bureau of Vital Statistics

200 3-02

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elmore Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana 555
b. COUNTY: Deer Lodge
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Anaconda
d. STREET ADDRESS (If rural, give location): Anaconda

3. NAME OF DECEASED (Type or Print)
a. (First): MRS. NINA
b. (Middle): A. 080
c. (Last): CHRISTIANSEN

4. DATE OF DEATH (Month) (Day) (Year): August 4, 1965

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: June 1, 1884
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Caledonia, North Dakota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 517-10-5055
17. INFORMANT'S OWN SIGNATURE: Richard W. Little
ADDRESS: Mt. Home

18. CAUSE OF DEATH 332X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): C.V.A. Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Advanced Cerebral Arteriosclerosis — years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: multiple previous CVA — years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 28, 1965, *to* August 4, 1965, *that I last saw the deceased alive on* Aug 3, 1965, *and that death occurred at* 3:24 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Malone N. Goebsch 589 (Degree or title): MD
23b. ADDRESS: Mountain Home Idaho
23c. DATE SIGNED: 8.23.65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/7/65
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: Aug 23 1965
REGISTRAR'S SIGNATURE: A. Anderson
25. FUNERAL DIRECTOR: Arthur Smith
ADDRESS: Mtn. Home, Ida. Bey Mortuary, In

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 30 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3543
Local Reg. No. 46
Reg. Dist. No. 380391

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Elmore 200 000
b. CITY OR TOWN Mountain Home (If outside corporate limits, write RURAL and give township) | LENGTH OF STAY (in this place)
c. CITY OR TOWN Mountain Home (If outside corporate limits, write RURAL and give township)
d. FULL NAME OF HOSPITAL OR INSTITUTION Elmore Memorial Hospital 040 (If not in hospital or institution, give street address or location)
d. STREET ADDRESS 1560 Sunset Strip (If rural, give location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 200
b. COUNTY Elmore

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	THEODORE	ROOSEVELT	MARTIN	August 6, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	married 3	Sept. 10, 1906	58				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dairy work 04	06	Greer, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Martin	Idaho	Lilly Glidden	Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	700-09-0644	Margaret Foulk	Mtn. Hom

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 162X Cancer of lung — INTERVAL BETWEEN ONSET AND DEATH: 4 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/29/65 *to* Aug 6, 1965, *that I last saw the deceased alive on* Aug 6, 1965, *and that death occurred at* 3:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
Joseph C. Peterson MD	890 N 6 E Mtn Home Id	8/13/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/9/65	Mountain View Cemetery	Mountain Home, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug 23 1965	C. Anderson	Arthur Smith	Mtn. Home, Idaho Bey Mortuary, Inc

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

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State File No. 3544
Local Reg. No. 48
Reg. Dist. No. 380 391

RECEIVED
AUG 30 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore 200 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elmore Memorial Hsopital 080

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 200
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): 1260 East 3rd North

3. NAME OF DECEASED (Type or Print)
a. (First): CHRISTINE
b. (Middle): SUE
c. (Last): BIRD

4. DATE OF DEATH (Month) (Day) (Year): August 13, 1965

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 1
8. DATE OF BIRTH: July 26, 1951
9. AGE (In years last birthday): 14 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY: 02
11. BIRTHPLACE (State or foreign country): Mountain Home, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Warren Bird — BIRTHPLACE: Minnesota
14. MOTHER'S MAIDEN NAME: Eleanor Saiko — BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Warren N. Bird — ADDRESS: Mt. Home 1260 E 3rd N. City

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 199.2 Metastatic Sarcoma — INTERVAL BETWEEN ONSET AND DEATH: months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1964, *to* August 13, 1965, *that I last saw the deceased alive on* Aug 13, 1965 *and that death occurred at* 8:40 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Malone L. Voelsch 289 MD
23b. ADDRESS: Mountain Home Idaho
23c. DATE SIGNED: 8-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/17/65
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: Aug 23 1965
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: Mtn. Home, Idaho
Bey Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3545
Local Reg. No. 50
Reg. Dist. No. 380 391

BIRTH NO.

SEP 15 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Elmore 200 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township or location in this place): Rural - Grand View
c. LENGTH OF TIME (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): County Road, 2 miles North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 320
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grand View
d. STREET ADDRESS (If rural, give location): Grand View

3. NAME OF DECEASED (Type or Print)
a. (First): RAYMOND
b. (Middle): ALBERT 600
c. (Last): BERWICK

4. DATE OF DEATH (Month) (Day) (Year): August 17, 1965

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 1
8. DATE OF BIRTH: Sept. 1, 1902
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farm 02
11. BIRTHPLACE (State or foreign country): Vermont
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 509-05-6211
17. INFORMANT'S OWN SIGNATURE: Deemer R Hunt — ADDRESS: Grand View

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

823.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Severe Pulmonary Congestion c̄ Shock — INTERVAL BETWEEN ONSET AND DEATH: hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fractured right arm and upper ribs with crushing effect.
DUE TO (c): pick-up accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 06
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): country road 13
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 200 Rural - Grand View, Elmore, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Approx. 1:00AM, 8/17/65 m
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Pick-up swerved off road victims arm struck fence post, fell out

22. *I hereby certify that I attended the deceased from* Did not see alive, investigation only, *19*____, *to* ____, *19*____, *that I last saw the deceased alive on* ____, *19*____, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Arthur Smith 583 (Degree or title): Coroner 4
23b. ADDRESS: Mountain Home, Idaho
23c. DATE SIGNED: 8/18/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/20/65
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Grand View, Idaho

DATE REC'D BY LOCAL REG.: Sept 9 1965
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: Mountain Home, Idaho
Bey Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3546
Local Reg. No. 51
Reg. Dist. No. 380 391

BIRTH NO.

SEP 15 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Elmore 200 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Mountain Home 002 — LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt. 1 Box 582, Sheppard Apts.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 200 — b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Mountain Home
d. STREET ADDRESS (If rural, give location) ½ mile So. of Mtn. Home

3. NAME OF DECEASED (Type or Print) a. (First) DELBERT b. (Middle) T. c. (Last) GOODMAN

4. DATE OF DEATH (Month) (Day) (Year) August 27, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	white	widowed 2	August 21, 1901	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired - Fireman	Fire Dept. 03	Thomas, Oklahoma	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Louis Goodman	Unknown	Martha	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes 1919-1921 3	540-05-1157	Mary Lee Goodman	Mt. Home, Id

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did not see alive, investigation that I last saw the deceased *alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Arthur Smith 4583	Coroner 4	Mountain Home, Idaho	8/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/31/65	Mountain View Cemetery	Mountain Home, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept 9 1965	R Anderson	Arthur Smith	Mtn. Home, Idaho

Bey Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3547
Local Reg. No. 49
Reg. Dist. No. 380-391

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore — SEP 15 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give name of town in this place): Rural - Featherville
c. LENGTH OF STAY (In this place): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION: Paradise Inn Plunge

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: Siskiyou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Yreka
d. STREET ADDRESS (If rural, give location): Yreka

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ELEANOR	SUPER		August 28, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	Indian	never married	Unknown	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00	00	Yreka, California	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Emmett Super	Unknown	Bessie Charley	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Eleanor M. Super	Yreka, Cal.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental drowning — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	swimming pool	Rural - Featherville, Elmore, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Aug. 28, 1965 11:30 PM	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Victim drowned in Paradise Plunge

22. *I hereby certify that I attended the deceased from* Did not see alive, 19__, to __, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* __ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Arthur Smith	Coroner	Mountain Home, Idaho	8/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	8/30/65	Yreka, California	Yreka, California

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug 30 1965	[illegible]	Arthur Smith	Mountain Home, Idaho Bey Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3548
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED SEP 21 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Elmore
b. CITY OR TOWN Glenns Ferry
(If outside corporate limits, write RURAL and give township)
LENGTH OF STAY (in this place) 60 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 125 North Alton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Elmore
c. CITY OR TOWN Glenns Ferry
(If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location) 125 North Alton

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LESLIE	LEWIS	CLARK	August 31, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	white	married 3	February 3, 1904	61		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teacher - Insurance	01	Vale, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edwin M. Clark	Nebraska	Jose A. Gortner	Pennslyvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	528-03-8468	Julia L Clark	Glenns Ferry

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 420.1 Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 year 5 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 3, 1964, *to* Aug 31, 1965, *that I last saw the deceased alive on* Aug 26, 1965, *and that death occurred at* 5:20 a, m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wadd Parker MD	Glenns Ferry Idaho	Sept 15, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/2/65	Glenn Rest Cemetery	Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept 16-1965	Mary Sullivan	Arthur Smith	Mtn. Home, Idaho
			Bey Mortuary, Inc

Federal Security Agency
United States Public Health Service

Form DPH-48021

SEP 22 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 29 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 9 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3549
Local Reg. No. 3
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin 21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Preston General Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 21
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 150 West Oneida

3. NAME OF DECEASED (Type or Print)
a. (First): Lola
b. (Middle): Henderson 081
c. (Last): Bernklau

4. DATE OF DEATH (Month) (Day) (Year): Aug 2, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: June 27, 1933

9. AGE (In years last birthday): 32
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Beautician 06

10b. KIND OF BUSINESS OR INDUSTRY: Beauty Shop 36

11. BIRTHPLACE (State or foreign country): Swan Lake, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lester Henderson
BIRTHPLACE: Clifton, Idaho

14. MOTHER'S MAIDEN NAME: Millie Pratt
BIRTHPLACE: Downey, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-32-7517

17. INFORMANT'S OWN SIGNATURE: X William H Bernklau
ADDRESS: Preston, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-2, 1965, *to* 8-2, 1965, *that I last saw the deceased alive on* 8-2, 1965, *and that death occurred at* 9 PM m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. R. Cutler (Degree or title): MD

23b. ADDRESS: Preston Idaho

23c. DATE SIGNED: 8-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug 5, 1965

24c. NAME OF CEMETERY OR CREMATORY: Preston Cemetery

24d. LOCATION (City, town, or county) (State): Preston, Idaho

DATE REC'D BY LOCAL REG.: 8-5-1965

REGISTRAR'S SIGNATURE: Eppie M. Brewer

25. EMBALMER: Douglas S. Webb

LICENSE NO.: E 488

FIRM NAME: WEBB FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 1 4 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED SEP 2 1965 Bureau of Vital

Certificate of Death

STATE OF IDAHO

State File No. 3550
Local Reg. No. 4
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Franklin 210 5-05 505	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: 45 Utah 555 b. COUNTY: Weber
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dayton c. LENGTH OF STAY (in this place): Minutes	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ogden
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): On Highway 000	d. STREET ADDRESS (If rural, give location): 303-34th. Street

3. NAME OF DECEASED (Type or Print)	a. (First): John	b. (Middle): "A"	c. (Last): Anderson	4. DATE OF DEATH (Month) (Day) (Year): August 23, 1965
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3	8. DATE OF BIRTH: June 26, 1898	9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic 10	10b. KIND OF BUSINESS OR INDUSTRY: Building 01	11. BIRTHPLACE (State or foreign country): Barnesville, Minn.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Andrew Anderson	BIRTHPLACE: Unknown	14. MOTHER'S MAIDEN NAME: Susan Traister	BIRTHPLACE: Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 501-07-0867	17. INFORMANT'S OWN SIGNATURE: Viola B. Anderson,	ADDRESS: 303-34th. Ogden, Utah	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 825.4 Accidental — Multiple head injuries

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 06	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 23 65 8 45 A.m.	21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21f. HOW DID INJURY OCCUR? Auto accident —	

22. *I hereby certify that I attended the deceased from ——, 19—, to ——, 19—, that I last saw the deceased alive on ——, 19—, and that death occurred at 8 45 A.m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 119 (Degree or title)	23b. ADDRESS: Preston Idaho	23c. DATE SIGNED: 8-28-65	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug 26, 1965	24c. NAME OF CEMETERY OR CREMATORY: Memorial Gardens Wasatch	24d. LOCATION (City, town, or county) (State): Uintah, Utah
DATE REC'D BY LOCAL REG.: 8-26-65	REGISTRAR'S SIGNATURE: Eppie W. Brower	25. EMBALMER: O. Sherwin Webb	LICENSE NO.: 316

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: WEBB FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 7 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3551
Local Reg. No. 3
Reg. Dist. No. 340

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 2 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin 21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Preston General Hospital 081

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 211
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 81 W 1st N

3. NAME OF DECEASED (Type or Print)
a. (First): Elvin
b. (Middle): James
c. (Last): Cutler

4. DATE OF DEATH (Month) (Day) (Year): Aug 25, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 3, 1901
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher 12
10b. KIND OF BUSINESS OR INDUSTRY: Education 01
11. BIRTHPLACE (State or foreign country): Preston, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Allen R. Cutler — BIRTHPLACE: American Fork, Ut
14. MOTHER'S MAIDEN NAME: Lucy May Hardy — BIRTHPLACE: Salt Lake City, Ut

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-01-8947
17. INFORMANT'S OWN SIGNATURE: X E. Cutler mp — ADDRESS: Burley Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Auricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerotic heart disease — 1 yr
DUE TO (c): Arteriosclerosis - hypertension — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Diabetes Mellitus — 1 week
Rheumatoid arthritis — 2 weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 12, 1965, *to* Aug 25, 1965, *that I last saw the deceased alive on* Aug 25, 1965, *and that death occurred at* 1 m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. R. Cutler 122 (Degree or title) MC
23b. ADDRESS: Preston Idaho
23c. DATE SIGNED: 8-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Aug 28, 1965
24c. NAME OF CEMETERY OR CREMATORY: Preston, Cemetery
24d. LOCATION (City, town, or county) (State): Preston, Idaho

DATE REC'D BY LOCAL REG.: 8.28.65
REGISTRAR'S SIGNATURE: Eggie W. Brower
25. EMBALMER: Douglas S. Webb — LICENSE NO.: 488

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Webb Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 7 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3552
Local Reg. No. 23
Reg. Dist. No. 651

RECEIVED AUG 27 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 220 Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton
LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home of Muriel Lyons near Ashton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 220
b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Squirrel
d. STREET ADDRESS (If rural, give location) none given

3. NAME OF DECEASED (Type or Print)
a. (First) EDWARD
b. (Middle) JAMES 002
c. (Last) PLUME

4. DATE OF DEATH (Month) July (Day) 21 (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH 27 Dec. 1878
9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 91
10b. KIND OF BUSINESS OR INDUSTRY 03
11. BIRTHPLACE (State or foreign country) England
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Plume
BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Unknown
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) ———
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE *Muriel Lyons
ADDRESS Ashton, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

508.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 3d

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Bronchitis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1964, *to* July, 1965, *that I last saw the deceased alive on* July 7, 1965, *and that death occurred at* 11:45A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Lloyd Barnett M.D. (Degree or title)
23b. ADDRESS St Anthony Ida
23c. DATE SIGNED 8-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 23 July 1965
24c. NAME OF CEMETERY OR CREMATORY Squirrel Cemetery
24d. LOCATION (City, town, or county) (State) Squirrel, Fremont Co., Idaho

DATE REC'D BY LOCAL REG. 20 Aug 65
REGISTRAR'S SIGNATURE M. L. Hansen
25. FUNERAL DIRECTOR Robert P. Daw
ADDRESS Ashton, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 7 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 8 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

NOV 16 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

APR 23 1968

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3553
Local Reg. No. 36
Reg. Dist. No. 650

RECEIVED AUG 27 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont 221 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
DURATION OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fremont General Hospital 082

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 220
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony, Rural
d. STREET ADDRESS (If rural, give location): RFD#2

3. NAME OF DECEASED (Type or Print): a. (First) GLADYS b. (Middle) COLLEEN c. (Last) McQUISTON RICKS

4. DATE OF DEATH (Month) (Day) (Year): August 5, 1965

5. SEX: Feamle

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Sept., 3, 1895

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Clyde, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Milo McQuiston — BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Bessie Irene Lacy — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Margaret Pincock — ADDRESS: Sugar City

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis Generalized — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-2-65, 19___, *to* 8-5-65, 19___, *that I last saw the deceased alive on* 8-5-65, 19___, *and that death occurred at* 3 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: 284 [signature] (Degree or title)

23b. ADDRESS: St. Anthony, Idaho

23c. DATE SIGNED: 8 August 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9 August 65

24c. NAME OF CEMETERY OR CREMATORY: Parker Cemetery

24d. LOCATION (City, town, or county) (State): Parker, Idaho

DATE REC'D BY LOCAL REG.: 11 August 65

REGISTRAR'S SIGNATURE: [signature]

25. EMBALMER: [signature]

LICENSE NO.: E-354

FIRM NAME: Hansen Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3554
Local Reg. No. 27
Reg. Dist. No. 650

Certificate of Death

RECEIVED AUG 27 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont 221
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF TOWNSHIP (In this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 381 East 3rd North 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 221
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony, Idaho
d. STREET ADDRESS (If rural, give location): 381 East 3rd North

3. NAME OF DECEASED (Type or Print)
a. (First): TERESA
b. (Middle): BOYLE
c. (Last): CRAIG

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 11, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: Sept., 1, 1887
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Boyle — BIRTHPLACE: Belfast, Ireland
14. MOTHER'S MAIDEN NAME: Elizabeth Steele — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-26-2119
17. INFORMANT'S OWN SIGNATURE: Henry S Burton — ADDRESS: St. Anthony Idaho

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1956, *to* 8-11, 1965, *that I last saw the deceased alive on* 8-9-65, 19__, *and that death occurred at* 9a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 284 [signature]
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 14 August 65
24c. NAME OF CEMETERY OR CREMATORY: Plano Cemetery
24d. LOCATION (City, town, or county) (State): Rexburg, RFD-Madison, Idaho

DATE REC'D BY LOCAL REG.: 15 Aug 65
REGISTRAR'S SIGNATURE: M D Hansen
25. EMBALMER: M D Hansen
LICENSE NO.: E-354

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3555
Local Reg. No. 28
Reg. Dist. No. 650

RECEIVED AUG 27 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Fremont 221 4-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony Bureau of Vital Statistics
c. LENGTH OF STAY (In this place) 10 hrs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 220
b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony (Rural)
d. STREET ADDRESS (If rural, give location) RFD#2

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Fremont General Hospitak

3. NAME OF DECEASED (Type or Print) a. (First) J. b. (Middle) Reuben c. (Last) Wood

4. DATE OF DEATH (Month) August (Day) 12, (Year) 1965

5. SEX Male

6. COLOR OR RACE Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH Nov., 18, 1903

9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer and Diaryman

10b. KIND OF BUSINESS OR INDUSTRY Self Employed

11. BIRTHPLACE (State or foreign country) Texas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Newton Wood

BIRTHPLACE 04

14. MOTHER'S MAIDEN NAME Mineola

BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II 4

16. SOCIAL SECURITY NO. 566-16-8123

17. INFORMANT'S OWN SIGNATURE M D Hansen ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery Heart disease — 6 mos

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-12-65, 19___, *to* 8-12-65, 19___, *that I last saw the deceased alive on* 8-12-65, 19___, *and that death occurred at* 6P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) MD

23b. ADDRESS St. Anthony, Idaho

23c. DATE SIGNED 8-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 16 Aug 65

24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery

24d. LOCATION (City, town, or county) (State) St. Anthohy, RFD#2, Idaho

DATE REC'D BY LOCAL REG. 17 Aug 65

REGISTRAR'S SIGNATURE M D Hansen

25. EMBALMER M D Hansen

LICENSE NO. E-354

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hansen Memorial Chapel

DUTIES:

AUG 30 1965

OCT 10 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3556
Local Reg. No. 37
Reg. Dist. No. 650

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Fremont 22 SEP 3 1965 680
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony Bureau of Vital Statistics
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Fremont General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 220
b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony (Rural)
d. STREET ADDRESS (If rural, give location) RFD#1

3. NAME OF DECEASED (Type or Print)
a. (First) ROBERT
b. (Middle) JAMES 082
c. (Last) REYNOLDS

4. DATE OF DEATH (Month) (Day) (Year) August 15, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH October 7, 1915
9. AGE (In years last birthday) 49 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Own Business 01
11. BIRTHPLACE (State or foreign country) Twin Groves, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James J. Reynolds — BIRTHPLACE Muscatine, Iowa
14. MOTHER'S MAIDEN NAME Chloe Thompson — BIRTHPLACE Twin Groves, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-14-1790
17. INFORMANT'S OWN SIGNATURE M. D. Hansen — ADDRESS St. Anthony, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 7 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 15, 1965, *to* Aug 15, 1965, *that I last saw the deceased alive on* Aug 15, 1965, *and that death occurred at* 9:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Lloyd Burrott M.D. 030 (Degree or title)
23b. ADDRESS St. Anthony, Idaho
23c. DATE SIGNED 17 August 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 19 August 65
24c. NAME OF CEMETERY OR CREMATORY Wilford Cemetery
24d. LOCATION (City, town, or county) (State) St. Anthony, RFD#1, Idaho

DATE REC'D BY LOCAL REG. 19 August 65
REGISTRAR'S SIGNATURE M. D. Hansen
25. EMBALMER M. D. Hansen
LICENSE NO. E-354

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 7 1965

NOV 30 1965

APR 28 1971

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 27 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3557
Local Reg. No. 29
Reg. Dist. No. 650

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont 221
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fremont General Hospital 082

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California 05
b. COUNTY: Stanislaus 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ceres
d. STREET ADDRESS (If rural, give location): 1747 Margaret Way

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JEANETTE	FRANCIS	LOVELACE PHILLIPS	August 16, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widow 2	Dec 21, 1890	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	01	Pike County, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jasper Tower		Evelyn Tower	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Fred L Keller	St. Anthony, Idah

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cardiac arrythmia	30 min
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	C H F	6 yrs
DUE TO (c)	Chronic pulmonary dis	20 yrs
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8-6 1965, *to* 8-16, 1965, *that I last saw the deceased alive on* 8-16, 1965, *and that death occurred at* 6:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lloyd Barrett M.D. 1030	St. Anthony, Idaho	17 August 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 32	18 August 65	Plainsberg Cemetery	LeGrande, California

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug 18-65	M L Hansen	M L Hansen	E-354

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hansen Memorial Chapel

SEP 1 0 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED

State File No. 3558
Local Reg. No. 30
Reg. Dist. No. 650

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont 22 | AUG 27 1965 | 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony | Bureau of Vital Statistics | c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fremont General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 22 | b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location): 439 South 1st West

3. NAME OF DECEASED (Type or Print): a. (First) EUZALIA | b. (Middle) LOVINA | c. (Last) HILL MILLER

4. DATE OF DEATH (Month) (Day) (Year): August 16, 1965

5. SEX: Feamle

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: July 22, 1893

9. AGE (In years last birthday): 72 | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Lawrence, Emery County, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Wimmer Hill | BIRTHPLACE: Springville, Utah

14. MOTHER'S MAIDEN NAME: Rachel Lucinda Elmer | BIRTHPLACE: Payson, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Marquis M. Miller | ADDRESS: St. Anthony, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis - anterior | INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension | 3 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Gall Bladder Operation | 1962

420.1

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) | **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Aug 13, 1965, *to* Aug 16, 1965, *that I last saw the deceased alive on* Aug 15, 1965, *and that death occurred at* 5:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. L. Soule MD | **23b. ADDRESS**: St. Anthony, Idaho | **23c. DATE SIGNED**: 19 August 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial | **24b. DATE**: 19 Aug 65 | **24c. NAME OF CEMETERY OR CREMATORY**: Wilford Cemetery | **24d. LOCATION** (City, town, or county) (State): St. Anthony, RFD#1, Idaho

DATE REC'D BY LOCAL REG.: 19 Aug 65 | **REGISTRAR'S SIGNATURE**: M. L. Hansen | **25. EMBALMER**: M. L. Hansen | **LICENSE NO.**: E-354

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: St. Anthony, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3559
Local Reg. No. 32
Reg. Dist. No. 651

RECEIVED AUG 27 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: FREMONT 22
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. ANTHONY RURAL
c. LENGTH OF STAY (In this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8 miles SW St. Anthony 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 220
b. COUNTY: FREMONT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. ANTHONY RURAL
d. STREET ADDRESS (If rural, give location): RFD#2 St. Anthony, Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BETTY	JEAN	MILLER	AUGUST 17, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Never Married	Feb., 21, 1954	11				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 03	01	Parker, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Victor Miller	Parker, Idaho	LaDel Rigby	Parker, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Victor Miller	St. Anthony, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 929.8 Drowned in canal — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 22	(COUNTY)	(STATE)
Accident 18	St. Anthony canal 13	St Anthony	Fremont	Ida.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
8-17-65 3:00 PM 17		child fell in to canal.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul Lowell 583	Coroner 4	Box 123 St Anthony Ida	8-22-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	20 August 65	Parker Cemetery	Parker, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
22 Aug 65	M. L. Hansen	M. L. Hansen	E-354

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 3560
Local Reg. No. 33
Reg. Dist. No. 651

BIRTH NO.

RECEIVED AUG 27 1965 Bureau of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: FREMONT 220
b. CITY OR TOWN: Macks Inn 000
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 06 COLORADO
b. COUNTY: 025 Denver
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Denver
d. STREET ADDRESS (If rural, give location): 5600 East 6th Avenue

3. NAME OF DECEASED (Type or Print): a. (First) WILFORD b. (Middle) WHITAKER c. (Last) BARBER

4. DATE OF DEATH: August 21, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: May 15, 1892

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pediatrician

10b. KIND OF BUSINESS OR INDUSTRY: Physician 14

11. BIRTHPLACE (State or foreign country): Centerville, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Raquel Barber
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Elizabeth Emily Whitaker
BIRTHPLACE: Centerville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Nita R. Barber
ADDRESS: 5600 East 6th Ave Denver, Colorado

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 9:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Paul Lowell 583 (Degree or title): Coroner 4

23b. ADDRESS: POB 123 St Anthony

23c. DATE SIGNED: 8-22-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 2

24b. DATE: 22 August 65

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Denver, Denver County, Colorado

DATE REC'D BY LOCAL REG.: 23 Aug 65

REGISTRAR'S SIGNATURE: M. L. Hansen

25. EMBALMER: M. L. Hansen

LICENSE NO.: E-354

FIRM NAME: Hansen Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 31 1965

SEP 3 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3561
Local Reg. No. 7
Reg. Dist. No. 340-341

RECEIVED AUG 5 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gem 23
b. CITY OR TOWN Emmett
LENGTH OF STAY (in this place) 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION Walter Knox Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 140
b. COUNTY Canyon
c. CITY OR TOWN Caldwell
d. STREET ADDRESS Rt. 3

3. NAME OF DECEASED (Type or Print): a. (First) Jay b. (Middle) Walter c. (Last) Sanders

4. DATE OF DEATH (Month) (Day) (Year): August 2, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Sept. 5, 1889
9. AGE (In years last birthday): 75
IF UNDER 1 YEAR Months: 10 Days: 27
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): sales clerk 19
10b. KIND OF BUSINESS OR INDUSTRY: 14 dry godds
11. BIRTHPLACE (State or foreign country): Hartley, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John T. Sanders
BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Grace Medland
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-07-3565
17. INFORMANT'S OWN SIGNATURE: X Marion L. Sanders
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 3 HOURS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.): CARDIAC DECOMPENSATION DUE TO CHRONIC ENDOCARDITIS — 3 YEARS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1963, *to* Aug 2, 1965, *that I last saw the deceased alive on* Aug 2, 1965, *and that death occurred at* 2:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 429 Ronald A. Rawlinson MD
23b. ADDRESS: Emmett Ida
23c. DATE SIGNED: 8/4/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Aug. 5, 1965
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Aug 4 1965
REGISTRAR'S SIGNATURE: Jean C Beatty
25. EMBALMER: Thurm W Beatty
LICENSE NO.: E-392

FIRM NAME: THE BEATTY CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 2 0 1989

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3562
Local Reg. No. 8
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED
AUG 27 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem 23
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 3-03 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hosp. 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 23
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): East 7th St

3. NAME OF DECEASED (Type or Print): a. (First) Ida b. (Middle) Catherine c. (Last) Turner

4. DATE OF DEATH (Month) (Day) (Year): Aug. 5, 1965

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 5

8. DATE OF BIRTH: Sept. 27, 1877

9. AGE (In years last birthday): 87 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: home 01

11. BIRTHPLACE (State or foreign country): Kensington, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John J. Exline — BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Hooker — BIRTHPLACE: West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519 01 8838

17. INFORMANT'S OWN SIGNATURE: X Mamie J. Turner — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vas. Accident — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Pneumonia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1963, *to* Aug 5, 1965, *that I last saw the deceased alive on* Aug 5, 1965, *and that death occurred at* 10:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wm B Jewell 260 — (Degree or title): M.D.

23b. ADDRESS: 107 N. Comm. Emmett, Ida

23c. DATE SIGNED: 8-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Aug. 7, 1965

24c. NAME OF CEMETERY OR CREMATORY: Emmett

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Aug 7 1965

REGISTRAR'S SIGNATURE: Jean A Beatty

25. EMBALMER: Glenn W Beatty — LICENSE NO.: E392

FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

SEP 3 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3563
Local Reg. No. 9
Reg. Dist. No. 340-341

Certificate of Death

RECEIVED AUG 27 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 231
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 14 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East Locust 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 231
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): East Locust

3. NAME OF DECEASED (Type or Print)
a. (First): Cora
b. (Middle): Serena
c. (Last): Olmstead

4. DATE OF DEATH (Month) (Day) (Year): August 18, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Jan. 3, 1894
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 7, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: home 01
11. BIRTHPLACE (State or foreign country): Winnebago Co., Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel Dale — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Carine Myre — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 482-20-6001
17. INFORMANT'S OWN SIGNATURE: X Hazel Bohlin — ADDRESS: Emmett, Ida. R#1 Box 17A

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable acute myocardial infarction (RECURRENT) — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probably due to recurrent — 15 years
DUE TO (c) Auricular fibrillation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Hypertension

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* Aug 18, 1965, *that I last saw the deceased alive on* Aug 10, 1965, *and that death occurred at* 9:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE 429 (Degree or title): Ronald P. Newbrough M.D.
23b. ADDRESS: Emmett Idaho
23c. DATE SIGNED: 8/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Aug. 20, 1965
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Aug 20, 1965
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. EMBALMER: Glenn W. Beatty
LICENSE NO.: E-392

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: THE BEATTY CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 20 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3564
Local Reg. No. 10
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 23 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 23
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): East Main St

3. NAME OF DECEASED (Type or Print)
a. (First): Leslie
b. (Middle): John
c. (Last): Scott

4. DATE OF DEATH (Month) (Day) (Year): August 29, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: October 11, 1904
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 10, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): merchant 35
10b. KIND OF BUSINESS OR INDUSTRY: food locker 13
11. BIRTHPLACE (State or foreign country): Annis, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Scott — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Luella Campbell — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 14 0970
17. INFORMANT'S OWN SIGNATURE: X Edith C. Scott — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary occlusion	2 days
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertensive C.V. disease	10 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes mellitus	1 mo

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1945, to _____, 1965, that I last saw the deceased alive on 29 Aug, 1965, and that death occurred at 1:20 a m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. A. Woodwine, M.D. 184
23b. ADDRESS: Emmett, Ida.
23c. DATE SIGNED: 31 Aug. 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: Sept. 1, 1965
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Sept. 2, 1965
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. EMBALMER: Glenn W. Beatty — LICENSE NO. E-392

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: THE BEATTY CHAPEL

SEP 21 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3565
Local Reg. No. 11
Reg. Dist. No. 340-341

RECEIVED
SEP 20 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 231 — 2-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
Length of stay (in this place): 4mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 315 So. Commercial 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem 231
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 315 So. Commercial

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mable	Clare	Spoor	Aug. 29. 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married 2	August 9, 1886	79	0	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	home 01	Mt Auburn, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles L. Rule	Illinois	Nancy E. Thompson	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	553-50-3412	X Gail Chapman	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

0227

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic aneurysm — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive C.V. disease — 5 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* _____, 1965, *that I last saw the deceased alive on* Aug, 1965, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Emmett Ida	31 Aug 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	Sept. 2, 1965	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 2 1965	[signature]	[signature]	E-392

FIRM NAME: THE BEATTY CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 2 3 1959

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3566
Local Reg. No. 12
Reg. Dist. No. 340-341

BIRTH NO.

SEP 20 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2507 State St.

3. NAME OF DECEASED (Type or Print): a. (First) Leona b. (Middle) E. c. (Last) Charters

4. DATE OF DEATH: (Month) 8 (Day) 30 (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 9-6-1889

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01 Home

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Julius Mautz
BIRTHPLACE: France

14. MOTHER'S MAIDEN NAME: Anna Suhlsen
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: X Dan C Martens
ADDRESS: Gardena

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Cardio-Vascular Disease — Unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4437

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-6-58, 19___, *to* 8-30-65, 19___, *that I last saw the deceased alive on* 8-30-65, 19___, *and that death occurred at* 12 midnight, *from the causes and on the date stated above.*

23a. SIGNATURE: Harmon L. Holmes 24 (Degree or title) MD

23b. ADDRESS: Emmett, Idaho

23c. DATE SIGNED: 9-4-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 9-3-1965

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: Sept 6, 1965

REGISTRAR'S SIGNATURE: Jean A Beatty

25. EMBALMER: Daniel G. Gibson
LICENSE NO.: E- 400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under DEC 28 1981 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED

State File No. 3567
Local Reg. No. 2789
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 240 GOODING — SEP 8 1965
b. CITY OR TOWN: WENDELL
Bureau of Vital Statistics
STAY (in this place): 2 1/2 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MAGIC VALLEY MANOR 253

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: 240 GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
d. STREET ADDRESS (If rural, give location): 400 E. MAIN

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	THOMAS	A	BUCKLEY	AUG. 8 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	WIDOWED 2	MAR. 14, 1882	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED 04
10b. KIND OF BUSINESS OR INDUSTRY: FARMER 01
11. BIRTHPLACE (State or foreign country): BENTON CO. ARK.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILBURN BUCKLEY — BIRTHPLACE: ARK.
14. MOTHER'S MAIDEN NAME: UNK. SCHULTZ — BIRTHPLACE: MO.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-40-7121
17. INFORMANT'S OWN SIGNATURE: Mrs Lorna Searey — ADDRESS: 2110 N. main Pueblo, Colo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis — 10 yrs
DUE TO (c) Arthritis of hips — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1962, 19__, *to* death, 19__, *that I last saw the deceased alive on* 8/7, 1965, *and that death occurred at* 5 am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 240 Harold G. Holsinger MD
23b. ADDRESS: Wendell, Ida.
23c. DATE SIGNED: 8/10/65

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10/8/1965
24c. NAME OF CEMETERY OR CREMATORY: WENDELL
24d. LOCATION (City, town, or county): CITY (State): IDAHO

DATE REC'D BY LOCAL REG.: 8-27-65
REGISTRAR'S SIGNATURE: Robert L. Meyer
25. EMBALMER: J. Farrel Weaver — LICENSE NO.: E 353
FIRM NAME: weaver mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3568
Local Reg. No. 2790
Reg. Dist. No. 420

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED SEP 8 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (If in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding Co. Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 130
b. COUNTY Camas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fairfield
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Eva
b. (Middle) Marie 090
c. (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year) August 20, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH October 18, 1901
9. AGE (In years last birthday) 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home 01
11. BIRTHPLACE (State or foreign country) Peck, Idaho.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Garnett L. Riggs — BIRTHPLACE Washington
14. MOTHER'S MAIDEN NAME Dloe Jaggers — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None — (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT'S OWN SIGNATURE Marshall C. Johnson — ADDRESS Fairfield, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH months

ANTECEDENT CAUSES — Hypertensive Cardiovascular Renal Dis.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pyelonephritis, bilateral.

DUE TO (c) Cystitis, acute.

II. OTHER SIGNIFICANT CONDITIONS — Convulsions on basis of either Uremia or a cerebro-vascular Accident.

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 20, 1965, *to* August 20, 1965, *that I last saw the deceased alive on* August 20, 1965, *and that death occurred at* 9:55 A *m., from the causes and on the date stated above.*

23a. SIGNATURE 285 Marion C. Kenyon Jr. (Degree or title)
23b. ADDRESS Gooding, Idaho
23c. DATE SIGNED 8-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-23-1965
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
24d. LOCATION (City, town, or county) Gooding (State) Idaho.

DATE REC'D BY LOCAL REG. 8-27-65
REGISTRAR'S SIGNATURE Robert S. Meyer
25. EMBALMER Robert S. Meyer
LICENSE NO. E-424 Idaho.

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Thompson Chapel Gooding

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

OCT 16 1979

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3569
Local Reg. No. 2791
Reg. Dist. No. 420

BIRTH NO.

RECEIVED
SEP 8 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 240 Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL Wendell
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) R.F.D. # 4, Buhl, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 240 Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL Wendell
d. STREET ADDRESS (If rural, give location) R.F.D. # 4, Buhl, Idaho

3. NAME OF DECEASED (Type or Print) a. (First) GIOVANNA b. (Middle) ooo c. (Last) MADALENA

4. DATE OF DEATH (Month) (Day) (Year) Aug. 23, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Sept. 23, 1873
9. AGE (In years last birthday) 91 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Villa di Chivanna, Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Anthony Martinoli BIRTHPLACE Italy
14. MOTHER'S MAIDEN NAME Maria Sucitti BIRTHPLACE Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mary Madalena R.F.D.# 4 ADDRESS Buhl, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331 Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arteriosclerosis 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10 1955, to Aug 23, 1965, that I last saw the deceased alive on Aug 21, 1965, and that death occurred at 3:10 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. E. Jones MD
23b. ADDRESS Jerome Ida
23c. DATE SIGNED 8/26/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8/26/65
24c. NAME OF CEMETERY OR CREMATORY Twin Falls
24d. LOCATION (City, town, or county) Twin Falls, (State) Idaho

DATE REC'D BY LOCAL REG. 8-27-65
REGISTRAR'S SIGNATURE Helen S Meyer
25. EMBALMER Robert F. Dickard LICENSE NO. E-312

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 5 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Klingler

Certificate of Death

STATE OF IDAHO

State File No. 3570
Local Reg. No. 2792
Reg. Dist. No. 420

BIRTH NO.

RECEIVED SEP 8 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding Co. Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240 b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hagerman
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Robert 090 c. (Last) Russell

4. DATE OF DEATH (Month) Aug. (Day) 26 (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Dec. 23, 1885
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired U. S. Fishery Superintendent
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Scotts Bluff County
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME David Russell
BIRTHPLACE Ireland
MOTHER'S MAIDEN NAME Mrs R. Russell
BIRTHPLACE Birthplace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None 519-46-4488
INFORMANT'S SIGNATURE Unknown
ADDRESS Unknown

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Emphysema. Bronchiectasis.
DUE TO (c) Bronchial Asthma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Carcinoma of Prostate. Arthritis R. Arteriosclerotic Heart Disease. Hpp

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 18, 19 60, *to* August 26, 1965, *that I last saw the deceased alive on* August 25, 1965 *and that death occurred at* 7:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Morris W. Klingler MD
23b. ADDRESS Gooding, Idaho
23c. DATE SIGNED 9-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-28-1965
24c. NAME OF CEMETERY OR CREMATORY Hagerman Cemetery
24d. LOCATION (City, town, or county) Hagerman (State) Idaho.

DATE REC'D BY LOCAL REG. 9-2-65
REGISTRAR'S SIGNATURE Robert L. Meyer
25. EMBALMER Robert Meyer
LICENSE NO. E-424
FIRM NAME Thompson Chapel Gooding, Idaho.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 9 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 3 1983

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 3571
Local Reg. No. 2796
Reg. Dist. No. 420

BIRTH NO. RECEIVED STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY 240 GOODING SEP 17 1965 2-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WENDELL
c. LENGTH OF STAY (in this place) Bureau of Vital Statistics 10 MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MAGIC VALLEY MANOR 253

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO 240 b. COUNTY GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOGERMAN.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) HERMAN b. (Middle) P. c. (Last) REKO.

4. DATE OF DEATH (Month) (Day) (Year) AUG. 26, 1965

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2
8. DATE OF BIRTH APR. 14, 1888
9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUISNESS 36
10b. KIND OF BUSINESS OR INDUSTRY CATTLE BUYER 08
11. BIRTHPLACE (State or foreign country) BLUE WORTH MINNESOTA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME HERMAN G REKO. BIRTHPLACE GERMANY
14. MOTHER'S MAIDEN NAME MARIE STIENHAUER BIRTHPLACE GERMANY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NO.
17. INFORMANT'S OWN SIGNATURE MRS. ROSE KNUTSEN SIOUX, FALLS, SO. DAK. ADDRESS 3021 E. 10. St.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Benign Prostatic Hypertrophy — 2 years
~~DUE TO (c)~~ Generalized Arteriosclerosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Carious teeth — Unknown
Pyorrhea — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-6, 1964, *to* death, 19__, *that I last saw the deceased alive on* 8-25, 1965, *and that death occurred at* 8:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Harold F. Holsinger M.D. 240 (Degree or title)
23b. ADDRESS Wendell, Ida.
23c. DATE SIGNED 8-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify) WENDELL.
24b. DATE AUG. 31, 1965
24c. NAME OF CEMETERY OR CREMATORY WENDELL
24d. LOCATION (City, town, or county) CITY (State) IDAHO.

DATE REC'D BY LOCAL REG. 9-14-65
REGISTRAR'S SIGNATURE Robert Meyer
25. EMBALMER J. Forrest Weaver
LICENSE NO. E 353
FIRM NAME: Weaver mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3572
Local Reg. No. 2794
Reg. Dist. No. 420

RECEIVED
Bureau of Vital Statistics
SEP 8 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Co. Mem. Hosp 090

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 240
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 230 12th Street West

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Henry c. (Last) Schreiber

4. DATE OF DEATH: (Month) Aug. (Day) 28 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Feb. 25 1893

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bee Keeper 90

10b. KIND OF BUSINESS OR INDUSTRY: Honey Company

11. BIRTHPLACE (State or foreign country): Indianola, Iowa.

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Jacob H. Schreiber
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Christian Reese
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War #1

16. SOCIAL SECURITY NO.: 518-108068

17. INFORMANT'S OWN SIGNATURE: X Edith N. Schreiber
ADDRESS: Gooding, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH: 30 Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Bronchial Asthma.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* August 25, 1965 *to* August 28, 1965, *that I last saw the deceased alive on* Aug 27, 1965, *and that death occurred at* 3:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 285 Marion D. Hughbanks
23b. ADDRESS: Gooding, Idaho
23c. DATE SIGNED: 8-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-31-1965
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding Idaho.

DATE REC'D BY LOCAL REG.: 9-8-65
REGISTRAR'S SIGNATURE: Catherine Meyer
25. EMBALMER: Robert Meyer
LICENSE NO.: 443
FIRM NAME: Thompson Chapel Gooding, Idaho.

Federal Security Agency
United States Public Health Service
Form DH-63021

SEP 9 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 2 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

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3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3573
Local Reg. No. 2793
Reg. Dist. No. 420

RECEIVED
Bureau of Vital Statistics
SEP 8 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Co. Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 240 Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Gooding
d. STREET ADDRESS (If rural, give location): West 14th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Byron	Webster	Nelson	Aug. 28 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	July 6, 1891	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Pharmacist	46	Decorah, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Louis Nelson	Oslow, Norway	Hannah Drew	County Clare, Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	War I	518-36-7604	X Mary E. Nelson	Gooding Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) ~~Arterioscleretic Heart Disease with~~ Coronary Occlusion, old. failure.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes Mellitus.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* August 10, 19 65, *to* August 28, 19 65, *that I last saw the deceased alive on* August 27, 19 65, *and that death occurred at* 2:45 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Marion V. Klingler MD	Gooding, Idaho	8-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/30/65	Elmwood Cemetery	Gooding, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-2-65	Robert Meyer	Robert Meyer	E-424

FIRM NAME: Thompson Chapel Gooding, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 9 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 25 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3574
Local Reg. No. 761
Reg. Dist. No. 244

Certificate of Death

RECEIVED
AUG 12 1965
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Woodland
c. LENGTH OF STAY (in this place): 53 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Woodland
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): Winfield
c. (Last): Simler

4. DATE OF DEATH (Month) (Day) (Year): August 3, 1965

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: April 28, 1890
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Own land 01
11. BIRTHPLACE (State or foreign country): Harrison Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Richard Simler — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Anna Nutto — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-44-3713
17. INFORMANT'S OWN SIGNATURE: Glenn Simler — ADDRESS: Kamiah Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

204.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Secondary Aplastic Anemia — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myelogenous Leukemia — 10 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October, 1960, *to* Aug 3, 1965, *that I last saw the deceased alive on* July 20, 1965, *and that death occurred at* 9:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm Harrison, M.D. 373
23b. ADDRESS: Grangeville, Id.
23c. DATE SIGNED: Aug 5, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 6 1965
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Woodland
24d. LOCATION (City, town, or county) (State): Woodland Idaho. Idaho.

DATE REC'D BY LOCAL REG.: Aug 6 1961
REGISTRAR'S SIGNATURE: Claude Irwary
25. EMBALMER: Robert R. Hansen — LICENSE NO.: E443.

FIRM NAME: Irvenary Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 12 1965 Bureau of Vital Statistics

State File No. 3575
Local Reg. No. 764
Reg. Dist. No. 244

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250 4-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia - rural
c. LENGTH OF STAY (in this place): 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 20 miles East at Three Devils

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 48 Washington
b. COUNTY: 555 Pierce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tacoma
d. STREET ADDRESS (If rural, give location): 1430 So. 53rd

3. NAME OF DECEASED (Type or Print)
a. (First): Peter
b. (Middle): Gordon
c. (Last): McMillan

4. DATE OF DEATH (Month) (Day) (Year): Aug. 5, 1965

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: May 21 1955
9. AGE (In years last birthday): 10 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03 77
10b. KIND OF BUSINESS OR INDUSTRY: grade school 01
11. BIRTHPLACE (State or foreign country): Tacoma Washington
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Rolland McMillan — BIRTHPLACE: Kamiah, Idaho
14. MOTHER'S MAIDEN NAME: Eva McCracken — BIRTHPLACE: Salmon, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mr Rolland E. McMillan — ADDRESS: 1430 So 53rd Tacoma Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Drowning — INTERVAL BETWEEN ONSET AND DEATH: inst

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 18
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): River 13
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kooskia - 20 miles East 250 Idaho Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 5 65 4:20 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Drowned while wading in River

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 4:20 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm C Morrison, MD Cartener 373 583
23b. ADDRESS: Grangeville, Id.
23c. DATE SIGNED: Aug 5, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Aug. 7 1965
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Tacoma Washington

DATE REC'D BY LOCAL REG.: Aug 6, 1965
REGISTRAR'S SIGNATURE: Claude Trenary
25. EMBALMER: Robert R Hansen — LICENSE NO.: F433

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Trenary Funeral Home

JAN 23 1987

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 12 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3576
Local Reg. No. 763
Reg. Dist. No. 244

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250 4-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia - rural
LENGTH OF STAY (in this place): 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 20 Miles East at Three Devils

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 48 Washington b. COUNTY: 333 Pierce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tacoma
d. STREET ADDRESS (If rural, give location): 1430 So. 53rd

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Betty	Lou 000	McMillan	Aug	5,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	never married	Dec. 10, 1953	11				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03 ~~X~~
10b. KIND OF BUSINESS OR INDUSTRY: grade school
11. BIRTHPLACE (State or foreign country): Tacoma Washington
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rolland McMillan BIRTHPLACE: Kamiah, Idaho
14. MOTHER'S MAIDEN NAME: Eva McCracken BIRTHPLACE: Salmon, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Rolland E. mcmillan ADDRESS: 1430 So 53rd Tacoma Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning — INTERVAL BETWEEN ONSET AND DEATH: inst.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 258 (COUNTY)	(STATE)
Accident	River 18	Kooskia 13 - 20 miles East	Idaho Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
8	5	65	4:20 p.m.		Drowned while wading in River

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W M C Morrison 583 MD Coroner	Grangeville, Id.	Aug 6 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
removal 3	Aug 7 1965	Mountain View	Tacoma	Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 6 1965	Claude Emery	Robert P. Hansen	E423

FIRM NAME: Trenary Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

JAN 23 1987

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED
Bureau of Vital Statistics
AUG 12 1965

State File No. 3577
Local Reg. No. 762
Reg. Dist. No. 244

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho 25 4-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kooskia - rural
c. LENGTH OF STAY (in this place) 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 20 Miles East at Three Devils

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 48 Washington
b. COUNTY 53 Pierce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Tacoma
d. STREET ADDRESS (If rural, give location) 1430 So. 53rd

3. NAME OF DECEASED (Type or Print)
a. (First) Patricia
b. (Middle) Ann
c. (Last) McMillan

4. DATE OF DEATH (Month) (Day) (Year) August 5 1965

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH Nov. 29 1952
9. AGE (In years last birthday) 12
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 03
10b. KIND OF BUSINESS OR INDUSTRY grade school 01
11. BIRTHPLACE (State or foreign country) Tacoma Wash.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Rolland McMillan
BIRTHPLACE Kamiah, Idaho
14. MOTHER'S MAIDEN NAME Eva McCracken
BIRTHPLACE Salmon, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs Rolland E. (Lorene) McMillan
ADDRESS 1430 So. 53rd Tacoma Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 929.8 Drowning — INTERVAL BETWEEN ONSET AND DEATH: Inst

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) — INTERVAL BETWEEN ONSET AND DEATH: N
DUE TO (c) — INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In River
21c. (CITY, TOWN, OR TOWNSHIP) Kooskia - 20 miles East (COUNTY) Idaho (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8 5 65 4:20 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Drowned wading in river

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 583 WM C Marrison, M.D. Coroner
23b. ADDRESS Grangeville, Id.
23c. DATE SIGNED Aug 6, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Aug. 7 1965
24c. NAME OF CEMETERY OR CREMATORY Mountain View
24d. LOCATION (City, town, or county) Tacoma (State) Washington

DATE REC'D BY LOCAL REG. Aug. 6 1965
REGISTRAR'S SIGNATURE Claude Trenary
25. EMBALMER Robert P Hansen
LICENSE NO. E433
FIRM NAME: Trenary Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 17 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3578
Local Reg. No. 33
Reg. Dist. No. 240

BIRTH NO. 4-16

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): 16 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hosp. 092

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stites
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Hugh; b. (Middle) Clark; c. (Last) Gillett

4. DATE OF DEATH: (Month) August (Day) 5 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2

8. DATE OF BIRTH: September 14, 1896

9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04

10b. KIND OF BUSINESS OR INDUSTRY: Livestock 01

11. BIRTHPLACE (State or foreign country): Oswego Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Freeman Gillett — BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Gertrude Jean — BIRTHPLACE: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-18-0273

17. INFORMANT'S OWN SIGNATURE: Stella Gillett — ADDRESS: Stites, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

163X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 2-3 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May, 1964, *to* Aug, 1965, *that I last saw the deceased alive on* 4 Aug, 1965, *and that death occurred at* 4:00 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Donald Altman 487 — (Degree or title): M.D. — **23b. ADDRESS**: Grangeville, Idaho — **23c. DATE SIGNED**: 10 Aug 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Aug. 7 1965 — **24c. NAME OF CEMETERY OR CREMATORY**: Clearwater — **24d. LOCATION** (City, town, or county): Clearwater (State): Idaho

DATE REC'D BY LOCAL REG.: Aug 10, 1965 — **REGISTRAR'S SIGNATURE**: Lena Cone

25. EMBALMER: Robert M Hansen — **LICENSE NO.**: E433

FIRM NAME: Trenary Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3579
Local Reg. No. 35
Reg. Dist. No. 240

BIRTH NO.

RECEIVED
AUG 24 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
c. LENGTH OF STAY (in this place) one week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 250
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Whitebird
d. STREET ADDRESS (If rural, give location) Whitebird.

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT b. (Middle) E. c. (Last) LEE GRIFFITH JR.

4. DATE OF DEATH (Month) (Day) (Year): Aug 5, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: April 1, 1886

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04

10b. KIND OF BUSINESS OR INDUSTRY: Stock 01

11. BIRTHPLACE (State or foreign country): Minnersville, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert E. Lee Griffith Sr. BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: AlzinaSobrieske BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518 46 7153

17. INFORMANT'S OWN SIGNATURE Lela Thomas ADDRESS Whitebird, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Cancer — INTERVAL BETWEEN ONSET AND DEATH: unkn

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Head of Pancreas — 9 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 6 1960 *to* Aug 5, 1965, *that I last saw the deceased alive on* Aug 5, 1965 *and that death occurred at* 5 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wm C Morrison (Degree or title) M.D.
23b. ADDRESS: Grangeville, Id.
23c. DATE SIGNED: 8/12/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/7/65
24c. NAME OF CEMETERY OR CREMATORY: Whitebird
24d. LOCATION (City, town, or county) (State): Whitebird, Idaho

DATE REC'D BY LOCAL REG.: Aug 14 1965
REGISTRAR'S SIGNATURE: Irma Cone

25. FUNERAL DIRECTOR: Robert R Hansen ADDRESS: E 433 Grangeville, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert R Hansen Lic. No. E 433 at Grangeville on 8/5/65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3580
Local Reg. No. 26
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250 AUG 24 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
Bureau of Vital Statistics 000
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital 092

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lucile
d. STREET ADDRESS (If rural, give location): Lucile

3. NAME OF DECEASED (Type or Print): a. (First) Dora b. (Middle) c. (Last) Jarrett

4. DATE OF DEATH (Month) (Day) (Year): August 8, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: 10-23-1874

9. AGE (In years last birthday): 90
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homekeeper 01

10b. KIND OF BUSINESS OR INDUSTRY: Homekeeping 01

11. BIRTHPLACE (State or foreign country): New York City, New York

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: ------ Snell
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: ----- Mann
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S OWN SIGNATURE: Lee Horner
ADDRESS: Org Clayton

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral femoral arthrosclerosis 332X — INTERVAL BETWEEN ONSET AND DEATH: 2-3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebro-vasc. thrombosis & hemiplegia — 2 weeks.
DUE TO (c) generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 20, 1965, *to* 8/8, 1965, *that I last saw the deceased alive on* 8/8, 1965, *and that death occurred at* 9:21 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 487 (Degree or title): M.D
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 16 Aug 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: August 11, 1965
24c. NAME OF CEMETERY OR CREMATORY: Vineland Cemetery
24d. LOCATION (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: Aug 18, 1965
REGISTRAR'S SIGNATURE: Irma Cone
25. EMBALMER: Chas Whorn
LICENSE NO.: E 421

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Merchant Funeral Home Clarkston Wn.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. ~~In case a person has resided in the county where death occurred for~~ less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3581
Local Reg. No. 14
Reg. Dist. No. 242

Certificate of Death

STATE OF IDAHO

BIRTH NO. 65-8070

RECEIVED SEP 13 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho 250 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital 093

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Eugene
c. (Last): Enneking

4. DATE OF DEATH (Month) (Day) (Year): Aug 13 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 1
8. DATE OF BIRTH: Aug 12 1965
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 1; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Cottonwood, Idaho
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: George Enneking
BIRTHPLACE: Cottonwood, Idaho
14. MOTHER'S MAIDEN NAME: Karla Johnson
BIRTHPLACE: Rio Tino Nevada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: George Enneking
ADDRESS: Cottonwood

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 12, 1965, *to* Aug 13, 1965, *that I last saw the deceased alive on* Aug 13, 1965, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 154 (Degree or title): MD
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 17 Aug 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 17 65
24c. NAME OF CEMETERY OR CREMATORY: Kenterville
24d. LOCATION (City, town, or county) (State): Kenterville, Idaho

DATE REC'D BY LOCAL REG.: Aug 17, 1965
REGISTRAR'S SIGNATURE: Wesley T. Orr MD by [signature]
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Cottonwood

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert Hansen Lic. No. E 835 at Cottonwood on Aug 13

ADDITIONAL REMARKS by Physician

State File No. 3582
Local Reg. No. 38
Reg. Dist. No. 240

RECEIVED
SEP 15 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250 — 3-14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): XXXXX Two Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Grangeville General Hosp 092

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250 — b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location): 615 North College

3. NAME OF DECEASED (Type or Print)
a. (First): LOYAL — b. (Middle): PARSONS — c. (Last): BROWN

4. DATE OF DEATH (Month) (Day) (Year): August 21, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 21 1882
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher-Merchant 04
10b. KIND OF BUSINESS OR INDUSTRY: Various 01
11. BIRTHPLACE (State or foreign country): Mt Idaho, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: R.C. Brown — BIRTHPLACE: Oregon
14. MOTHER'S MAIDEN NAME: Elizabeth Jane Harrison — BIRTHPLACE: Wisconson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 05 0089
17. INFORMANT'S OWN SIGNATURE: Harry Brown 44 — ADDRESS: Wendel, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 420.0 arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: Several years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic pyelonephritis — Several years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* about, 1952 *to* 18 Aug, 1965, *that I last saw the deceased alive on* 18 Aug, 1965, *and that death occurred at* 7:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald Altman M.D. 487
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 3 Sept 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/24/65
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho

DATE REC'D BY LOCAL REG.: Sept 9 1965
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Robert R Hansen — ADDRESS: Robert R Hansen E 433 Grangeville, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

SEP 1 6 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert R Hansen Lic. No. E 433 at Grangeville on 8/21/65

ADDITIONAL REMARKS by Physician

State File No. 3583
Local Reg. No. 15
Reg. Dist. No. 242

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

SEP 13 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho 250 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (If not in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Marys Hospital 093

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 310
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nezperce
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): LESTER
b. (Middle): CORNELIUS
c. (Last): MEINERS

4. DATE OF DEATH (Month) (Day) (Year): Aug. 30, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 7, 1902
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Stock - Grain 01
11. BIRTHPLACE (State or foreign country): Helix, Oregon
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Martin Meiners — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Matilda Daniels — BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No Record
16. SOCIAL SECURITY NO.: 518 40 8042
17. INFORMANT'S OWN SIGNATURE: Mrs. Lester C. Meiners — ADDRESS: Nezperce, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Previous Coronary Occlusion — 1955
DUE TO (c): Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Cerebral Hemorrhage 1959-1960, 1961; Diabetes Mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1955, *to* Aug. 30, 1965, *that I last saw the deceased alive on* Aug. 29, 1965, *and that death occurred at* 1:50 am., *from the causes and on the date stated above.*

23a. SIGNATURE: K. H. Collins 100 (Degree or title): MD
23b. ADDRESS: Craigmont Ida
23c. DATE SIGNED: Sept 2-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 2, 1965
24c. NAME OF CEMETERY OR CREMATORY: Nezperce City Cemetery
24d. LOCATION (City, town, or county) (State): Nezperce, Lewis Co., Ida.

DATE REC'D BY LOCAL REG.: Sept 10, 1965
REGISTRAR'S SIGNATURE: Wesley F. Orr MD by TM
25. EMBALMER: W. E. Black — LICENSE NO.: E-426

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: SEP 15 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3584
Local Reg. No. 6
Reg. Dist. No. 640

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson 260 SEP 1 1965 000
b. CITY OR TOWN: Monteview
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 260
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewisville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Douglas	Ball	Barnes	July	19	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married 1	November 3, 1942	22				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farming 01	Idaho Falls, Ida ho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edwin R. Barnes	Utah	Alta Ball	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 46 5203	Edwin R. Barnes	Lewisville, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Electrocuted — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Possible lightening bolt
DUE TO (c) Probable contact of aluminum pipe with overhead line

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

914.9

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Norman Ball 584 Coroner	Rigby, Idaho	7/29/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/22/65	Lewisville Cemetery	Lewisville Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2 aug 1965	Mrs A B Eckersell	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED Bureau of Vital Statistics SEP 1 1965

State File No. 3585
Local Reg. No. 7
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 260 Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LaBelle Rural
c. LENGTH OF STAY (in this place) 11 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) East LaBelle 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 260 Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural LaBelle
d. STREET ADDRESS (If rural, give location) East LaBelle

3. NAME OF DECEASED (Type or Print) a. (First) TENNETH b. (Middle) "K" c. (Last) WEST

4. DATE OF DEATH (Month) (Day) (Year) August 2, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH April 30, 1911

9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY Farming 01

11. BIRTHPLACE (State or foreign country) Milo, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles J. West BIRTHPLACE Salt Lake City, Ut.

14. MOTHER'S MAIDEN NAME Elizabeth May Newman. BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service) X

16. SOCIAL SECURITY NO. 519-16-0115

17. INFORMANT'S OWN SIGNATURE Vera West ADDRESS Rt. #2 Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Dermatitis (allergic) — ?

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1955, to aug 2, 1965, that I last saw the deceased alive on July 1, 1965, and that death occurred at 9:30A m., from the causes and on the date stated above.

23a. SIGNATURE, (Degree or title) Clifford B. Rigby MD
23b. ADDRESS Rigby, Idaho
23c. DATE SIGNED 8-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6 AUG 65
24c. NAME OF CEMETERY OR CREMATORY Pioneer
24d. LOCATION (City, town, or county) (State) Rigby, Jefferson, Idaho

DATE REC'D BY LOCAL REG. 8-3-65
REGISTRAR'S SIGNATURE Mrs A B Eckersell
25. FUNERAL DIRECTOR A. B. Eckersell ADDRESS Rigby, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 28 1978

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No E404 at Rigby on 8/2/65

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3586
Local Reg. No. 8
Reg. Dist. No. 6 40

BIRTH NO.

RECEIVED SEP 1 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY 360 Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby (rural)
c. LENGTH OF STAY IN THIS PLACE (If hospital or institution) X
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3 Mi. N.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 160
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby Rte. #2
d. STREET ADDRESS (If rural, give location) (LaBelle)

3. NAME OF DECEASED (Type or Print)
a. (First) JAMES
b. (Middle) B
c. (Last) CARPENTER

4. DATE OF DEATH (Month) (Day) (Year) Aug. 21, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH Nov. 17, 1950

9. AGE (In years last birthday) 14
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 77

10b. KIND OF BUSINESS OR INDUSTRY School 02

11. BIRTHPLACE (State or foreign country) Rigby, Idaho.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Bert A Carpenter
BIRTHPLACE Sugar City, Ida.

14. MOTHER'S MAIDEN NAME Loretta J. Cramer
BIRTHPLACE Idaho Falls, Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE I. Bert A. Carpenter
ADDRESS Rigby, Ida. #2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Fractured Skull & Neck — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto Accident

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway

21c. (CITY, TOWN, OR TOWNSHIP) 260 (COUNTY) 13 Rural Jefferson, (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 21, 1965 4 P.M. 1705

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Auto Accident

22. *I hereby certify that [illegible] death occurred at 4:05 P.M., from the causes and on the date stated above.*

23a. SIGNATURE Thomas 583 Hall
(Degree or title) coroner
23b. ADDRESS Rigby, Idaho.
23c. DATE SIGNED 23 AUG 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 24 AUG 65
24c. NAME OF CEMETERY OR CREMATORY Little Butte
24d. LOCATION (City, town, or county) (State) Annis, Jefferson, Idaho

DATE REC'D BY LOCAL REG. 8-28-65
REGISTRAR'S SIGNATURE Mona B Cabusell

25. FUNERAL DIRECTOR Bruce A. Eckersell
ADDRESS Rigby, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho. on 8/21/1965

ADDITIONAL REMARKS ~~by~~ Physician

Certificate of Death

State File No. 3587
Local Reg. No. 9
Reg. Dist. No. 640

BIRTH NO.

RECEIVED
SEP 1 1965
BUREAU OF VITAL STATISTICS, STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY 260 Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clark
c. LENGTH OF STAY in this place 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Carsons Nursing Home 697

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 260
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby
d. STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print) a. (First) BERTHA b. (Middle) c. (Last) CLARK

4. DATE OF DEATH (Month) (Day) (Year) August 24, 1965

5. SEX F. M.

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 4

8. DATE OF BIRTH Nov. 30, 1877

9. AGE (In years last birthday) 87
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY X 01

11. BIRTHPLACE (State or foreign country) Switzerland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Nickolas Weibel
BIRTHPLACE Switzerland

14. MOTHER'S MAIDEN NAME Elizabeth Josc
BIRTHPLACE Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) X

16. SOCIAL SECURITY NO. X

17. INFORMANT'S OWN SIGNATURE Thomas Coe
ADDRESS Swan Valley, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — years
DUE TO (c) Generalized arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arthritis - Osteo + Diabetes — years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION None performed

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 August, 1948, *to* Aug 24, 1964, *that I last saw the deceased alive on* 22 Aug., 1964, *and that death occurred at* 4:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE Orail Hall 522 (Degree or title) M. D.

23b. ADDRESS Rigby, Idaho

23c. DATE SIGNED 26 Aug. 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 27 AUG 65

24c. NAME OF CEMETERY OR CREMATORY Ririe-Shelton

24d. LOCATION (City, town, or county) (State) Shelton, Bonneville, Idaho

DATE REC'D BY LOCAL REG. 8-27-65

REGISTRAR'S SIGNATURE Bruce A Eckersell

25. FUNERAL DIRECTOR Bruce A. Eckersell

ADDRESS Rigby, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

OCT 25 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

State File No. 3588
Local Reg. No. 795
Reg. Dist. No. 440

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

AUG 10 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): StBenedicts Hospital 099

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 221 South Elm

3. NAME OF DECEASED (Type or Print)
a. (First): Jesse
b. (Middle): Delmar
c. (Last): Coats

4. DATE OF DEATH (Month) (Day) (Year): August 4 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec 29. 1885
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 7, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91
10b. KIND OF BUSINESS OR INDUSTRY: 03
11. BIRTHPLACE (State or foreign country): Bruneau Idaho
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: John Coats — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Nancy Harris — BIRTHPLACE: California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-18-2745
17. INFORMANT'S OWN SIGNATURE: x Mrs Jesse Coats — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Atherosclerosis — Unknown
DUE TO (c) Valvular Heart Disease — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uremia — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/2/65, 19__, *to* death, 19__, *that I last saw the deceased alive on* 8/3, 1965, *and that death occurred at* 3 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE 240 (Degree or title): Harold G. Holsinger, MD
23b. ADDRESS: Wendell, Ida
23c. DATE SIGNED: 8/4/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 6.1965
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Aug. 6 1965
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of J R Wadley Lic. No E 258 at Jerome Idaho on 8/4/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 3589
Local Reg. No. 797
Reg. Dist. No. 440

BIRTH NO.

RECEIVED AUG 18 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome 270 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Benedict's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270 b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden
d. STREET ADDRESS (If rural, give location): P.O. Box 304

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	RUBY	ETHEL 099	VICKERS	Aug. 12, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Nov. 22, 1897	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	At home 01	Tecumseh, Oklahoma	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Rosier	Unknown	Mary Pepper	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Wilbur L. Howe	Jerome, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Rheumatic heart disease with atrial fibrillation	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	fibrillation & cardiac decomp.	Years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Duodenal ulcer, polycythemia	? many months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4/14, 1965, *to* 8/12, 1965, *that I last saw the deceased alive on* 8/4, 1965, *and that death occurred at* 9:55a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Carlyle Buist	MD	Jerome, Idaho	8/13/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 16, 1965	Hazelton Cemetery	Hazelton, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 16, 1965	Louella M. Deturer	W. L. Howe	E-431

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hove Funeral Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3590
Local Reg. No. 798
Reg. Dist. No. 440

Certificate of Death

RECEIVED
AUG 27 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 322 4th. Ave. West

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle): L. 099
c. (Last): Heckli

4. DATE OF DEATH (Month) (Day) (Year): Aug. 18, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Aug. 1, 1896
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At home 01
11. BIRTHPLACE (State or foreign country): Hungary
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wendell Leonard — BIRTHPLACE: Hungary
14. MOTHER'S MAIDEN NAME: Anna Lang — BIRTHPLACE: Hungary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 58 4193
17. INFORMANT'S OWN SIGNATURE: Isabelle Marshall — ADDRESS: Las Vegas, Nevada

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Cerebral arteriosclerosis — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Essential hypertension — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 10, 1956, *to* Aug 18, 1965, *that I last saw the deceased alive on* Aug 18, 1964 *and that death occurred at* 2:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J E 476 Hoat M.D.
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: Aug 20 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 21, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: Aug. 23 1965
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 19 1977

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 2 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3591
Local Reg. No. 799
Reg. Dist. No. 440

RECEIVED
AUG 27 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome (rural)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome (rural)
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): JANE
b. (Middle): HARRIET
c. (Last): MECHAM

4. DATE OF DEATH (Month) (Day) (Year): Aug. 20, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 15, 1884
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At home 01
11. BIRTHPLACE (State or foreign country): Provo, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Albert Haws — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Harriet Mayberry — BIRTHPLACE: Augstralia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x Laurence Melhom — ADDRESS: Jerome, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiomegaly — INTERVAL BETWEEN ONSET AND DEATH: yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Chronic C.V.R. disease — yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Chronic pancreatitis.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jun, 1956, *to* 8-20, 1965, *that I last saw the deceased alive on* 8-15, 1965, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. M. Neher, M.D. 385
23b. ADDRESS: Jerome
23c. DATE SIGNED: 23 Aug 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 24, 1965
24c. NAME OF CEMETERY OR CREMATORY: Maser Cemetery
24d. LOCATION (City, town, or county) (State): Vernal, Uintah Co., Utah

DATE REC'D BY LOCAL REG.: Aug. 24 1965
REGISTRAR'S SIGNATURE: Luella M. Scherer
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 30 1965

FEB 23 1968

JUL 30 1970

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3592
Local Reg. No. 800
Reg. Dist. No. 440

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Jerome 270 AUG 27 1965 080	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Idaho 161 b. COUNTY Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome Bureau of Vital Statistics c. LENGTH OF STAY (In this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Benedict's Nursing Home	d. STREET ADDRESS (If rural, give location) 2340 Miller

3. NAME OF DECEASED (Type or Print)	a. (First) ETHEL	b. (Middle) 099 ELLEN	c. (Last) TOBEY	4. DATE OF DEATH (Month) (Day) (Year) Aug. 20, 1965
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Jan. 4, 1883	9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01	10b. KIND OF BUSINESS OR INDUSTRY At home 01	11. BIRTHPLACE (State or foreign country) Hampton, Iowa	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME ------- Jondreau	BIRTHPLACE Unknown	14. MOTHER'S MAIDEN NAME -------- Hamilton	BIRTHPLACE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 564 09 1377	17. INFORMANT'S OWN SIGNATURE Virgil Slevass	ADDRESS Burley, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary thrombosis	0
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	arteriosclerotic Ht disease	20 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	essential hypertension & osteo arthritis	10 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 10, 1950 *to* Aug 20, 1965, *that I last saw the deceased alive on* Aug 19, 1965, *and that death occurred at* 7:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE J. E. Sloan 476	(Degree or title) MD.	23b. ADDRESS Jerome, Idaho	23c. DATE SIGNED 8/24/65
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE Aug. 23, 1965	24c. NAME OF CEMETERY OR CREMATORY Mountain View Memorial	24d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. Aug. 25, 1965	REGISTRAR'S SIGNATURE Louella M. Scherer	25. EMBALMER Wilber L. Hove	LICENSE NO. E-431

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 30 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3593
Local Reg. No. 801
Reg. Dist. No. 440

Certificate of Death

RECEIVED
AUG 27 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 222 7th. Ave. East

3. NAME OF DECEASED (Type or Print)
a. (First): ALMA
b. (Middle): BEATRICE 099
c. (Last): MILLER

4. DATE OF DEATH (Month) (Day) (Year): Aug. 21, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: March 13, 1901
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At home 01
11. BIRTHPLACE (State or foreign country): Dunlap, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Thompson — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Malinda J. Lee — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 16 6141
17. INFORMANT'S OWN SIGNATURE: X Gail L. Briggs — ADDRESS: Jerome, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary emboli — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Resected Ca Rt. lung & Cobalt Rx. — 1 yr.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Severe mitral stenosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1945, *to* 21 Aug, 1965, *that I last saw the deceased alive on* 21 Aug, 1965, *and that death occurred at* 1:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. M. Leber, M.D. 385 (Degree or title)
23b. ADDRESS: Jerome
23c. DATE SIGNED: 23 Aug 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 24, 1965
24c. NAME OF CEMETERY OR CREMATORY: Shoshone Cemetery
24d. LOCATION (City, town, or county) (State): Shoshone, Lincoln Co., Idaho

DATE REC'D BY LOCAL REG.: Aug. 25 1965
REGISTRAR'S SIGNATURE: Luella M. Scherer
25. EMBALMER: W. L. Hove — LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 24 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. SEP 28 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3594
Local Reg. No. 802
Reg. Dist. No. 440

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

SEP 3 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jerome 270 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): (Rural) Jerome
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hwy 93 3 mi. north 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 190
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stanley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): KAREN
b. (Middle): EYLONDA
c. (Last): WELLS

4. DATE OF DEATH (Month) (Day) (Year): Aug, 22, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Feb.25,1942
9. AGE (In years last birthday): 23 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): nous ewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Snyder , Olka
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jack Brown — BIRTHPLACE: Olka City, Olka
14. MOTHER'S MAIDEN NAME: Fronia Jones — BIRTHPLACE: Pine Hill, Tex

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 549-54-0807
17. INFORMANT'S OWN SIGNATURE: Dale L. Wells — ADDRESS: Stanley

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

819.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Multiple fractures.
INTERVAL BETWEEN ONSET AND DEATH: nil.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~: Auto accident.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 06 Hiway 93
21c. (CITY, TOWN, OR TOWNSHIP) 270 (COUNTY) (STATE): 13 Jerome Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 22 65 7 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Drove into Bridge abutment.

22. *I hereby certify that I attended the deceased from ——, 19—, to ——, 19—, that I last saw the deceased alive on ——, 19—, and that death occurred at approx 7 p.m., from the causes and on the date stated above.*

23a. SIGNATURE: N. M. Neher, M.D. 583 (Degree or title): Coroner
23b. ADDRESS: Jerome Ida
23c. DATE SIGNED: 28 Aug 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/26/65
24c. NAME OF CEMETERY OR CREMATORY: Hailey Cemetery
24d. LOCATION (City, town, or county) (State): Hailey, Idaho

DATE REC'D BY LOCAL REG.: Aug. 26 1965
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. EMBALMER: W. L. Howe
LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 7 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3595
Local Reg. No. 883
Reg. Dist. No. 440

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

SEP 3 1965

1. PLACE OF DEATH
a. COUNTY: Jerome 270 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome (rural) Bureau of Vi
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hwy. 93 3 mi. north 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 190
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stanley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): DALE
b. (Middle): LEGRANDE
c. (Last): WELLS

4. DATE OF DEATH (Month) (Day) (Year): August 22, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Sept. 25, 1961
9. AGE (In years last birthday): 3 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Hailey, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Dale Wells — BIRTHPLACE: Hagerman, Idaho
14. MOTHER'S MAIDEN NAME: Karen Barrickman — BIRTHPLACE: Snyder, Olka

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Dale L. Wells — ADDRESS: Stanley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fractured — INTERVAL BETWEEN ONSET AND DEATH: none

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

819.4

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~: Hiway 06
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hiway 93.
21c. (CITY, TOWN, OR TOWNSHIP) 270 (COUNTY) (STATE): 13 Jerome, Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 22 65 approx 4 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Car hit concrete bridge

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at approx 4 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D. Coroner
23b. ADDRESS: Jerome
23c. DATE SIGNED: 28 Aug 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/26/65
24c. NAME OF CEMETERY OR CREMATORY: Hailey Cemetery
24d. LOCATION (City, town, or county) (State): Hailey, Idaho

DATE REC'D BY LOCAL REG.: Aug. 26, 1965
REGISTRAR'S SIGNATURE: Louella M. Dehrer
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3596
Local Reg. No. 804
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jerome 270 SEP 3 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Benedicts Hosp. 099

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 070 b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural, Carey
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) RONALD b. (Middle) ISADORE c. (Last) DEDMAN

4. DATE OF DEATH (Month) (Day) (Year) August 25, 1965

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH June 5, 1898
9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming 04
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Woodston, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Dedman BIRTHPLACE unk
14. MOTHER'S MAIDEN NAME Florence Jordon BIRTHPLACE Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-20-8719
17. INFORMANT'S OWN SIGNATURE Rose Dedman ADDRESS Carey, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1778

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Ca of Prostate — INTERVAL BETWEEN ONSET AND DEATH 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Pathological fracture L femur — 18 Days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1963, to 8-25, 1965, that I last saw the deceased alive on 8-25, 1965, and that death occurred at 3:22 p.m., from the cause and on the date stated above.

23a. SIGNATURE (Degree or title) 386
23b. ADDRESS Box 88 Woodston Ks
23c. DATE SIGNED 8-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 8/28/65
24c. NAME OF CEMETERY OR CREMATORY Carey Cemetery
24d. LOCATION (City, town, or county) (State) Carey, Idaho

DATE REC'D BY LOCAL REG. Sept. 1, 1965
REGISTRAR'S SIGNATURE Louella M. Scherer
25. FUNERAL DIRECTOR Rush Bird ADDRESS Hailey, Idaho
C 373

Federal Security Agency
United States Public Health Service
Form DPH-48021

SEP 16 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under oath to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from [illegible] public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the ~~county where death occurred~~ for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3597
Local Reg. No. 805
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270 — SEP 7 1965 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): StBenedicts Hospital 099

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome 270
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 229 West Ave E

3. NAME OF DECEASED (Type or Print): a. (First) Cecil — b. (Middle) Lee — c. (Last) Freeman

4. DATE OF DEATH: (Month) August (Day) 29 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower 2

8. DATE OF BIRTH: Feb 14 1887

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR Months: 6 Days: 15 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 37 yr

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter 01

11. BIRTHPLACE (State or foreign country): Janelew West Virginia

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: James Freeman — BIRTHPLACE: Not Known

14. MOTHER'S MAIDEN NAME: Susan Davis — BIRTHPLACE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-14-8828

17. INFORMANT'S OWN SIGNATURE: Esther M. Fast — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Malnutrition — 1+ mo.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-20, 1965, *to* 8-29-65, 19____, *that I last saw the deceased alive on* 8-29-65, 19____, *and that death occurred at* 7:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 336 Reuben C. Matson MD — **23b. ADDRESS**: Jerome Ida — **23c. DATE SIGNED**: 8-31-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Sept 1.1965 — **24c. NAME OF CEMETERY OR CREMATORY**: Jerome Cemetery — **24d. LOCATION** (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Sept. 2 1965 — **REGISTRAR'S SIGNATURE**: Louella M. Scheuer

25. FUNERAL DIRECTOR: J R Wiley — **ADDRESS**: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of J R Wiley Lic. No E 25-8 at Jerome Idaho on 8/29/65

ADDITIONAL REMARKS by Physician

#8 amended 07-30-07 ns

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3598
Local Reg. No. 157
Reg. Dist. No. 120

BIRTH NO.

AUG 9 1965

Bureau of Vital Statistics

280

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
c. LENGTH OF STAY (in this place): 10 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 813 Third.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): 813 Third

3. NAME OF DECEASED (Type or Print): a. (First) Thomas b. (Middle) E. c. (Last) DeMers

4. DATE OF DEATH (Month) (Day) (Year): 8/1/65

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: ~~5/24/1818~~ May 24, 1881

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY: Building 61

11. BIRTHPLACE (State or foreign country): Rice Lake, Wis.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Helair DeMers
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Celestine DeMers
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-12-9669

17. INFORMANT'S OWN SIGNATURE: Clara DeMers
ADDRESS: Post Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

163X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, right lung.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Secondary pneumonia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 3:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Ward-Coroner M.D.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED: 8-3-'65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/4/65

24c. NAME OF CEMETERY OR CREMATORY: Lakeview Cemetery

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Aug 4, 1965

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Frank Morse

LICENSE NO.: 350

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 15 2007

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

NOV 20 2007

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
VITAL STATISTICS
2007 JUL 23 PM 4:02

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of IDAHO
County of BONNER } SS

Certificate No. 65-3598
Date Filed August 9, 1965

The undersigned does solemnly swear that certain facts on the certificate of death (Birth, Death, Marriage, etc.)
for Thomas E. DeMers (Name on Original Certificate) who died (Was Born, Died, etc.) on August 1, 1965 (Date of Event)
in Post Falls (Kootenai Co.) (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Line 8 Deceadent's date of birth	May 24, 1818	May 24, 1881

Subscribed and sworn to before me this day of
Notary Public, Neta McKinney
Residing at Sandpoint, Idaho
My commission expires 10/21/08
(Seal)

Jackie L. Blake
Signature of Applicant
PO Box 882
Street Address, City, State and Zip
Sandpoint Id 83864

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } SS

(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of ,

Notary Public,

Residing at

My commission expires
(Seal)

Signature of Applicant

Street Address, City, State and Zip

07-16-07

SS # APPLICATION FOR ACCT # FOR THOMAS ELDRICK DEMERS SHOWING DOB AS 05-24-1881
DATED 08-17-37 VIEWED BY VS

OBIT DATED 08-05-65 FOR THOMAS E DEMERS STATING DOB AS 05-24-1881 VIEWED BY VS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 12 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3599
Local Reg. No. 166
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai 38 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene c. LENGTH OF STAY (in this place) 1 hour 4-01
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) C.d'A. General Hospital 01

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 280 b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) Rt. 2.

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) D. c. (Last) Panger
4. DATE OF DEATH (Month) (Day) (Year) 8/2/65
5. SEX FeMale
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH 11/12/1900
9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY At Home 01
11. BIRTHPLACE (State or foreign country) White Co. Indiana
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME J.W.Gosma BIRTHPLACE Indiana
14. MOTHER'S MAIDEN NAME Lina Fulks BIRTHPLACE Indiana
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 531-01-5495
17. INFORMANT'S OWN SIGNATURE Earl J. Panger ADDRESS Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

434.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hyperthemia - etiol undet — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 2, 1965, *to* Aug 2, 1965, *that I last saw the deceased alive on* Aug 2, 1965, *and that death occurred at* 8:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE W. Wray Wilson 568 (Degree or title) M.D.
23b. ADDRESS Coeur d'Alene, Idaho
23c. DATE SIGNED 8-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8/5/65
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) (State) Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG. Aug. 6, 1965
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER Frad Noland LICENSE NO. E-493

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

AUG 13 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. FEB 25 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3600
Local Reg. No. 164
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Kootenai 280 AUG 1 2 1965 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ?Coeur d'Alene — c. LENGTH OF STAY (in this place): 9 Yrs — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt #2 Box 26

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 280 — b. COUNTY: Kootenai — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene — d. STREET ADDRESS (If rural, give location): Rt #2 Box 26

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Arthur	Guy	Marquette	August 4 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married 2	July 7, 1893	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundry Washer 06 — 10b. KIND OF BUSINESS OR INDUSTRY: Hosp 03 — 11. BIRTHPLACE (State or foreign country): Bismark N Dak — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unkown — BIRTHPLACE: Unkown

14. MOTHER'S MAIDEN NAME: Unkown — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 516-14-3609

17. INFORMANT'S OWN SIGNATURE: Mrs. Anna Marquette — ADDRESS: CdA. Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic Myocarditis 422.2	10 Years
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Chronic Nephritis	4 years

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/3/64, 19___, *to* 8/4/65, 19___, *that I last saw the deceased alive on* 8/4/65, 19___, *and that death occurred at* 7:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ray Henson 225 M.D.	Coeur d'Alene Idaho	Aug 4, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	8/7/65	Hazen & Jaeger	Spokane, Wash.

DATE REC'D BY LOCAL REG.: Aug. 9, 1965 — REGISTRAR'S SIGNATURE: Lorraine K. Brush — 25. EMBALMER: Fred Noland — LICENSE NO.: E-493

YATES MORTUARY
744 N. 4th St.
Coeur d'Alene, Idaho

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In ~~case~~ a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3601
Local Reg. No. 168
Reg. Dist. No. 120

BIRTH NO.

AUG 1 2 1965

Bureau of Vital Statistics

1. PLACE OF DEATH 280 3-10
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hayden Lake
c. LENGTH OF STAY (in this place) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Su-Haven Nursing Home 252

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). 280
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Athol
d. STREET ADDRESS (If rural, give location) Rt. 1.

3. NAME OF DECEASED (Type or Print) a. (First) Bell b. (Middle) G. c. (Last) Wood

4. DATE OF DEATH (Month) (Day) (Year) 8/4/65

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH 6/9/1884

9. AGE (In years last birthday) 84
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Postmistress

10b. KIND OF BUSINESS OR INDUSTRY 64 U.S. Postoffice

11. BIRTHPLACE (State or foreign country) Barron, Wis.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Garrett
BIRTHPLACE Ohio

14. MOTHER'S MAIDEN NAME Carrie Timblin
BIRTHPLACE Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE ADDRESS
Roxie Critchell, Dover, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Advanced Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pyelonephritis — 3 wks.

4 20.0

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-25, 1955, *to* 8-4, 1965, *that I last saw the deceased alive on* 7-24, 1965, *and that death occurred at* 5:35 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 215
J. W. Hawkins M.D.

23b. ADDRESS Coeur d'Alene, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8/7/65

24c. NAME OF CEMETERY OR CREMATORY Restlawn Memorial Park

24d. LOCATION (City, town, or county) (State) Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG. Aug 9, 1965

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. EMBALMER Fred Noland

LICENSE NO. E-493

FIRM NAME: Yates-Morse Funeral Hom

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3602
Local Reg. No. 163
Reg. Dist. No. 120

RECEIVED AUG 12 1965

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrison
c. LENGTH OF STAY (in this place): 5 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Star Rt.2 (Carlin Bay)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrison
d. STREET ADDRESS (If rural, give location): Star Rt.2, (Carlin Bay)

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Ray
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): 8/5/65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 8/2/1896
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.R.Signal Maintenance
10b. KIND OF BUSINESS OR INDUSTRY: G.N.Ry. 23
11. BIRTHPLACE (State or foreign country): Fargo, N.D.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Johnson 70
BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Elizabeth Muncy
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW 1 3
16. SOCIAL SECURITY NO.: 701-10-7772
17. INFORMANT'S OWN SIGNATURE: Mrs. Dora Johnson
ADDRESS: Harrison, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive cardiovascular disease
DUE TO (c): Emphysema

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-26-, 1965, *to* 8-5-, 1965, *that I last saw the deceased alive on* 8-4-, 1965, *and that death occurred at* 9:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. J. Cederholm 087 M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/9/65
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: Aug. 6, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Fred Noland
LICENSE NO.: E-493

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Yates-Morse Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 13 1965

AUG 18 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3603
Local Reg. No. 165
Reg. Dist. No. 120

Certificate of Death

RECEIVED
AUG 12 1965
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 281 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Hosp. 110

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1405 Front

3. NAME OF DECEASED (Type or Print)
a. (First): Emma
b. (Middle):
c. (Last): McCarthy

4. DATE OF DEATH (Month) (Day) (Year): 8/6/65

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 3/22/1884
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: at home 01
11. BIRTHPLACE (State or foreign country): Marshalltown, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Sam Harvey — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Leslie McCarthy — ADDRESS: Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural causes, probable myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: abrupt

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary atherosclerosis — years
DUE TO (c) generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diverticulitis sigmoid

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960, 19__, *to* _____, 19__, *that I last saw the deceased alive on* 8-5, 1965, *and that death occurred at* 12:40 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard A Hughes 251 M.D.
23b. ADDRESS: Coeur d'Aleme, Idaho
23c. DATE SIGNED: 8-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/9/65
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Bonners Ferry, Idaho

DATE REC'D BY LOCAL REG.: Aug. 9, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Fred Noland — LICENSE NO.: E-493

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Yates-Morse Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 19 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3604
Local Reg. No. 167
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 28/ AUG 12 1965 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. IF OUTSIDE CITY LIMITS, LENGTH OF STAY (in this place): 36 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): C.d'A. General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28/
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1101 Davidson

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) L. 10/ c. (Last) Randolph

4. DATE OF DEATH (Month) (Day) (Year): 8/6/65

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 8

8. DATE OF BIRTH: 11/27/1883

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. R.R. Employee

10b. KIND OF BUSINESS OR INDUSTRY: 10 Wilmaukee R.R.

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME 70 — BIRTHPLACE

14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 533-01-7795

17. INFORMANT'S OWN SIGNATURE — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

33/X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Perforated peptic ulcer

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-1- , 19 65, *to* 8-6- , 1965, *that I last saw the deceased alive on* 8-5- , 19 65, *and that death occurred at* 1:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE 087 C. V. Cadwallon (Degree or title) M.D.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug 10 1965

24c. NAME OF CEMETERY OR CREMATORY: Restlawn

24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Aug 9, 1965

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Fred Noland — LICENSE NO.: E-493

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: SEP 10 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3605
Local Reg. No. 174
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED AUG 24 1965

1. PLACE OF DEATH
a. COUNTY Kootenai 28 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 14 Miles S. Coeur d'Alene Bureau, Idaho
c. DURATION OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Highway # 95 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 29 b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 205 So. Almon

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Karen	Jeanne	Town	Aug. 7, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	Married 3	Oct. 15, 1942	22				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Housewife 01	at home 01	Moscow	Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harold King	Washington	Jeanne Morgan	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519445344	X [illegible]	Coeur d'Alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SEVERE HEAD INJURIES; ? FRACTURED NECK; 8254

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) FRACTURED Rt. FEMUR, ? INTERNAL
DUE TO (c) INJURIES - AUTO ACCIDENT

INTERVAL BETWEEN ONSET AND DEATH: 20 - 30 MIN.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 281 (COUNTY) (STATE)
	66 HIGHWAY 95	HIGHWAY 95 - 14 MILES - S. C.D.A. - KOOTENAI - IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
AUGUST 7, 1965 - 4 P m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	AUTO ACCIDENT - ONE CAR

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* D.O.A., 19____, *and that death occurred at* 4:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lynn C. Dredenson M.D.	Coeur d' Alene, Idaho	8/11/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Aug. 12, 1965	Moscow Cemetery	Moscow	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 12, 1965	Lorraine K. Brush	Bill Duff	E-439

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Short's Funeral Home, Moscow

AUG 26 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED Bureau of Vital Statistics

State File No. 3606
Local Reg. No. 171
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 28 1 — AUG 24 1965 — 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
STAY (in this place): 30 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pinewood Manor 26 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28 1
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 503 2nd. St.

3. NAME OF DECEASED (Type or Print): a. (First) Jincy — b. (Middle) — c. (Last) Scott

4. DATE OF DEATH: (Month) (Day) (Year): 8/9/65

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: 7/30/1877

9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: at home 01

11. BIRTHPLACE (State or foreign country): Republic Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lewis Harper — BIRTHPLACE: Ill.

14. MOTHER'S MAIDEN NAME: Elizabeth Tylor — BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: Belle Berry — ADDRESS: Spokane, Was.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerotic heart disease — years

DUE TO (c) Generalized arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic cholecystitis

420.0

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) — **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* June 25, 1965, *to* Aug 9, 1965, *that I last saw the deceased alive on* July 30, 1965, *and that death occurred at* 6:30 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE: W. Wray Wilson 568 — (Degree or title): M.D. — **23b. ADDRESS**: Coeur d'Alene, Idaho — **23c. DATE SIGNED**: Aug 10, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3 — **24b. DATE**: 8/10/65 — **24c. NAME OF CEMETERY OR CREMATORY**: Great Falls Cem. — **24d. LOCATION** (City, town, or county) (State): Great Falls, Mont.

DATE REC'D BY LOCAL REG.: Aug 16, 1965 — REGISTRAR'S SIGNATURE: Lorraine L. Brush

25. EMBALMER: Fred Noland — LICENSE NO.: E. 493

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho Law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Hughes

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3607
Local Reg. No. 173
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai 28 | AUG 24 1965 | 3-07
b. CITY OR TOWN Coeur d' Alene | c. LENGTH OF STAY IN THIS PLACE 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION Coeur d' Alene Gen. Hosp. 181

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 28 | b. COUNTY Kootenai
c. CITY OR TOWN Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 415 Garden Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Alice	Viola	Totten	August	9,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	September 1, 1879	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home 01	Virginia	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Phayer	Virginia	Emma Crocker	Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-54-2687	Verna L. Blackmer	Coeur d'Alene Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ovarian cyst, left & torsion of pedicle & necrosis — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) cyst present 5 years or more

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Advanced senile changes

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8-1-65, 19___, *to* 8-9, 1965, *that I last saw the deceased alive on* 8-9, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
25 Howard D. Hughes MD	Coeur D'Alene Idaho	8-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	August 12, 65	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 12, 1965	Lorraine K. Brush	Bill Lueft	E-439

FIRM NAME English Chapel-Coeur d' Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Mr wood

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3608
Local Reg. No. 172
Reg. Dist. No. 120

BIRTH NO.

AUG 24 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Hauser Lake
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hauser Lake Area

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Route #1 Box 208

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): William
c. (Last): Thompson, Junior

4. DATE OF DEATH (Month) (Day) (Year): Aug. 11, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 28, 1933
9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY: Farm 01
11. BIRTHPLACE (State or foreign country): Jardine, Montana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: George W. Thompson, Sr., Montana
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Geo Ann Sieben, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Korean
16. SOCIAL SECURITY NO.: 542-30-2076
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Geo. W. Thompson Sr — Wash. Tacoma

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

919.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): accidental traumatism by

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): firearms.

DUE TO (c): Gunshot through chest.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 02 Farm
21c. (CITY, TOWN, OR TOWNSHIP) 280 (COUNTY) (STATE): 13 Hauser Lake, Kootenai, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Caught in fence - Gun fired accidentally.

22. *I hereby certify that I attended the deceased from* Did not, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Wood, M.D. Coroner 4 583
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 8-13-'65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-14-1965
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: Aug 16, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. F. Triplinger Jr.
LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel, Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 26 1965

SEP 7 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3609
Local Reg. No. 170
Reg. Dist. No. 120

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

AUG 24 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF (If not in this place): 9 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Nursing Home 110

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1002 Young

3. NAME OF DECEASED (Type or Print)
a. (First): Cary
b. (Middle): Burton
c. (Last): Forbes

4. DATE OF DEATH (Month) (Day) (Year): August 11, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 26, 1878
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 74 ~~35~~
10b. KIND OF BUSINESS OR INDUSTRY: Hotel Manager 95
11. BIRTHPLACE (State or foreign country): Bloomington, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Forsyth Forbes — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Elizabeth Williamson, — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-03-7973
17. INFORMANT'S OWN SIGNATURE: Mrs J. R. Ross, Coeur d'Alene, Idaho — ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hypostatic pneumonia	3 days
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Cerebral vascular accident	4 months.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Diabetes mellitus, controlled	3 years

331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 19, 1964, *to* Aug 11, 1965, *that I last saw the deceased alive on* Aug 10, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Wray Wilson M.D. 568
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: Aug 17, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-13-1965
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Aug. 18, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Bill Duff
LICENSE NO.: E-439

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: English Chapel, Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Greenwood

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3610
Local Reg. No. 169
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai 28 | AUG 24 1965
b. CITY OR TOWN Coeur d' Alene
(If outside corporate limits, write RURAL and give township) | LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Lake City General Hospital

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 28 | b. COUNTY Kootenai
c. CITY OR TOWN Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 712 Gov't Way

3. NAME OF DECEASED (Type or Print) a. (First) Harry | b. (Middle) 10 E. | c. (Last) Bradbury
4. DATE OF DEATH (Month) (Day) (Year) Aug. 13, 1965
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2
8. DATE OF BIRTH July 26, 1901
9. AGE (In years last birthday) 64 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lift Truck Operater
10b. KIND OF BUSINESS OR INDUSTRY 52 Navy Supply
11. BIRTHPLACE (State or foreign country) Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Edwin Bradbury
BIRTHPLACE
14. MOTHER'S MAIDEN NAME Anita Cooper
BIRTHPLACE Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 536-03-7427
17. INFORMANT'S OWN SIGNATURE Mrs H. E. Bradbury
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 502.0 Acute and Chronic heart failure — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic bronchitis and emphysema — 15 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* ____, 1942, *to* Aug 13, 1965, *that I last saw the deceased alive on* Aug 13, 1965, *and that death occurred at* 11:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 18
23b. ADDRESS Coeur d Alene Ida
23c. DATE SIGNED Aug 16, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 17,65
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) (State) Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG. Aug. 18, 1965
REGISTRAR'S SIGNATURE Lorraine L Brush
25. EMBALMER
LICENSE NO. E-397
FIRM NAME English Chapel-Coeur d' Alene

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 19 1970

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 3611
Local Reg. No. 175
Reg. Dist. No. 120

RECEIVED AUG 27 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai 281 4-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (in this place) 2 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Coeur d'Alene General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 281
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 1020 Lakeside Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) Robert
b. (Middle) C. 101
c. (Last) Lenz

4. DATE OF DEATH (Month) Aug. (Day) 20, (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 1
8. DATE OF BIRTH July 11, 1950
9. AGE (In years last birthday) 15 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 77
10b. KIND OF BUSINESS OR INDUSTRY High School 02
11. BIRTHPLACE (State or foreign country) North Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Marvin C. Lenz — BIRTHPLACE North Dakota
14. MOTHER'S MAIDEN NAME Hoffman — BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. Unobtainable
17. INFORMANT'S OWN SIGNATURE Marvin C Lenz — ADDRESS Ida. Coeur d'Alene

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Injuries; Fractured Left Ribs, Ruptured — 824.0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Lung, Ruptured Diaphragm, Ruptured Spleen
DUE TO (c) Ruptured Left Kidney and Bladder.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fractured Pelvis.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION As Above
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 04
21c. (CITY, TOWN, OR TOWNSHIP) 280 (COUNTY) (STATE) 13 C.D.A. Kootenai Idaho

21d. TIME OF INJURY (Month) Aug. (Day) 20, (Year) 1965 (Hour) 8:00 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fell Off Truck - Hit By Rear Wheel

22. *I hereby certify that I attended the deceased from* 8:30 AM, 19___, *to* 11:30 AM, 19___, *that I last saw the deceased alive on* 8/20/65, 19___, *and that death occurred at* 11:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Lynn C. Fredrikson 177 (Degree or title) MD.
23b. ADDRESS Coeur d'Alene, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-23-1965
24c. NAME OF CEMETERY OR CREMATORY St Thomas Cemetery
24d. LOCATION (City, town, or county) (State) Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG. Aug. 23, 1965
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER N. F. Lipfinger Jr. — LICENSE NO. E-397
FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 21 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3612
Local Reg. No. 177
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 7 1965 Bureau of Vital Statistics

BIRTH NO. Dr. Cederblom

1. PLACE OF DEATH
a. COUNTY: Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d' Alene General 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 2514 N. 7th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Mabel
b. (Middle): A.
c. (Last): Walls

4. DATE OF DEATH (Month) (Day) (Year): August 21, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Aug. 2, 1879
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown Stewart — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Unobtain
17. INFORMANT'S OWN SIGNATURE: ✓ E. E. Walls — ADDRESS: Anchorage, Alaska

18. CAUSE OF DEATH 443X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis
Cerebral vascular insufficiency

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive arterio-sclerotic cardio-vascular disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1963, *to* August 21, 1965, *that I last saw the deceased alive on* August 21, 1965, *and that death occurred at* 7:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. J. Cederblom, M.D. 087
23b. ADDRESS: Coeur d' Alene, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 30 65
24c. NAME OF CEMETERY OR CREMATORY: Rose Lake Cemetery
24d. LOCATION (City, town, or county) (State): Rose Lake, Idaho

DATE REC'D BY LOCAL REG.: Sept 1, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. F. Riplinger Jr.
LICENSE NO.: E-397
FIRM NAME: English Chapel-Coeur d' Alene

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. W. Wilson

Certificate of Death

STATE OF IDAHO

RECEIVED

State File No. 3613
Local Reg. No. 180
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 28/ SEP 7 1965 002
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1724-Coeur d' Alene Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28/
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1724-Coeurd' Alene Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	George	Edward 002	Wolff	Aug. 22, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed 2	July 22, 1889	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired 91	03	Chokio, Minnesota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	539-20-0468	Mrs. Lenora Hanson (Lenora D. Hanson)	1724-Cd'a Ave. Cd'a, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Congestive heart failure	many years
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic heart disease	"
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Osteo arthritis.	many years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 22, 1963, *to* Aug 22, 1965, *that I last saw the deceased alive on* Aug 6, 1965, *and that death occurred at* unknown *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Wray Wilson MD	Coeur d'alene, Idaho	Aug 24, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	8-25-65	Hazen Jaeger F.H.	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 25, 1965	Lorraine K. Brush	Bill Huff	E-439

FIRM NAME: English Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: SEP 8 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Dougharty

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3514
Local Reg. No. 176
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 28 | SEP 7 1965 | Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Nursing Home 110

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28 | b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1214 Coeur d' Alene Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mollie	A.	Erickson	August 23, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married 2	April 8, 1888	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Practical Nurse	Hospital 02	Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew Space 15	Penn.	Rose Wildin	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE (or) ADDRESS
No	None	519-28-9600	Mrs. June Monahan, San Diego, Calif

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July 20, 1965, *to* Aug 23, 1965, *that I last saw the deceased alive on* Aug 23, 1965, *and that death occurred at* 7:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
128	816 Sherman, Coeur d'Alene	8-25-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 27, 65	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 1 1965	Lorraine K. Brush	Bill Neff	E-439

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel-Coeur d' Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Wood

RECEIVED
SEP 7 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3615
Local Reg. No. 178
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 280 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Box 241 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. STREET ADDRESS (If rural, give location): Box 241

3. NAME OF DECEASED (Type or Print)
a. (First): Auctor
b. (Middle): Oliver
c. (Last): Westerdahl

4. DATE OF DEATH (Month) (Day) (Year): August 23, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: December 6, 1879
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Foreman 70
10b. KIND OF BUSINESS OR INDUSTRY: Great Northn. R.R. 05
11. BIRTHPLACE (State or foreign country): Minn.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Not known — BIRTHPLACE: SWEDEN
14. MOTHER'S MAIDEN NAME: Not Known — BIRTHPLACE: SWEDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 701-12-0019
17. INFORMANT'S OWN SIGNATURE: W. J. Westerdahl — ADDRESS: Rathdrum, Idaho

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Probable Cerebral Vascular — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Wood, M.D. Coroner 583
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 8-25-'65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Aug. 26, 65
24c. NAME OF CEMETERY OR CREMATORY: Acacia Memorial Park
24d. LOCATION (City, town, or county) (State): Seattle, Wash.

DATE REC'D BY LOCAL REG.: Sept. 1, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. F. Kiplinger Jr.
LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel-Coeur d' Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 8 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Wood

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 7 1965 Bureau of Vital Statistics

State File No. 3616
Local Reg. No. 179
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 280 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rose Lake
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway #3 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1208 Coeur d' Alene Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): L.
c. (Last): Winters, Jr.

4. DATE OF DEATH (Month) (Day) (Year): Aug. 25, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Sept. 30, 1936
9. AGE (In years last birthday): 28 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brush Crew 20
10b. KIND OF BUSINESS OR INDUSTRY: State Forestry 11
11. BIRTHPLACE (State or foreign country): Wash.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James L. Winters, Sr. — BIRTHPLACE: Colo.
14. MOTHER'S MAIDEN NAME: Bertha Ruscher — BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): 1962 to 1964
16. SOCIAL SECURITY NO.: 516-36-2840
17. INFORMANT'S OWN SIGNATURE: James L. Winters Sr. — ADDRESS: Idaho Rose Lake

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): accidental traumatism by — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): automobile accident
DUE TO (c): Skull Fracture — "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~: accident 06
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U.S. Highway #10
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13 Near Rose Lake 280 Kootenai Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 25, 1965 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Car ran into Bridge Support.

22. *I hereby certify that I attended the deceased from* Did not, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Wood, M.D. 583 Coroner 4
23b. ADDRESS: Coeur d'alene, Idaho
23c. DATE SIGNED: 8-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Aug. 30, 65
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem. Park
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: Sept 1, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. F. Riplinger Jr. — LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel-Coeur d' Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAR 8 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3617
Local Reg. No. 181
Reg. Dist. No. 120

Certificate of Death

RECEIVED
SEP 17 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (in this place) 4-04 few hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Coeur d'Alene General Hospital 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Washington 48 555
b. COUNTY Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) S Mead
d. STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print)
a. (First) Dorothy
b. (Middle)
c. (Last) Atkinson

4. DATE OF DEATH (Month) August (Day) 27 (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 11, 1903
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher 12
10b. KIND OF BUSINESS OR INDUSTRY: Various School Districts 01
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Greenhalgh — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Emma Truscott — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 531-24-3274
17. INFORMANT'S OWN SIGNATURE: Earl Atkinson — ADDRESS: Rt. 1, Mead, Wash.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Posterior Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3-4 HRS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 27, 1965, *to* Aug 27, 1965, *that I last saw the deceased alive on* Aug 27, 1965, *and that death occurred at* 8:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Lynn C. Dickinson M.D. (Degree or title) 177
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 8/31/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/31/65
24c. NAME OF CEMETERY OR CREMATORY: Peone Prairie
24d. LOCATION (City, town, or county) (State): Spokane County, Washington

DATE REC'D BY LOCAL REG.: Sept. 10, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Milo W Slind
LICENSE NO. LL 283

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 20 1965

FEB 25 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Moseley

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3618
Local Reg. No. 183
Reg. Dist. No. 120

BIRTH NO.

SEP 17 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 1000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cd'a General Hospital 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1906-3rd, Street

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Marvin
c. (Last): Groscost

4. DATE OF DEATH (Month) (Day) (Year): August 28, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 1, 1882
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 76
10b. KIND OF BUSINESS OR INDUSTRY: Van's Creamery 02
11. BIRTHPLACE (State or foreign country): Columbus, Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas D. Groscost — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Louisa Whillington — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 538-18-5954
17. INFORMANT'S OWN SIGNATURE: ✓ Glen M. Groscost — ADDRESS: Ida. Coeur d'Alene

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4 22.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIO VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) PREVIOUS CVA AND LT. HEMIPLEGIA — 6 years
DUE TO (c) ARTERIOSCLEROSTIC CARDIO VASCULAR DISEASE — 20 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/30, 1962, *to* 8/28, 1965, *that I last saw the deceased alive on* 8/28, 1965, *and that death occurred at* 4:55 a *m., from the causes and on the date stated above.*

23a. SIGNATURE H. Don Moseley, M.D. (Degree or title) 375
23b. ADDRESS 421 Coeur d' Alene Ave. Coeur d' Alene, Idaho
23c. DATE SIGNED 8/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-31-65
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Memorial Park
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: Sept 3, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. F. Riplinger Jr.
LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 17 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Hughes

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3619
Local Reg. No. 186
Reg. Dist. No. 120

BIRTH NO.

SEP 17 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 281 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CD'A General Hospital 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 826 N.5th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Mildred
b. (Middle):
c. (Last): Rhodes

4. DATE OF DEATH (Month) (Day) (Year): Aug. 29, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Dec. 19, 1881
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unobtainable — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): NOne
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Lessie E. Terrell (KD), Coeur d'Alene, Ida — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro Vascular hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebro arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerotic Heart disease, compensated — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1951, 19__, *to* 8-29, 1965, *that I last saw the deceased alive on* 8-28, 1965, *and that death occurred at* 1210 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard A Hughes 251 MD
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 9-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 2, 65
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Ida.

DATE REC'D BY LOCAL REG.: Sept. 3 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. F. Riplinger Jr. — LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel-Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3620
Local Reg. No. 92
Reg. Dist. No. 200

Certificate of Death

RECEIVED AUG 12 1965

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah 291 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Memorial Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 290
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Viola
d. STREET ADDRESS (If rural, give location) Box 26

3. NAME OF DECEASED (Type or Print)
a. (First) Lloyd
b. (Middle) Robert
c. (Last) Autrey

4. DATE OF DEATH (Month) (Day) (Year) August 1, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH 1-11-1900
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Wheat and Cattle 01
11. BIRTHPLACE (State or foreign country) Hansen Ferry, Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas F. Autrey — BIRTHPLACE North Carolina
14. MOTHER'S MAIDEN NAME Martha McNiel — BIRTHPLACE Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) - - - - - -
16. SOCIAL SECURITY NO. 536-03-5874A
17. INFORMANT'S OWN SIGNATURE X Mrs. Lloyd Autrey — ADDRESS

18. CAUSE OF DEATH 153.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonis due to massive metastisis in the lungs — INTERVAL BETWEEN ONSET AND DEATH 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of cecum with metastisis to the liver — 2-24-65
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* since, 19 50, *to* _____, 19___, *that I last saw the deceased alive on* 8-1, 19 65, *and that death occurred at* 7:10 pm., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 310 (Degree or title)
23b. ADDRESS Box 402, Moscow, Idaho
23c. DATE SIGNED 8-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial
24b. DATE Aug 4, 1965
24c. NAME OF CEMETERY OR CREMATORY Vineland Cemetery
24d. LOCATION (City, town, or county) (State) Clarkston, Washington

DATE REC'D BY LOCAL REG. Aug. 11, 1965
REGISTRAR'S SIGNATURE [signature]
25. EMBALMER Donald Ward — LICENSE NO. E-380

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME Merchant Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 30 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3621
Local Reg. No. 96
Reg. Dist. No. 200

BIRTH NO.

RECEIVED
AUG 25 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah 391 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 291
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 419 South Almon

3. NAME OF DECEASED (Type or Print): a. (First) Bertha b. (Middle) Chitty c. (Last) Clarke

4. DATE OF DEATH (Month) (Day) (Year): August 2, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: August 6 1874

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 90

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home 01

10b. KIND OF BUSINESS OR INDUSTRY: Family 01

11. BIRTHPLACE (State or foreign country): Quebec

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Chitty — BIRTHPLACE: Nova Scotia

14. MOTHER'S MAIDEN NAME: Salome Chamberlain — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Harold Flaherty — ADDRESS: Moscow Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility - atherosclerosis — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7- 1941, *to* 8-2, 1965, *that I last saw the deceased alive on* 8-2, 1965, *and that death occurred at* 3 am m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Earl N Dunn MD

23b. ADDRESS: Moscow Idaho

23c. DATE SIGNED: 8-18-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: August 6 1965

24c. NAME OF CEMETERY OR CREMATORY: Hazen & Jaeger Crematory

24d. LOCATION (City, town, or county) (State): Spokane Spokane Washington

DATE REC'D BY LOCAL REG.: Aug. 23, 1965

REGISTRAR'S SIGNATURE: Ruth L Bruce

25. EMBALMER: Russell Short — LICENSE NO.: 420

FIRM NAME: Shorts Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3622
Local Reg. No. 95
Reg. Dist. No. 200

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah 29/ AUG 25 1965 2-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow Bureau of [illegible]
c. LENGTH OF STAY (in this place): 6 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 301 East E St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 29/
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 301 East E St.

3. NAME OF DECEASED (Type or Print): a. (First) Anna b. (Middle) L. c. (Last) Rome

4. DATE OF DEATH: (Month) 8 (Day) 2 (Year) 65

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: February 15 1879

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Maker 01

10b. KIND OF BUSINESS OR INDUSTRY: Family 01

11. BIRTHPLACE (State or foreign country): Canby Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lord Nelson Andrus
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Nancy Mattoon
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: m A Rome
ADDRESS: Moscow Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis, general — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November, 1953, *to* August, 1965, *that I last saw the deceased alive on* August 2, 1965, *and that death occurred at* 6:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: D E Adams 001
(Degree or title): M.D.

23b. ADDRESS: Moscow, Idaho

23c. DATE SIGNED: 8/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: August 3 1965

24c. NAME OF CEMETERY OR CREMATORY: L. G. Scovern Funeral Home

24d. LOCATION (City, town, or county) (State): Glendale California

DATE REC'D BY LOCAL REG.: Aug. 23, 1965

REGISTRAR'S SIGNATURE: Ruth L. Bruce

25. EMBALMER: E Russell Short

LICENSE NO.: E. 420

FIRM NAME: Shorts Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

SEP 3 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

BIRTH NO. 65-8157 — — FIVED

Certificate of Death

STATE OF IDAHO

State File No. 3623
Local Reg. No. 93
Reg. Dist. No. 200

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Latah 291 AUG 19 1965 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow | LENGTH OF STAY (in this place) 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 291 b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Memorial Hospital 117
d. STREET ADDRESS (If rural, give location) Gritman Memorial Hospital

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Thomas c. (Last) Heck Jr.
4. DATE OF DEATH (Month) (Day) (Year) August 8 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH August 7, 1965
9. AGE (In years last birthday) 1 day | IF UNDER 1 YEAR Months Days 1 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 02
10b. KIND OF BUSINESS OR INDUSTRY None 07
11. BIRTHPLACE (State or foreign country) Moscow Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Heck | BIRTHPLACE New Orleans La.
14. MOTHER'S MAIDEN NAME Judy Loomis | BIRTHPLACE Detroit, Mich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Fred K Kelly | ADDRESS Moscow

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 779.5
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity | INTERVAL BETWEEN ONSET AND DEATH birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) respiratory distress syndrome

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7 Aug, 1965 *to* 8 Aug, 1965 *that I last saw the deceased alive on* 8 Aug, 1965, *and that death occurred at* 11:05 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] MD
23b. ADDRESS Moscow Idaho (State)
23c. DATE SIGNED 10 Aug 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE August 9 1965
24c. NAME OF CEMETERY OR CREMATORY Moscow City Cemetery
24d. LOCATION (City, town, or county) Moscow Latah Idaho (State)

DATE REC'D BY LOCAL REG. Aug. 16, 1965
REGISTRAR'S SIGNATURE Ruth L. Bruce
25. EMBALMER Donald Ward
LICENSE NO. E 330

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Shorts Funeral Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3624
Local Reg. No. 94
Reg. Dist. No. 200

RECEIVED
AUG 19 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 291 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location): 720 Cedar St.

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): HENRY
c. (Last): KINNEY

4. DATE OF DEATH (Month) (Day) (Year): August 12, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 4-27-1886
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dry Sorter 09
10b. KIND OF BUSINESS OR INDUSTRY: Lumber Mill 03
11. BIRTHPLACE (State or foreign country): Hyde Park, Minnesota
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Micheal Kinney — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Catherine Riley — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 010 071
17. INFORMANT'S OWN SIGNATURE: Ann F. Kinney — ADDRESS: Potlatch, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Colon — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Congestive Heart Failure
Hypertensive Cardiovascular Disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-31-, 1964, *to* 8/12, 1965, *that I last saw the deceased alive on* 8/12, 1965, *and that death occurred at* 7 P. M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Norris A. Biggerstaff, M.D.
23b. ADDRESS: 850 Pine St., Potlatch, Ida
23c. DATE SIGNED: 8/13/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-16-1965
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow, Idaho

DATE REC'D BY LOCAL REG.: Aug. 16, 1965
REGISTRAR'S SIGNATURE: Ruth L. Bruce
25. EMBALMER: H. E. Kimball — LICENSE NO. E 269

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Kimball Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 30 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 14 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3625
Local Reg. No. 99
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 29 — 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital 12

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 29 — b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 110 W. 1st St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Frank	Cecil	Hosley	Aug. 20 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married 2	July 25 1895	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operated Store 35
10b. KIND OF BUSINESS OR INDUSTRY: 02 Clothing Store
11. BIRTHPLACE (State or foreign country): Dayton, Washington
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Herbert Hosley — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Elsie Ball — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I 3
16. SOCIAL SECURITY NO.: 519-38-9053
17. INFORMANT'S OWN SIGNATURE: X Kathryn Hosley — ADDRESS: Moscow, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Metabolic Acidosis — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinomatosis — months
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec, 1957, *to* Aug 22, 1965, *that I last saw the deceased alive on* Aug 20, 1965, *and that death occurred at* 3:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D Adams MD	Moscow, Idaho	8/25/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 23, 1965	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 13, 1965	Ruth L. Bruce	[signature]	E-420

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Short's Funeral Chapel

DUTIES:

SEP 15 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International Classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 8 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3628
Local Reg. No. 98
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 2yrs. 2mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latah Nursing Home 306

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Edith	Benjamin	Aug.	21	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	May 1, 1867	98				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	01	Lomira, Wisconsin	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jefferson Cook	England	Florence Palmer	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Harriett Wischmeier	Troy, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Dis — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis — yrs

DUE TO (c) Cerebral Vascular Accident — 6 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug ____, 1964, *to* Aug 21, 1965, *that I last saw the deceased alive on* Aug 19, 1965 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Philip D. Grechko M.D.	Genesee, Idaho	8-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 24, 1965	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 1, 1965	Ruth L. Bruce	Donald Ward	E-[redacted]380

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3627
Local Reg. No. 97
Reg. Dist. No. 200

BIRTH NO.

RECEIVED AUG 25 1965 BUREAU OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (In this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Vincenzo		Montani	Aug. 22, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	Jan. 23, 1878	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 09	P F I Mill 14	Perugia, Italy	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Domenico Montani	Italy	Mariana Ferrelli	Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-01-0298A	Mrs. Vince Cuero	Pamona, Calif.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pneumonia; Congestive Heart Failure	7 days.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Vascular Disease	15 yrs.
DUE TO (c)	arteriosclerosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus - Mild	2 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9/9, 1963, *to* 8/22, 1965, *that I last saw the deceased alive on* 8/22, 1965, *and that death occurred at* 11:50 PM, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dennis A. Boggustaff, M.D.	850 Pine ST. Potlatch, Ida.	8/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-25-1965	Moscow Cemetery	Moscow, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 24, 1965	Ruth L. Bruce	H. C. Kimball	E269

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Kimball Funeral Home

AUG 30 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3628
Local Reg. No. 698
Reg. Dist. No.

RECEIVED
AUG 24 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi 300 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shamrock Rooms 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 300 b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	Washington	Frary	8	3	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced 4	Aug. 25, 1880	84	11	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Florence, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles H. Frary — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Harriet Wentworth — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: taken from records — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 428.1 Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1965, *to* Aug 3, 1965, *that I last saw the deceased alive on* Aug 2, 1965, *and that death occurred at* 1:00 A m, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Roy Robertson MD	Salmon Ida	8-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-5-65	Salmon Cemetery	Salmon Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-19-65	Viola E. Johnson	Albert C. Jones	Salmon, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 11 1975

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

MAY 6 1976

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Jones Funeral Home Lic. No. E369 at Salmon, Ida on 8-3-65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3629
Local Reg. No. 698
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

RECEIVED Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lemhi 310 AUG 24 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
LENGTH OF STAY (in this place) 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 310 b. COUNTY Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Gary	Dean	Crabtree	August 11, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male 1	White 1	never married 1	Mar. 18, 1959	6				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00	00	Rigby, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jack Erwin Crabtree	Okla. City	JoAnn Winchester	Rigby, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	Jack E. Crabtree	Salmon, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 929.6 Accidental drowning — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP	(COUNTY)	(STATE)
Accident	Hotel swimming pool	Salmon	Lemhi	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21f. HOW DID INJURY OCCUR?
8	11	65	4:30 P		drowning

22. *I hereby certify that I attended the deceased from* — *, 19__, to* — *, 19__, that I last saw the deceased alive on* — *, 19__, and that death occurred at* 4:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Roger Sundin	MD	Salmon Ida	8-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-14-65	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Aug 19-65	Viola E. Johnson	Delbert R. Jones	Salmon, Ida.

Federal Security Agency
United States Public Health Service — Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Delbert C. Jones Lic. No. E369 at Salmon on 8-11-65

ADDITIONAL REMARKS by Physician.....

State File No. 3630
Local Reg. No. 690
Reg. Dist. No.

Certificate of Death

BIRTH NO. RECEIVED — STATE OF IDAHO

SEP 2 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lemhi 300 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Mem. Hosp. 117

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 300
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): North Fork
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Ettie
b. (Middle): Edwards
c. (Last): Suydam

4. DATE OF DEATH (Month) 8 (Day) 20 (Year) 65

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Apr. 16, 1874
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months 4, Days 4 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Leesburg, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: Edgar S. Edwards — BIRTHPLACE: N.Y.
14. MOTHER'S MAIDEN NAME: Susan Cox — BIRTHPLACE: Mo.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Edgar E Suydam — ADDRESS:

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 20 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary artery disease — 20 "
DUE TO (c): Hypertension — 20 "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1965, *to* Aug 20, 1965, *that I last saw the deceased alive on* Aug 19, 1965, *and that death occurred at* 12:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy M Sinclair MD 474
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: 8-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-23-65
24c. NAME OF CEMETERY OR CREMATORY: Salmon Cemetery
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 8-30-65
REGISTRAR'S SIGNATURE: Viola E Johnson
25. FUNERAL DIRECTOR: Delbert C Jones — ADDRESS: Salmon, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Jones Funeral Home Lic. No. E369 at Salmon, Ida. on 8-20-65

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 2 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3631
Local Reg. No. 698
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
LENGTH OF STAY (in this place): 52 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial 3 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Richard	Hamilton	Bartlett	Aug. 21, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Aug. 25, 1893	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ranching & mining		Indianapolis, Ind.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Jay Bartlett	Michigan	Josephine Burrell	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	WW I	519-01-4872	H. J. Bartlett	Salmon, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pulmonary edema	3 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Cardiac decompensation	3 wks.
DUE TO (c)	Myocardial degeneration	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19 58, *to* 8-21, 19 65, *that I last saw the deceased alive on* 8-21-, 1965, *and that death occurred at* 2:a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. Moore M.D.	Salmon, Idaho	8-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-24-65	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-30-65	Viola E. Johnson	Delbert C. Jones	Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES: SEP 13 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature. FEB 0 5 1992 JAN 2 7 1999

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Delbert C. Jones Lic. No E369 at Salmon on 8-21-65

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3632
Local Reg. No. 670
Reg. Dist. No.

RECEIVED SEP 17 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lemhi 300
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
LENGTH OF STAY (in this place) 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Casabello Estate 272

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 03
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	William		Meyers		8	28	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	never married	Sept. 29, 1872	92	10	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheep herder 06
10b. KIND OF BUSINESS OR INDUSTRY 05
11. BIRTHPLACE (State or foreign country) Louiville Kentucky
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown BIRTHPLACE
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE ADDRESS
State Record

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary artery disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized atherosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. complete urinary retention

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Prostatic hypertrophy c urethral obstruction	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May, 1963, *to* 8-28, 1965, *that I last saw the deceased alive on* 8-28, 1965, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. Johnson 263 MD	Salmon Idaho	9-4-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-31-65	Salmon Cemetery	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-14-65	Viola E. Johnson	Delbert C. Jones	Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Delbert C. Jones Jones Funeral Home Lic. No. E369 at Salmon, Ida on 8-28-65

ADDITIONAL REMARKS by Physician .....

Certificate of Death

STATE OF IDAHO

State File No. 3633
Local Reg. No. 090
Reg. Dist. No.

BIRTH NO. RECEIVED SEP 17 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH 300
a. COUNTY: Lemhi 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Casabello Estate 27V

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 300
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Atemon c. (Last) Denton

4. DATE OF DEATH: (Month) 8 (Day) 31 (Year) 65

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Dec. 16, 1892

9. AGE (In years last birthday): 72 IF UNDER 1 YEAR Months: 8 Days: 15 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06

10b. KIND OF BUSINESS OR INDUSTRY: 60

11. BIRTHPLACE (State or foreign country): Monroe Co. Tennessee

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Denton BIRTHPLACE: Tennessee

14. MOTHER'S MAIDEN NAME: Mattie Atemon BIRTHPLACE: Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI 3

16. SOCIAL SECURITY NO.: 518-14-1544

17. INFORMANT'S OWN SIGNATURE: Mrs Sadie Denton ADDRESS: Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma esophagus 2yr — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

150X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1949, 19___, *to* ___, 19___, *that I last saw the deceased alive on* 8-31, 19 65, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE W W Richardson MD 045 (Degree or title)

23b. ADDRESS Salmon Ida

23c. DATE SIGNED 9-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-3-65

24c. NAME OF CEMETERY OR CREMATORY: Salmon Cemetery

24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 9-14-65

REGISTRAR'S SIGNATURE: Viola E. Johnson

25. FUNERAL DIRECTOR: Redfield Jones ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

SEP 17 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Jones Funeral Home Lic. No. E369 at Salmon, Ida. on 8-31-65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 3634
Local Reg. No.
Reg. Dist. No.

RECEIVED AUG 1 2 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lewis 310
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kamiah - rural
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5 mi. N.W. on Hiway U.S. 12

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 250
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kooskia
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Kenneth b. (Middle) Earl c. (Last) McConville

4. DATE OF DEATH (Month) (Day) (Year) August 1, 1965

5. SEX Male

6. COLOR OR RACE Nez Perce Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH Jan. 9, 1941

9. AGE (In years last birthday) 24
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic - Truck driver

10b. KIND OF BUSINESS OR INDUSTRY U.S. Army 04

11. BIRTHPLACE (State or foreign country) Pendleton, Oregon

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mathias McConville BIRTHPLACE Spalding, Idaho

14. MOTHER'S MAIDEN NAME Mary Ann Thompson BIRTHPLACE Pendleton, Ore.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 3-13 1961 to 3-30 1964

16. SOCIAL SECURITY NO. 519-46-0486

17. INFORMANT'S OWN SIGNATURE Mathias McConville ADDRESS Kooskia Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Neck — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 12
21c. (CITY, TOWN, OR TOWNSHIP) 3 Kamiah (COUNTY) Lewis (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 1, 1965 6:10 AM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Auto Accident

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Philip C. Chase 583 (Degree or title) Coroner, Lewis Co.
23b. ADDRESS Craigmont Idaho
23c. DATE SIGNED 8-4-1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE August 5, 1965
24c. NAME OF CEMETERY OR CREMATORY Pine Grove
24d. LOCATION (City, town, or county) (State) Kooskia Idaho

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE Viola Paul dep.
25. EMBALMER Robert Hansen
LICENSE NO. E433

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Trenary Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3635
Local Reg. No. 624
Reg. Dist. No. 430

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lincoln 320 AUG 24 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Shoshone
c. LENGTH OF STAY IN (this place): yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 320
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clara	E.	Martin	Aug.	16,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Jan. 19, 1892	73	6	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home 01	Mountain Grove, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Bethleham Harmon	Virginia	Nannie Hilton	Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	518-58-8341	Chalmer Martin	Shoshone, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 3318 Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral arteriosclerosis — 10yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes Mellitus — 10yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1947, *to* Aug 1965, *that I last saw the deceased alive on* Aug 13, 1965, *and that death occurred at* 5:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Box 68 Shoshone Ida
23c. DATE SIGNED: 8-18-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-19-1965	Shoshone Cemetery	Shoshone, Idaho

DATE REC'D BY LOCAL REG.: 8-18-65
REGISTRAR'S SIGNATURE: Francis M. Bergin
25. EMBALMER: Francis M. Bergin — LICENSE NO. E-463

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Bergin Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 26 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 3 0 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3636
Local Reg. No. 22
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Madison 330
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Salem
c. LENGTH OF STAY (in this place) 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Madison 330
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Salem
d. STREET ADDRESS (If rural, give location) Rexburg RFD 2

3. NAME OF DECEASED (Type or Print) a. (First) Alice b. (Middle) Jane c. (Last) Ward Roylance

4. DATE OF DEATH (Month) July (Day) 13, (Year) 1965

5. SEX Female

6. COLOR OR RACE Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed Widowed

8. DATE OF BIRTH Dec. 14, 1874

9. AGE (In years last birthday) 90 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY 01

11. BIRTHPLACE (State or foreign country) Hyrum, Utah

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George P. Ward BIRTHPLACE England

14. MOTHER'S MAIDEN NAME Jane Ashworth BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Janet Mortensen ADDRESS Rexburg RFD 2 Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 704.9 Fracture of Left Hip — INTERVAL BETWEEN ONSET AND DEATH 5/11/65

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/13, 1965, to July 13, 1965, *that I last saw the deceased alive on* July 13 1965 *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) A. Burland Hall M.D. 23b. ADDRESS Rexburg Idaho 23c. DATE SIGNED 7/15/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7/16/65

24c. NAME OF CEMETERY OR CREMATORY Rexburg Cemetery

24d. LOCATION (City, town, or county) Rexburg, Madison, (State) Idaho

DATE REC'D BY LOCAL REG. 7-15-65

REGISTRAR'S SIGNATURE Leona Flamm

25. EMBALMER Russel Flamm LICENSE NO. E-254

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

65-8197

Certificate of Death

STATE OF IDAHO

State File No. 3637
Local Reg. No. 23
Reg. Dist. No. 6 30

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison 33 — AUG 3 0 1965 — Bureau of Vital Statistics — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 33 — b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	TRACY	LYN	SORENSEN	July 14, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never Married	July 8, 1965			6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant 02	00	Rexburg, Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Michael Von Sorensen	Rexburg, Idaho	Gloria Faye Thomason	Rexburg, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	None	Michael Sorensen	Rexburg, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pericarditis, pneumonia septicemia	6 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Diplococcus pneumonia	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

763.0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7-8, 1965, *to* 7-14, 1965, *that I last saw the deceased alive on* 7-14, 1965, *and that death occurred at* 1:30 *m. from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
Dean J. Sorensen	413 MD	Rexburg Idaho	7-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	7/16/65	Burton	Burton	Madison Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-17-65	Leona Flamm	Kenneth A. Flamm	E347

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3638
Local Reg. No. 24
Reg. Dist. No. 630

RECEIVED AUG 3 0 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison 330 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 001

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 330
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) SARAH b. (Middle) REBECCA BELL c. (Last) HARRIS

4. DATE OF DEATH: (Month) July (Day) 16, (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Nov. 18, 1876

9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Newton, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Milton Bell — BIRTHPLACE: Shelbyville, Ill.

14. MOTHER'S MAIDEN NAME: Martha Kerstin Bensen Aakerly, — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Fame J. Fancork — ADDRESS: Sugar City, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7-12-65

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Heart Block

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-7- , 1965, *to* 7/16 , 1965, *that I last saw the deceased alive on* 7/16 , 1965, *and that death occurred at* 7:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D. — **23b. ADDRESS**: Rexburg Idaho — **23c. DATE SIGNED**: 7/19/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 7/20/65 — **24c. NAME OF CEMETERY OR CREMATORY**: Rexburg — **24d. LOCATION** (City, town, or county) (State): Rexburg Madison Idaho

DATE REC'D BY LOCAL REG.: 7-20-65 — **REGISTRAR'S SIGNATURE**: Leonard Flamm

25. EMBALMER: James K. Flamm — LICENSE NO.: E-477

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 7 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 8 1981

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 12 1981

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3639
Local Reg. No. 25
Reg. Dist. No. 630

Certificate of Death

STATE OF IDAHO

BIRTH NO.

AUG 30 1965
Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Madison 330	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: IDAHO 330 b. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Archer 000 — LENGTH OF STAY (in this place): 5 1/2 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Archer
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): X 000	d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print): a. (First) MARGARET b. (Middle) ANN c. (Last) BRIGGS MENG

4. DATE OF DEATH (Month) (Day) (Year): July 22, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Sept. 22, 1877

9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse 15

10b. KIND OF BUSINESS OR INDUSTRY: Nursing 01

11. BIRTHPLACE (State or foreign country): Smithfield, Utah.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward A. Galbraith — BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Ann Sharp — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Naomi Clements — ADDRESS: Thornton, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7948

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct., 1947 *to* July 22, 1965, *that I last saw the deceased alive on* July 22, 1965, *and that death occurred at* 8:05 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: M. F. Rigby 442 — (Degree or title): M.D.

23b. ADDRESS: Rexburg, Idaho.

23c. DATE SIGNED: 7/25/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 26, 1965

24c. NAME OF CEMETERY OR CREMATORY: Sutton

24d. LOCATION (City, town, or county) (State): Archer Madison Idaho

DATE REC'D BY LOCAL REG.: 7-27-65

REGISTRAR'S SIGNATURE: Leona Flamm

25. FUNERAL DIRECTOR: Bruce A. Eckersell — ADDRESS: Rigby, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 4 1978

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 19 1981

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho on 7/22/1965

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3640
Local Reg. No. 26
Reg. Dist. No. 630

RECEIVED
330 AUG 30 1965 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 330
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Archer
d. STREET ADDRESS (If rural, give location): Thornton Rt.

3. NAME OF DECEASED (Type or Print): a. (First) Elin b. (Middle) Carlson c. (Last) Carlstrom

4. DATE OF DEATH: (Month) July (Day) 25, (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Oct. 24, 1889

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Uppsla, Sweden

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Anders Peter Carlson
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Josephine Albertina Thelin
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Non
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: John B. Carlson
ADDRESS: Thornton, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Diabetis Mellitus with — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES: severe secondary Neurites

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c): Generalized Arteriosclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Chronic Nephritis — 5 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* 19 65 *to* July 25, 1965, *that I last saw the deceased alive on* July 1, 1965, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: S D [illegible] 233 (Degree or title): MD

23b. ADDRESS: Rupert, Idaho

23c. DATE SIGNED: 7-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/28/65

24c. NAME OF CEMETERY OR CREMATORY: Sutton

24d. LOCATION (City, town, or county) (State): Archer Madison Idaho

DATE REC'D BY LOCAL REG.: 7-26-65

REGISTRAR'S SIGNATURE: Flamm

25. EMBALMER: [signature]

LICENSE NO.: E347

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3641
Local Reg. No. 27
Reg. Dist. No. 630

Certificate of Death

STATE OF IDAHO

BIRTH NO. AUG 30 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Madison 331
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison Memorial Hosp. 123

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 331
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Eve Elnora
b. (Middle) Jensen
c. (Last) Jensen

4. DATE OF DEATH (Month) (Day) (Year) Aug. 5, 1965

5. SEX Female
6. COLOR OR RACE Cauc,
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH April 21, 1871
9. AGE (In years last birthday) 94 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Oak Creek City, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Christian Hansen Jensen — BIRTHPLACE Ebbrup, Denmark
14. MOTHER'S MAIDEN NAME Marna Mary Anderson — BIRTHPLACE Malmo, Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE x Fredonia J. Swenson — ADDRESS Rexburg Box 322

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

903.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of Right Hip — INTERVAL BETWEEN ONSET AND DEATH 8-3-65

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 3 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT XX SUICIDE HOMICIDE (Specify) 01
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home, daughter's 13
21c. (CITY, TOWN, OR TOWNSHIP) Rexburg 331 (COUNTY) Madison (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) August 3, 1965 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell on driveway while walking

22. *I hereby certify that I attended the deceased from* Oct, 1938, *to* Aug. 5, 1965, *that I last saw the deceased alive on* Aug. 5, 1965, *and that death occurred at* 4:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE M. F. Rigby 442 (Degree or title) — **23b. ADDRESS** Rexburg Idaho — **23c. DATE SIGNED** 8-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8/7/65
24c. NAME OF CEMETERY OR CREMATORY Burton Cemetery
24d. LOCATION (City, town, or county) Burton, Madison, (State) Idaho

DATE REC'D BY LOCAL REG. 8-6-65
REGISTRAR'S SIGNATURE Leona Flamm
25. EMBALMER Russel Flamm — LICENSE NO. E-254

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 6 1965

JUN 14 1978

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3642
Local Reg. No. 28
Reg. Dist. No. 6 30

65-8240
BIRTH NO.

AUG 3 0 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Madison 331 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison Memorial Hospital 23

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 330 b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sugar City
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) WILLIAM c. (Last)

4. DATE OF DEATH (Month) Aug. (Day) 6. (Year) 1965

5. SEX Male

6. COLOR OR RACE Indian 3

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant

8. DATE OF BIRTH Aug. 6, 1965

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours 12 | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 02

10b. KIND OF BUSINESS OR INDUSTRY 02

11. BIRTHPLACE (State or foreign country) Rexburg, Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Harrison William Ford BIRTHPLACE Defiance, Ariz

14. MOTHER'S MAIDEN NAME Mary Ellie Woodey BIRTHPLACE Fort Defiance, Ariz.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Harrison William Ford ADDRESS Sugar City, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

773.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute respiratory syndrome — INTERVAL BETWEEN ONSET AND DEATH 12 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-6, 1965, *to* 8-6, 1965, *that I last saw the deceased alive on* 8-6, 1965, *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Lester J Peterson 413 (Degree or title) MD

23b. ADDRESS Rexburg Idaho

23c. DATE SIGNED 8-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8/9/65

24c. NAME OF CEMETERY OR CREMATORY Rexburg

24d. LOCATION (City, town, or county) (State) Rexburg Madison Idaho

DATE REC'D BY LOCAL REG. 8-9-65

REGISTRAR'S SIGNATURE Leona Flamm

25. EMBALMER Kenneth Flamm LICENSE NO. E347

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3443
Local Reg. No. 29
Reg. Dist. No. 630

RECEIVED SEP 23 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison 33 / 002
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
LENGTH OF STAY (in this place):
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital
d. STREET ADDRESS (If rural, give location): Medicine Lodge

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16
b. COUNTY: Clark
c. CITY OR TOWN: Rural, Small

3. NAME OF DECEASED (Type or Print)
a. (First): MAGGIE
b. (Middle): MAY
c. (Last): EDIE

4. DATE OF DEATH: (Month) August (Day) 23 (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 6, 1907
9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home 01
11. BIRTHPLACE (State or foreign country): Murray, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eli Taylor
BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Maybelle Shaw
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Arthur D Edie
ADDRESS: Dubois, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hepatic insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of liver — 5-6 months
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Anemia, pericarditis; hydrothorax and collapse of right lung — 2 weeks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 14, 19 65 *to* August 23 19 65, *that I last saw the deceased alive on* Aug. 23, 19 65, *and that death occurred at* 3:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. D. Edie 537
(Degree or title): M. D.
23b. ADDRESS: 20 Carlson Avenue, Rexburg, Idaho
23c. DATE SIGNED: 8-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: August 23, 65
24c. NAME OF CEMETERY OR CREMATORY: Dubois Cemetery
24d. LOCATION (City, town, or county) (State): Dubois, Clark County, Idaho

DATE REC'D BY LOCAL REG.: 8-30-65
REGISTRAR'S SIGNATURE: Leona Hamm
25. EMBALMER: Orland E Buck
LICENSE NO.: E-250
FIRM NAME: Buck Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 27 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3644
Local Reg. No. 50
Reg. Dist. No. 630

RECEIVED SEP 23 1965 BUREAU OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison 331 (001)
b. CITY OR TOWN: Rexburg
c. LENGTH OF STAY IN THIS PLACE: Bureau of Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION: Madison Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 330
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hibard
d. STREET ADDRESS (If rural, give location): Rt. 2 Rexburg

3. NAME OF DECEASED (Type or Print)
a. (First): CAROLINE
b. (Middle): KLINGLER 123
c. (Last): SPAULDING ROOS

4. DATE OF DEATH: (Month) Aug. (Day) 31, (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 29, 1881
9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Nekorigarten, Germany
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Fredrick Ludwig Klingler Sulz, Germany
BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Anna Marie Bauer Mahringen, Germany
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Vera Law
ADDRESS: St Anthony Box 290

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete Prolapse of Uterus — INTERVAL BETWEEN ONSET AND DEATH: All years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ulcerations of Vagina
DUE TO (c) Chronic Lefulitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chronic Cervical Erosion

6317

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Vaginal Hysterectomy
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rexburg
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 1941, *to* Aug 31, 1965, *that I last saw the deceased alive on* 8-31, 1965, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. Kingsford M.D.
23b. ADDRESS: Rexburg Idaho
23c. DATE SIGNED: Sept 23 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/4/65
24c. NAME OF CEMETERY OR CREMATORY: Burton
24d. LOCATION (City, town, or county) (State): Burton Madison County Idaho

DATE REC'D BY LOCAL REG.: 9-2-65
REGISTRAR'S SIGNATURE: Leona Flamm
25. EMBALMER: Kenneth Flamm
LICENSE NO.: 347

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 12 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3645
Local Reg. No. 62
Reg. Dist. No. 45

BIRTH NO.

AUG 20 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 3-01 one day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 823 G Street

3. NAME OF DECEASED (Type or Print) a. (First) Sadie b. (Middle) Jones c. (Last) Victor

4. DATE OF DEATH (Month) (Day) (Year) Aug 10 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Nov 15 1877

9. AGE (In years last birthday) 87 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY 01

11. BIRTHPLACE (State or foreign country) Wellsville Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ricy D Jones — BIRTHPLACE Wales

14. MOTHER'S MAIDEN NAME Margaret Morse — BIRTHPLACE Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE William T. Jackson — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardiac 422.2 — INTERVAL BETWEEN ONSET AND DEATH 1 year.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Senility

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 10 *1965, to* Aug 11 *1965, that I last saw the deceased alive on* Aug 10 *1965, and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] M.D. (Degree or title)

23b. ADDRESS Rupert Idaho

23c. DATE SIGNED 8-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug 14 1965

24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery

24d. LOCATION (City, town, or county) Rupert Idaho (State)

DATE REC'D BY LOCAL REG. 8-17-65

REGISTRAR'S SIGNATURE Mary Ellen Carlson

25. EMBALMER Robert E Walk — LICENSE NO. E294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

AUG 26 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3646
Local Reg. No. 61
Reg. Dist. No. 450

RECEIVED
AUG 20 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka 340 2-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 6 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 340
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 817 "A" Street

3. NAME OF DECEASED (Type or Print)
a. (First): Vella
b. (Middle): Mary 125
c. (Last): DEATON

4. DATE OF DEATH (Month) (Day) (Year): August 16, 1965

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 6, 1885
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife (Retired) 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Kimpton 01
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Emma Pond
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs Tim L. Rice
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

153.8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Adenocarcinome of ~~Cancer~~ Colon
INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): cause unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Generalized arterial sclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 24, 1961, *to* Aug 16, 1965, *that I last saw the deceased alive on* Aug 3, 1965, *and that death occurred at* 5:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: C F Walley 127 (Degree or title) MD
23b. ADDRESS: 702 G St Rupert Ida
23c. DATE SIGNED: 8/16/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal to
24b. DATE: Aug. 18, '65
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Memorial Park
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 8-17-65
REGISTRAR'S SIGNATURE: Mary Ellen Carlson
25. EMBALMER: Charles L Persons
LICENSE NO.: E-494

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Walk Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3647
Local Reg. No. 63
Reg. Dist. No. 450

RECEIVED AUG 26 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 340
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Near Heyburn
c. LENGTH OF STAY (in this place) 17 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Heyburn R.F.D.
d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print)
a. (First) Kathy
b. (Middle) Mae
c. (Last) Hellewell

4. DATE OF DEATH (Month) (Day) (Year) August 18 1965

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 7
8. DATE OF BIRTH May 9, 1948
9. AGE (In years last birthday) 17 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 77
10b. KIND OF BUSINESS OR INDUSTRY 02
11. BIRTHPLACE (State or foreign country) Burley, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Burrup Hellewell — BIRTHPLACE Heyburn
14. MOTHER'S MAIDEN NAME Helen Mae Tolman — BIRTHPLACE Oakley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE James Hellewell — ADDRESS Heyburn, Ida

18. CAUSE OF DEATH 825.4
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull — INTERVAL BETWEEN ONSET AND DEATH instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Automobile accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident 06
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on hiway 80 13
21c. (CITY, TOWN, OR TOWNSHIP) 340 (COUNTY) (STATE) Rupert Minidoka County Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 18 1965 2:45 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile skidded and turned over

22. *I hereby certify that I attended the deceased from* did not see alive, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert C Walk 583 (Degree or title) Coroner 4
23b. ADDRESS 710 6th street
23c. DATE SIGNED Aug 24 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE August 21, 1965
24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery
24d. LOCATION (City, town, or county) Heyburn (State) Idaho

DATE REC'D BY LOCAL REG. 8-24-65
REGISTRAR'S SIGNATURE Mary Ellen Carlson
25. EMBALMER George Farmer — LICENSE NO. E-480

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Payne Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3648
Local Reg. No. 64
Reg. Dist. No. 45-0

RECEIVED
AUG 30 1965
Bureau of Vital Statistics

BIRTH NO. 3-07

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
LENGTH OF STAY (in this place): One week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunset Nursing Home 701 6th street Rupert

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 340
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): Route 3

3. NAME OF DECEASED (Type or Print): a. (First) Oliver b. (Middle) Stauffer c. (Last) Braegger

4. DATE OF DEATH: (Month) Aug (Day) 24 (Year) 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Divorced 4	Nov 25 1884	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Willard Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abraham Braegger — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Mary A Stauffer — BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4-22-1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-26, 1965, *to* 8-24, 1965, *that I last saw the deceased alive on* 8-24, 1965, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: T. A. Hunt (Degree or title): MD
23b. ADDRESS: Rupert, Idaho
23c. DATE SIGNED: 8-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-27-65
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): Brigham City Utah

DATE REC'D BY LOCAL REG.: 8-27-65
REGISTRAR'S SIGNATURE: Mary Ellen Carlson
25. EMBALMER: Charles D Parsons
LICENSE NO.: E-494
FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3649
Local Reg. No. 65
Reg. Dist. No. 650

BIRTH NO.

RECEIVED SEP 9 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY IN THIS PLACE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 212 "A" Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Harold	LaRay	FIRKINS	August 25, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Caucasian	Married 2	Dec. 20, 1911	53				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Laborer 04	Agriculture 02	McCammon, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wilford A. Firkins	Utah	Lavina Brown	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Stephen Firkins	Of Corvallis Mont

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apparently a coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) This man had a history of cardiac trouble had been doctoring with Dr Waite of Idaho Falls Idaho. had nitro glycerine pills

DUE TO (c) in his car but apparently couldnt get to them in time to prevent the last attack

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Rupert Minidoka Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did not see alive, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert B Walk Coroner 4	710 6th street Rupert Idaho	8-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	Aug. 28, '65	Corvallis Cemetery	Corvallis, Ravalli, Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-7-65	Mary Ellen Carlson	Howard Person.	E-494

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3650
Local Reg. No. 66
Reg. Dist. No. 450

BIRTH NO.

RECEIVED
SEP 9 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 340 Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hospital 125

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 320
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richfield
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) — a. (First) Clark — b. (Middle) Calvin — c. (Last) Hand

4. DATE OF DEATH (Month) (Day) (Year) August 31, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: December 29, 1881
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Janitor-Farmer 54
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country): Clarence, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Miles E. Hand — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Sarah Clark — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-22-7361
17. INFORMANT'S OWN SIGNATURE: L. Clark Hand — ADDRESS: Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ca of Kidney c metastases
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/11, 1965, *to* 8/31, 1965, *that I last saw the deceased alive on* 8-30, 1965, *and that death occurred at* 2:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ken C. Humphrey 252 — (Degree or title) M.D.
23b. ADDRESS: Rupert, Idaho
23c. DATE SIGNED: 9-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/3/65
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 9-7-65
REGISTRAR'S SIGNATURE: Mary Ellen Burton
25. FUNERAL DIRECTOR: Reynolds Funeral Chapel * Twin Falls, Idaho — ADDRESS: James C. Reynolds

Federal Security Agency
United States Public Health Service
Form DPH-48021

SEP 16 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of James C. Reynolds Lic. No. E-279 at Twin Falls on 8/31/65

ADDITIONAL REMARKS by Physician.....

State File No. 3651
Local Reg. No. 185
Reg. Dist. No. 220

Certificate of Death

RECEIVED
AUG 24 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF (If outside corporate limits, write RURAL and give township): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence - 1508 Hemlock 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 02 Alaska
b. COUNTY: 555 Edgecumbe
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sitka
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): EUGENE
b. (Middle): DAY
c. (Last): PAINTER

4. DATE OF DEATH (Month) (Day) (Year): August 3, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 24, 1903
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY: Building 01
11. BIRTHPLACE (State or foreign country): Dale, Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Curtis Painter — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Bessie Wallace — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518 12 3454
17. INFORMANT'S OWN SIGNATURE: Isaac H. Painter — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH 162.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchogenic carcinoma with metastases. — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 9, 1965, *to* August 3, 1965, *that I last saw the deceased alive on* August 3, 1965, *and that death occurred at* 8:50 pm *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bernard S. Heywood M.D. 229
23b. ADDRESS: 628 5th Ave. Lewiston, Idaho
23c. DATE SIGNED: Aug. 5, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 5, 1965
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 8-4-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: W. J. Black
LICENSE NO.: E-426

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 19 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3652
Local Reg. No. 187
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 35 NezPerce
AUG 2 4 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
Bureau of Vital Statistics
c. LENGTH OF STAY IN THIS PLACE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Somerville Rest Home 131

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 35 b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 1112½ Idaho St

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Robert	N.	Warner	Aug	4	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	White	Divorced 4	July 3, 1885	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor 06
10b. KIND OF BUSINESS OR INDUSTRY Retired 03
11. BIRTHPLACE (State or foreign country) Columbia County, Wash.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Nathan Warner — BIRTHPLACE Ill
14. MOTHER'S MAIDEN NAME No record — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 538-16-0089A
17. INFORMANT'S OWN SIGNATURE Orval Warner ADDRESS WallaWalla, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — 3 years
DUE TO (c) Diabetic Gangrene toe — 8 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

260X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-6, 19 5C, *to* 8-4, 19 65, *that I last saw the deceased alive on* Aug 4, 19 65, *and that death occurred at* 4:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
349 J. McRae M.D.	Lewiston Idaho	8-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug 7, 1965	Normal Hill Cemetery	Lewiston, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-6-65	Mildred Hughes	Andrew F. Vassar	E 315

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3653
Local Reg. No. 189
Reg. Dist. No. 220

RECEIVED
AUG 24 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce 351 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8th & Linden 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1418- 8th St

3. NAME OF DECEASED (Type or Print)
a. (First): Dorathea
b. (Middle): Wilhelmine
c. (Last): Heitmann

4. DATE OF DEATH (Month) (Day) (Year): Aug 5,1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 16,1893
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Bremen, Marshall Co, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Timme — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Mrs. Elmer Heitman — ADDRESS: Lewiston, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Ca of Stomach — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/4/65, 19__, *to* 8/5/65, 19__, *that I last saw the deceased alive on* 8/4, 1965 *and that death occurred at* 1:53 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 154 — M.D.
23b. ADDRESS: 342 St. John's Way Lw
23c. DATE SIGNED: 8-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Aug 9,1965
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: 8-9-65
REGISTRAR'S SIGNATURE: Mildred Hughes/lk
25. EMBALMER: Andrew F. Vassar
LICENSE NO.: E 315

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: OCT 5 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3654
Local Reg. No. 188
Reg. Dist. No. 220

Certificate of Death

RECEIVED
AUG 24 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence - 3221 - 9th Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 3221 - 9th Street

3. NAME OF DECEASED (Type or Print)
a. (First): LOUIS
b. (Middle): CLARK
c. (Last): MAHURIN

4. DATE OF DEATH (Month) Aug. (Day) 6, (Year) 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 6, 1906
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: Lumbering 03
11. BIRTHPLACE (State or foreign country): Whitebird, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas C. Mahurin — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Mary Ashpaugh — BIRTHPLACE: Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 01 0568
17. INFORMANT'S OWN SIGNATURE: Helen J Mahurin — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 199.2 Gastric hemorrage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinomatosis (Lungs, Sudden
DUE TO (c) Stomach and. etc)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cancer of rt Kidney

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1952, *to* Aug. 6, 1965, *that I last saw the deceased alive on* Apr, 1965 *and that death occurred at* 4 pm *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. M. Stover 507 MD
23b. ADDRESS: 939 Bryden Ave., Lewiston, Idaho
23c. DATE SIGNED: 8/9/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 9, 1965
24c. NAME OF CEMETERY OR CREMATORY: Lewis-Clark Memo. Gar.
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 8-9-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: L. E. DeBaun
LICENSE NO.: E-295

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 26 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3655
Local Reg. No. 193
Reg. Dist. No. 220

65-8310
BIRTH NO.

RECEIVED
AUG 24 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Nez Perce 351 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 351
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 1809 Burrell

3. NAME OF DECEASED (Type or Print)
a. (First) Cheryl
b. (Middle) Ann
c. (Last) Stajkowski

4. DATE OF DEATH (Month) 8-X- (Day) 7- (Year) 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH 8-7- 1965
9. AGE (In years last birthday) ---------- IF UNDER 1 YEAR Months ---- Days ---- IF UNDER 24 HRS. Hours ---- Min. 46

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 02
10b. KIND OF BUSINESS OR INDUSTRY None 00
11. BIRTHPLACE (State or foreign country) Lewiston, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Stajkowski
BIRTHPLACE Ladysmith, Wisc.
14. MOTHER'S MAIDEN NAME Helda Bell
BIRTHPLACE Ladysmith, Wisconson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE James C. Stajkowski
ADDRESS 1809 Burrell

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxemia — 761.0 — INTERVAL BETWEEN ONSET AND DEATH: approx 40 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Strangulation of Cord
DUE TO (c) Villemantous Attachment of Cord to placenta Prolapse of Cord

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/8/65, 1965, *to* 8/8, 1965, *that I last saw the deceased alive on* 8/8, 1965 *and that death occurred at* 8:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE W.H. Pierce 420 (Degree or title) MD
23b. ADDRESS Lewiston Ida
23c. DATE SIGNED 8/11/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-10-1965
24c. NAME OF CEMETERY OR CREMATORY Normal-Hill Cemetery
24d. LOCATION (City, town, or county) Lewiston, (State) Idaho

DATE REC'D BY LOCAL REG. 8-10-65
REGISTRAR'S SIGNATURE Mildred Hughes
25. EMBALMER W.E. Black
LICENSE NO. E-426

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Brower-Wann Memorial

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3656
Local Reg. No. 1965
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce 350 AUG 30 1965 000
b. CITY OR TOWN Myrtle (If outside corporate limits, write RURAL and give township) Bureau of Vital Statistics | c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Clearwater River 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 35 | b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Charles	"Russell"	Simmons		8-	7-	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	11-2-1934	30				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
06	Cleaners 03	Lewiston, Idhao	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clayton Simmons	Caribell, Idaho	Thelma Proper	Culdesac, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	Nov. 1952-Oct. 53	519-34-2508	Mrs Clayton Simmons	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

E 929.86

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Drowning
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Acc. 18	Clearwater River	3 Myrtle	Nez Perce	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
8-7-65 11PM 59	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Drowning while Swimming

22. *I hereby certify that I attended the deceased from* approx. —-—, 19—, *to* —-—, 19—, *that I last saw the deceased alive on* —-—, 19—, *and that death occurred at* 11:59 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Milfred J. Victor 243 Coroner	Lewiston Idaho	8-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-10-1965	Lewis-Clark Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-10-65	Mildred Hughes	W. T. Black	426 E

FIRM NAME: Brower-Wann Memorial

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 2 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 18 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 24 1965 Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3657
Local Reg. No. 192
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence - 1022 - 8th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35 b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1022 - 8th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	ETHEL	CLAY	HANSEN		August	8,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	July 20, 1913	52				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper 01	Own Home 01	Manchester, England	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Esson	England	Ethel Esson	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519 30 2534	Ralph F. Hansen	Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug. 8 *19* 65 *to* Aug. 8, *1965, that I last saw the deceased alive on* Aug. 8, *1965, and that death occurred at* 10:45 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E Cassimore Jr. MD	Lewiston, Idaho	8-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Aug. 11, 1965	Smiths Crematory	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-10-65	Mildred Hughes	W. F. Black	E-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 1 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 18 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3658
Local Reg. No. 191
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 24 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 350
b. COUNTY Nez Perce 030
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lenore
d. STREET ADDRESS (If rural, give location) Rt. 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Benjamin	H.	Abell	8-	9-	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	4-11-1889	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Grain & Stock 01	Spencer, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Benjamin F. Abell	Illinois	Elizabeth McLane	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	No Record	Eva M. Abell	Lenore, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 157X Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 10 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with metastasis to Liver Stomach

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
8-1-65	Pancreatic Malignancy generalized Metastasis	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1-6 *1965, to* 8-9 *, 1965, that I last saw the deceased alive on* 8-9 *, 1965, and that death occurred at* 4:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 349 MD	Lewiston Idaho	8-11-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-12-1965	Lewis-Clark Memorial Gar.	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-10-65	Mildred Hughes	[signature]	E-426

FIRM NAME: Brower-Wann Memorial

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3659
Local Reg. No. 195
Reg. Dist. No. 220

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 AUG 30 1965 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Bureau of Vital Statistics
c. LENGTH OF STAY (In this place): Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1407 - 18th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): NELLIE
b. (Middle): BELLE
c. (Last): COLE

4. DATE OF DEATH (Month) Aug. (Day) 10, (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Mar. 1, 1894
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Honey Creek, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fred Williams — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Lovetta Gilbert — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No Record
17. INFORMANT'S OWN SIGNATURE: X Henry C Cole — ADDRESS: Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Necrosis of Brain

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Embolism
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 8, 1965, *to* Aug 10, 1965, *that I last saw the deceased alive on* Aug 10, 1965, *and that death occurred at* 1:50 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 022 Joseph E. Boeder, MD
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 8-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 14, 1965
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 8-10-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: L. E. DeBaun — LICENSE NO. E-295

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State any unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 30 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3660
Local Reg. No. 196
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce 35 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 35
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 1424 - 10th Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	LILLIAN	CAROLINE	JOCKHECK		Aug.	11,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 2	April 18, 1887	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper 01	Own Home 01	Denver, Colo.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Petersen	Germany	Elizabeth (No Record)	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Carl F. Jockheck Jr	Tawian, Taichung

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Bilateral Hydrothorax Etiol. unkn.	1 mo
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Congestive Heart failure.	6 wks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO XXX

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1963 *to* 8/11/65, 19___, *that I last saw the deceased alive on* 8/11/65, 19___, *and that death occurred at* 9:10 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. S. English MD	Lewiston, Idaho	8/13/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	8-14-65	Smith Crematory	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-13-65	Mildred Hughes	L. E. DeBaun	E-295

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

DUTIES:

SEP 29 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3661
Local Reg. No. 1
Reg. Dist. No. 220

BIRTH NO.

RECEIVED AUG 30 1965

1. PLACE OF DEATH
a. COUNTY Nez Perce 350
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston Orchards
c. LENGTH OF STAY in this place 28 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Nelson Nursing Home 129

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 351
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 0111-22nd St.

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Christine c. (Last) Basta

4. DATE OF DEATH (Month) (Day) (Year) August 15, 1965

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3

8. DATE OF BIRTH May 23, 1884

9. AGE (In years last birthday) 81
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01

10b. KIND OF BUSINESS OR INDUSTRY at home 01

11. BIRTHPLACE (State or foreign country) Britton, South Dakota

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Martin Johnson
BIRTHPLACE Norway

14. MOTHER'S MAIDEN NAME No record
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE + Mrs Rudolph Carlson
ADDRESS Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — 1 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 1, 1955, *to* aug 15, 1965, *that I last saw the deceased alive on* aug 3, 1965, *and that death occurred at* 7:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE John E. Carson (Degree or title) 083

23b. ADDRESS Lewiston Idaho

23c. DATE SIGNED 8/17/65

24a. BURIAL CREMATION REMOVAL (Specify) burial

24b. DATE Aug. 18, 1965

24c. NAME OF CEMETERY OR CREMATORY Normal Hill cemetery

24d. LOCATION (City, town, or county) Lewiston, Idaho (State)

DATE REC'D BY LOCAL REG. 8-18-65

REGISTRAR'S SIGNATURE Mildred Hughes

25. EMBALMER V. Vasser

LICENSE NO. E297

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3662
Local Reg. No. 198
Reg. Dist. No. 220

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Nez Perce 351 AUG 30 1965	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 350 b. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Bureau of Vital Statistics	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Culdesac
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) MAY	b. (Middle) DICKEY	c. (Last) KELLER	4. DATE OF DEATH (Month) Aug. (Day) 17, (Year) 1965
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2	8. DATE OF BIRTH: Feb. 7, 1884	9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01	10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01	11. BIRTHPLACE (State or foreign country): South Dakota	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Gideon Tiffany	BIRTHPLACE: Canada	14. MOTHER'S MAIDEN NAME: Elizabeth Kipp	BIRTHPLACE: Vermont	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: No Record	17. INFORMANT'S OWN SIGNATURE: Bernice Mattson	ADDRESS: Culdesac, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-4, 1945, *to* 8-16, 1965, *that I last saw the deceased alive on* Aug. 16, 1965, *and that death occurred at* 7:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. J. White, M.D. 563 (Degree or title)	23b. ADDRESS: Lewiston, Ida.	23c. DATE SIGNED: 8-19-65	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3	24b. DATE: Aug.19,1965	24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery	24d. LOCATION (City, town, or county) (State): McMinneville, Yamhill Co,Ore.
DATE REC'D BY LOCAL REG.: 8-18-65	REGISTRAR'S SIGNATURE: Mildred Hughes	25. EMBALMER: W. E. Black	LICENSE NO.: E-426

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3663
Local Reg. No. 207
Reg. Dist. No. 220

Certificate of Death

RECEIVED SEP 8 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 351
a. COUNTY Nezperce 3-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 180
b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pierce
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) ROY
b. (Middle) EVERETT
c. (Last) MC RAE

4. DATE OF DEATH (Month) Aug. (Day) 18 (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Dec. 3, 1889
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic 10
10b. KIND OF BUSINESS OR INDUSTRY Potlatch Forests 0
11. BIRTHPLACE (State or foreign country) Jamestown, N. D.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John McRae — BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME unknown — BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes 1 — (If yes, give war or dates of service) WW I 3
16. SOCIAL SECURITY NO. 518-03-8125
17. INFORMANT'S OWN SIGNATURE x Elfrida K. McRae — ADDRESS Pierce, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c) ?

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 19, 1958 *to* 8 17 1965, *that I last saw the deceased alive on* 8 17, 1965 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Thomson 114 MD (Degree or title)
23b. ADDRESS 347 St Johns Way Lewiston Idaho
23c. DATE SIGNED 8/26/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-21-1965
24c. NAME OF CEMETERY OR CREMATORY L-C Memorial Gardens
24d. LOCATION (City, town, or county) Lewiston — (State) Idaho

DATE REC'D BY LOCAL REG. 8-26-65
REGISTRAR'S SIGNATURE Mildred Hughes
25. EMBALMER Glenn Arlin
LICENSE NO. E-252

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: GILBERT'S FUNERAL CHAPEL, INC.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: SEP 9 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3664
Local Reg. No. 201
Reg. Dist. No. 220

Certificate of Death

RECEIVED
AUG 30 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 351
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (If in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 48 Washington 555
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): Route 1 Box 417

3. NAME OF DECEASED (Type or Print)
a. (First): Rance
b. (Middle): E.
c. (Last): Oglesby

4. DATE OF DEATH (Month) (Day) (Year): August 18 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 26, 1908
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumber Mill Owner 74
10b. KIND OF BUSINESS OR INDUSTRY: Lumber 13
11. BIRTHPLACE (State or foreign country): Lewiston, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William H. Oglesby — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Bertha Porter — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-05-0398
17. INFORMANT'S OWN SIGNATURE: Almeda Oglesby — ADDRESS: Clarkston, Wash.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

181.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of urinary bladder — INTERVAL BETWEEN ONSET AND DEATH: 12+ yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1952, *to* Aug, 1965, *that I last saw the deceased alive on* 8/17/, 1965, *and that death occurred at* 5 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R.J. Sen by R. F. Stack, M.M. 492
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 8/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-20-65
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 8-20-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: Patrick Mahoney — LICENSE NO.: E-492

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Merchant Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 1 1965

OCT 6 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3665
Local Reg. No. 200
Reg. Dist. No. 220

BIRTH NO. 991

Certificate of Death

STATE OF IDAHO

RECEIVED
AUG 30 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 6 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1424 - 12th Street

3. NAME OF DECEASED (Type or Print): a. (First) FOREST; b. (Middle) AMANDAS; c. (Last) KING

4. DATE OF DEATH: (Month) Aug. (Day) 18, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Nov. 30, 1898

9. AGE (In years last birthday): 66 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician 45

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): East Linn, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Amandas King — BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: Jaminna MOrrell — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 557 07 4203

17. INFORMANT'S OWN SIGNATURE: Neva C. King — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Artery Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocardial infarct — 6 Hours.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____ 19__, *to* ____, 19__, *that I last saw the deceased alive on* 8/16/65, 19__, *and that death occurred at* 9:20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. S. Rynhart M.D. (Degree or title)

23b. ADDRESS: Lewiston Idaho

23c. DATE SIGNED: 8-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-21-65

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 8-19-65

REGISTRAR'S SIGNATURE: Thiedred Hughes

25. EMBALMER: L E. DeBaun — LICENSE NO.: E-295

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

SEP 2 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3666
Local Reg. No. 199
Reg. Dist. No. 220

RECEIVED
AUG 30 1965
BUREAU of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce 35 1-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
LENGTH OF STAY (in this place) 32 months.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 35 b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Orchards Nursing Home 174
d. STREET ADDRESS (If rural, give location) 1028 Warner Ave.

3. NAME OF DECEASED (Type or Print) a. (First) LAURA b. (Middle) DELLA c. (Last) ENGLISH

4. DATE OF DEATH (Month) Aug. (Day) 19, (Year) 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 5
8. DATE OF BIRTH July 23, 1884
9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home 01
11. BIRTHPLACE (State or foreign country) Richland, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Deever BIRTHPLACE no record
14. MOTHER'S MAIDEN NAME Martha J. Pike BIRTHPLACE Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518 03 2995
17. INFORMANT'S OWN SIGNATURE Nina M. Binder ADDRESS Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acut Cerebral Hemorrhage 331X — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-28, 1960 *to* 8-19, 1965, *that I last saw the deceased alive on* 8-10, 1965, *and that death occurred at* 4:55 am *m., from the causes and on the date stated above.*

23a. SIGNATURE Ralph Hoss Jr (Degree or title) MD
23b. ADDRESS Clarkston Wash
23c. DATE SIGNED 8-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 23, 1965
24c. NAME OF CEMETERY OR CREMATORY Lewis-Clark Memo. Gar.
24d. LOCATION (City, town, or county) Lewiston, Idaho (State)

DATE REC'D BY LOCAL REG. 8-19-65
REGISTRAR'S SIGNATURE Mildred Hughes
25. EMBALMER R. C. DeBaun
LICENSE NO. E-295

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 1 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 3667
Local Reg. No. 202
Reg. Dist. No. 220

BIRTH NO.

RECEIVED AUG 30 1965 Bureau of Vital Statistics STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35 000
b. CITY OR TOWN: Lewiston
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 2203 - 8th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Etta b. (Middle) Lavina c. (Last) Norden

4. DATE OF DEATH (Month) (Day) (Year): August 20, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Dec. 15, 1899

9. AGE (If under 1 year last birthday) Months / Days / If under 24 hrs. Hours / Min.: 65

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Washington, Indiana

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Preston N. Inman — BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Minnie Truelove — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-30-9023

17. INFORMANT'S OWN SIGNATURE: Lee E. Norden — ADDRESS: Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis 422.0 — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 20, 1965, *to* Same, 19___, *that I last saw the deceased alive on* Aug. 20, 1965, *and that death occurred at* 1:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. D. Stauer, M.D. 507

23b. ADDRESS: 939 Bryden Ave., Lewiston, Idaho

23c. DATE SIGNED: 8/24/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-23-1965

24c. NAME OF CEMETERY OR CREMATORY: Lewis-Clark Memorial

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 8-24-65

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: Lauren DeBaun L E DeBaun — LICENSE NO.: E-295

FIRM NAME: Brower-Wann

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

SEP 1 1965
OCT 13 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3668
Local Reg. No. 204
Reg. Dist. No. 220

RECEIVED AUG 30 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 35 Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
LENGTH OF STAY (in this place) 37 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) D O A St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 35
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 1602 Grelle

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HOWARD	A 28	PLUMMER	Aug 20, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	7-12-1894	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter 22
10b. KIND OF BUSINESS OR INDUSTRY Contractor 07
11. BIRTHPLACE (State or foreign country) Indianola, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Addison Plummer — BIRTHPLACE Illinois
14. MOTHER'S MAIDEN NAME Cora Miller — BIRTHPLACE Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-09-4700
17. INFORMANT'S OWN SIGNATURE Jennie Plummer ADDRESS Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Valvular Heart Disea
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Non-functioning Left Kidney

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Apr. 24, 1951, *to* Aug. 20, 1965, *that I last saw the deceased alive on* Aug. 8, 1965, *and that death occurred at* 9:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. M. Lauder, MD	939 Bryden Ave., Lewiston, Ida.	8/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-22-65	Lewis-Clark Gardens	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-25-65	Mildred Hughes	Patrick Mahoney	E-492

FIRM NAME: Merchant Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 2 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3669
Local Reg. No. 203
Reg. Dist. No. 220

Certificate of Death

RECEIVED
AUG 30 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce 351 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 2806-9th Ave

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Greco

4. DATE OF DEATH (Month) (Day) (Year): Aug 21,1965

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Aug 5 1909
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 19
10b. KIND OF BUSINESS OR INDUSTRY: auto 12
11. BIRTHPLACE (State or foreign country): Lewiston, Idaho.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Greco — BIRTHPLACE: Italy
14. MOTHER'S MAIDEN NAME: Mary Pecora — BIRTHPLACE: Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-01-4037
17. INFORMANT'S OWN SIGNATURE: X Evelyn Greco — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes Mellitus — yes

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 5, 1965, *to* Aug 21, 1965, *that I last saw the deceased alive on* Aug 17, 1965, *and that death occurred at* 11:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 013 MD
23b. ADDRESS: 307 St Johns Way
23c. DATE SIGNED: 8/24/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 25,1965
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG: 8-24-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: Andrew F. Vassar — LICENSE NO. E 315

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 2 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 18 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 21 1980

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3670
Local Reg. No. 285
Reg. Dist. No. 220

RECEIVED AUG 30 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35
b. COUNTY: Nez Perce 3-06
c. CITY OR TOWN (If outside limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 2702 - 8th Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	SHIRLEY	MARIE	SMITH	August 24, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married 3	Nov. 7, 1935	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper 01	Own Home 01	Orofino, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Karl Leslie Cox	Palouse, Wn.	Mildred Weller	Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		No record	Rodney J Smith	Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

825.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LIVER RUPTURE + PULMONARY

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) ATALECTASIS

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
18 AUG 65	RUPTURED LIVER	YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
ACCIDENT	06	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
AUG 18 1965 1:50 a.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	AUTO ACCIDENT

22. *I hereby certify that I attended the deceased from* 18 Aug, 19 65, *to* 24 Aug, 19 65, *that I last saw the deceased alive on* 24 Aug, 19 65, *and that death occurred at* 5:10 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] MD	Lewiston, Idaho	Aug. 24, '65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 27, 1965	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-24-65	Mildred Hughes	R E DeBaun	E-295

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 1 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3671
Local Reg. No. 208
Reg. Dist. No. 220

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce — SEP 8 1965 — 357
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural — Bureau of Vital Statistics
c. LENGTH OF RESIDENCE (in this place): 60 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): rural Genesee, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho — 358 — b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural
d. STREET ADDRESS (If rural, give location): Rural Genesee, Idaho

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Anna	Mary	Krick	August 24, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed 2	April 9, 1882	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 0	at home 0	Seneca, Kansas	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Schwenne	Germany	Magdaline Hagamann	no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-40-8638	Paul Krick	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 260 X Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis — 4 yrs

DUE TO (c) Diabetes Mellitus — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct 1956 *to* Aug 24, 1965 *that I last saw the deceased alive on* Aug 24, 1965 *and that death occurred at* 6:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
490 Philip A. Goedrich MD	Genesee Idaho	8-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal 3	August 28, 1965	St. Boniface Cemetery	Uniontown, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-27-65	Mildred Hughes	V. Vasser	E297

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3672
Local Reg. No. 206
Reg. Dist. No. 220

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

SEP 8 1965

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35 / 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Bureau of Vital Statistics
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idabo 35 / b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1419 Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): HAROLD
b. (Middle): C.
c. (Last): AKRIDGE

4. DATE OF DEATH (Month) (Day) (Year): Aug. 25, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Aug. 19, 1907
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Stock & Grain 01
11. BIRTHPLACE (State or foreign country): Harrisburg, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Everett Akridge — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Emily Wilson — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no record
17. INFORMANT'S OWN SIGNATURE: Thelma Dunham — ADDRESS: Anchorage, Alaska

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of brain. — INTERVAL BETWEEN ONSET AND DEATH: 3 months (approx.)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer in lungs & Neck
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 11, 1965, *to* August 25, 1965, *that I last saw the deceased alive on* August 25, 1965, *and that death occurred at* 3:15 am *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. M. Stover, MD 507
23b. ADDRESS: 939 Bryden Ave., Lewiston, Idaho
23c. DATE SIGNED: 8/27/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Aug. 28, 1965
24c. NAME OF CEMETERY OR CREMATORY: NezPerce City Cemetery
24d. LOCATION (City, town, or county) (State): Nezperce, Lewis Co., Idaho

DATE REC'D BY LOCAL REG.: 8-25-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: W. Black
LICENSE NO.: E-426 ~~E-295~~

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: SEP 9 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 3673
Local Reg. No. 209
Reg. Dist. No. 226

STATE OF IDAHO

BIRTH NO. 35

RECEIVED SEP 21 1965

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 2 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hosptial 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 2043 - 2nd Ave. North

3. NAME OF DECEASED (Type or Print): a. (First) JACK; b. (Middle) HARRY; (Last) a/k/a Harry Kitzmiller MILLER

4. DATE OF DEATH: (Month) Aug. (Day) 25, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Mar. 16, 1902

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heavy Equipment Operator

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Eugene, Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: ? Kitzmiller
BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: No Record
BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 507-09-1107

17. INFORMANT'S OWN SIGNATURE: X Mrs R. L. Shepherd Sr
ADDRESS: Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Lung
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Duodenal Ulcer
DUE TO (c): Cor Pulmonale

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Anemia

1777

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 5, 1965, *to* Aug 25th, 19 65, *that I last saw the deceased alive on* Aug 24th 19 65, *and that death occurred at* 2:45 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dwight E Burdett MD

23b. ADDRESS: 1522 11th St Lewiston Idaho

23c. DATE SIGNED: 9/3/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Aug. 30, 1965

24c. NAME OF CEMETERY OR CREMATORY: Freeze Cemetery

24d. LOCATION (City, town, or county) (State): Potlatch (Rural) Latah Co., Ida.

DATE REC'D BY LOCAL REG.: 8-30-65

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: W. V. Black
LICENSE NO.: E-426

FIRM NAME: Brower-Wann Memorial Cahapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 21 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3674
Local Reg. No. 211
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 1-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 28 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Somerville Home 131

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 508 Preston

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): COMMODORE
c. (Last): DILLARD

4. DATE OF DEATH (Month) (Day) (Year): Aug. 28, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 4, 1881
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 64
10b. KIND OF BUSINESS OR INDUSTRY: Grain - Stock 01
11. BIRTHPLACE (State or foreign country): Wilkes Co., No. Carolina
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob Dillard — BIRTHPLACE: No. Car.
14. MOTHER'S MAIDEN NAME: Lucinda Shephard — BIRTHPLACE: No. Car.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 03 1811
17. INFORMANT'S OWN SIGNATURE: John J. Dillard — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis (arterial)

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Hypertension

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Deaf

INTERVAL BETWEEN ONSET AND DEATH: 18 hrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1956, *to* August 28, 1965, *that I last saw the deceased alive on* August 27, 1965, *and that death occurred at* 9:25 am *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. M. Stover, MD 507
23b. ADDRESS: 939 Bryden Ave., Lewiston, Idaho
23c. DATE SIGNED: 8/31/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial
24b. DATE: Aug. 31, 1965
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Orofino, Clearwater Co., Ida.

DATE REC'D BY LOCAL REG.: 8-31-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: W. E. Black
LICENSE NO.: E-426

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Brower-Wann Memorial Cahpel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3675
Local Reg. No. 210
Reg. Dist. No. 220

Certificate of Death

RECEIVED
SEP 21 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 5 months 2-05
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewiston Manor Nursing Home 318

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): No Record

3. NAME OF DECEASED (Type or Print)
a. (First): LINA
b. (Middle): BELLE
c. (Last): SWITZER

4. DATE OF DEATH (Month) (Day) (Year): Aug. 30, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Dec. 29, 1879
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Thomsons, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Elias Holland — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Rebecca Dousing — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Mrs. Irving Frank — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Infirmities of age — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 5, 1965, *to* Aug. 25, 1965, *that I last saw the deceased alive on* August 25, 1965, *and that death occurred at* 8:10 pm, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. M. Stover 507 MD
23b. ADDRESS: 939 Bryden Avel, Lewiston, Idaho
23c. DATE SIGNED: 9/2/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Aug.31,1965
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Ada Co., Idaho

DATE REC'D BY LOCAL REG.: 8-31-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: W. E. Black
LICENSE NO.: E-426

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 22 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 3676
Local Reg. No. 15
Reg. Dist. No. 530

BIRTH NO.

RECEIVED STATE OF IDAHO

AUG 24 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Oneida 361 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
c. LENGTH OF STAY (in this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none — 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 361
b. COUNTY: ONEIDA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MALAD CITY
d. STREET ADDRESS (If rural, give location): 356 W 400 N

3. NAME OF DECEASED (Type or Print)
a. (First): RACHEL PAMELA
b. (Middle): JONES
c. (Last): EVANS

4. DATE OF DEATH (Month) Aug (Day) 10 (Year) 1965

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Oct. 19, 1890
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Malad City, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: BENJAMIN D. JONES — BIRTHPLACE: Willard, Utah
14. MOTHER'S MAIDEN NAME: CLAUDIA RICHARDS — BIRTHPLACE: Brigham City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 529-42-3600
17. INFORMANT'S OWN SIGNATURE: Melba Jensen — ADDRESS: 263 W 400 N Malad Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myo Cardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerotic heart disease

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 17, 1965, *to* June 14 1965, *that I last saw the deceased alive on* June 14, 1965, *and that death occurred at* 4:15P. *m., from the causes and on the date stated above.*

23a. SIGNATURE 315 — O. W. Mabey Jr. — (Degree or title) M.D.
23b. ADDRESS: Malad City, Idaho
23c. DATE SIGNED: Aug. 11, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Aug. 13, 1965
24c. NAME OF CEMETERY OR CREMATORY: Malad City Cemetery
24d. LOCATION (City, town, or county) (State): Malad City, Oneida, Idaho

DATE REC'D BY LOCAL REG.: Aug. 11, 1965
REGISTRAR'S SIGNATURE: Ruth G. Sweeten
25. FUNERAL DIRECTOR: Raiford G. Benson — ADDRESS: Malad, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

BENSON FUNERAL HOME...MALAD, IDAHO

AUG 9 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Raiford G. Benson Lic. No E-351 at Malad, Idaho on Aug 10 1965

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 9 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3677
Local Reg. No. 136
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ONEIDA 36
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place): 88 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital 132

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 16
b. COUNTY: ONEIDA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 176 North 100 West St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EDWIN	RICHARDS	JONES	August 20, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	Widowed 2	May 13, 1877	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
barber 44	barber shop 01	Malad, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fredrick E. Jones	Wales	Sarah Ann Richards	Brigham City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-36-5536	Orlene M. Smith	Malad, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 428.1 Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 30, 1965, *to* Aug 20, 1965, *that I last saw the deceased alive on* Aug 20, 1965, *and that death occurred at* 9:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. H. Bradley Jr 315	M.D.	Malad, Idaho	Aug 24, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 25, 1965	Malad City Cemetery	Malad, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept. 1-1965	Ruth G. Sumsion	Raiford G. Benson	Malad, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of R. G. Benson Lic. No. E-351 at Malad Idaho on 8-20-65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 3678
Local Reg. No. 99
Reg. Dist. No. 530

RECEIVED

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: ONEIDA 361 SEP 9 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Vital Statistics township): MALAD — Bureau of Vital Statistics
c. LENGTH OF STAY (In this place): 35 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital 132

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 361
b. COUNTY: ONEIDA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MALAD
d. STREET ADDRESS (If rural, give location): 151 North Main St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RILEY	ALEXANDER	MARTIN	August 22, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	married 3	March 17, 1886	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
W	D	Ashe County, North Carolina	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jordan Martin	North Carolina	Polly Wallace	Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Mrs R.A. Martin	Malad, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 1965, *to* Aug 22, 1965, *that I last saw the deceased alive on* Aug 21, 1965, *and that death occurred at* 8:10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O A Neaby Jr 315	M.D.	Malad Idaho	Aug 24 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 25, 1965	Malad City Cemetery	Malad, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept 1 1965	Ruth G. Sweeten	Raiford G. Benson	Malad, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

SEP 14 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 5 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

NOV 4 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of R. H. Benson Lic. No E 351 at Malad, Ida on 8-22-65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 9 1965 Idaho Dept. of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3679
Local Reg. No. 18
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida 361 3-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital 132

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 361
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
d. STREET ADDRESS (If rural, give location): 152 West 400 North

3. NAME OF DECEASED (Type or Print)
a. (First): Mattie
b. (Middle): Erline
c. (Last): Price Thomas

4. DATE OF DEATH: (Month) Aug. (Day) 25 (Year) 1965

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: June 14, 1899

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home-maker 01

10b. KIND OF BUSINESS OR INDUSTRY: - 61

11. BIRTHPLACE (State or foreign country): Malad, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas Edwin Price
BIRTHPLACE: Malad, Idaho

14. MOTHER'S MAIDEN NAME: Janet Daniels
BIRTHPLACE: Malad, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: D LeRoy Thomas
ADDRESS: Malad, Idh

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 592X Acute - chronic glomerulonephritis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Ac. Pyelonephritis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 18, 1965, *to* Aug 25, 1965, *that I last saw the deceased alive on* Aug 25, 1965, *and that death occurred at* 10 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O D Malad Jr M.D.

23b. ADDRESS: Malad, Idaho

23c. DATE SIGNED: Aug 27, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Aug 28 1965

24c. NAME OF CEMETERY OR CREMATORY: Malad City Cemetery

24d. LOCATION (City, town, or county) (State): Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.: Aug 27 1965

REGISTRAR'S SIGNATURE: Ruth G. Lewis

25. FUNERAL DIRECTOR: Rayford G. Benson
ADDRESS: Malad, Idaho

BENSON FUNERAL HOME, MALAD, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

MAY 1 0 1994

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Raiford G. Benson Lic. No. E-351 at Malad, Idaho on 8-25-65

ADDITIONAL REMARKS by Physician

State File No. 3680
Local Reg. No. 392
Reg. Dist. No. Homedale Marsing

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

AUG 17 1965

Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: OWYHEE 370	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: IDAHO 141 b. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HOMEDALE AIRPORT c. LENGTH OF STAY (in this place): 000	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALDWELL
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOMEDALE AIRPORT 000	d. STREET ADDRESS (If rural, give location): WEST GALVESTON ST.

3. NAME OF DECEASED (Type or Print)	a. (First): JOHN	b. (Middle): M.	c. (Last): BRISCOE	4. DATE OF DEATH (Month) (Day) (Year): AUGUST 2, 1965
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3	8. DATE OF BIRTH: May 7, 1919	9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months 2, Days 25 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Commercial Air Service 66	10b. KIND OF BUSINESS OR INDUSTRY: 03	11. BIRTHPLACE (State or foreign country): Tarkio, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Hudson T. Briscoe	BIRTHPLACE: Missouri	14. MOTHER'S MAIDEN NAME: Georgia Ann Phillips	BIRTHPLACE: Missouri	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1	(If yes, give war or dates of service): 1945-1955 6	16. SOCIAL SECURITY NO.: 561-32-1674	17. INFORMANT'S OWN SIGNATURE: Mrs John Briscoe	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Small

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Investigation only on Aug 2, 19 65, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 12:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 583	(Degree or title): MD Coroner	23b. ADDRESS: Homedale Ida	23c. DATE SIGNED: 8-9-65
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1	24b. DATE: Aug.6,1965	24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery	24d. LOCATION (City, town, or county) (State): Caldwell, Idaho
DATE REC'D BY LOCAL REG.: Aug 11-65	REGISTRAR'S SIGNATURE: Mrs Bessie Barnes	25. EMBALMER: Kenneth E. Spence	LICENSE NO.: E-395

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 26 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 2 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 21 1965

NOV 18 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JAN 13 1967

MAR 6 1967

NOV 7 1975

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3681
Local Reg. No. 52
Reg. Dist. No. 380 391

RECEIVED SEP 15 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Owyhee 370 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Indian Cove
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Indian Cove 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 370
b. COUNTY Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Indian Cove
d. STREET ADDRESS (If rural, give location) Indian Cove

3. NAME OF DECEASED (Type or Print) a. (First) MRS. b. (Middle) BARBARA c. (Last) YODER MILLER

4. DATE OF DEATH (Month) (Day) (Year) August 29, 1965

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Nov. 28, 1906
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home 01
11. BIRTHPLACE (State or foreign country): Yoder, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: D. J. Yoder — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Lucinda Kauffman — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: James D Miller — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 157X Carcinoma Pancreas — INTERVAL BETWEEN ONSET AND DEATH: months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb 11 1965
19b. MAJOR FINDINGS OF OPERATION: Carcinoma Pancreas
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 16, 1964, *to* August 29, 1965, *that I last saw the deceased alive on* Aug 27, 1965 *and that death occurred at* 1:20 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: Malone N Foelsch M D 289 (Degree or title)
23b. ADDRESS: Mountain Home Idaho
23c. DATE SIGNED: 9-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/1/65
24c. NAME OF CEMETERY OR CREMATORY: Glenn Rest Cemetery
24d. LOCATION (City, town, or county) (State): Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.: Sept 9 1965
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: Mountain Home, Idaho Bey Mortuary, Inc.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 19 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 8 1971

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3682
Local Reg. No. 40
Reg. Dist. No. 330

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Payette — SEP 8 1965 — 38 — 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette — Bureau of Vital Statistics
c. LENGTH OF STAY (in this place): Few Min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 929- 3rd Ave. South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho — 38 — b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 1210 -- 7th Avenue North

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Carl	Henry	Rayburn	Aug.	30,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 3	Dec. 8, 1887	77 yrs	- -	- -	- -	- -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer (retired) 04	own farm 01	Oxford, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew Rayburn	Nebraska	Mary Fennamore	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - - - - - - -	- - - - - - - - -	Morrill R. Rayburn	Payette, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: immed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coro ary atherosclerosis — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- - - - - -	- - - - - - - - - -	- - - - - - - - - -

SEP 24 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3683
Local Reg. No. 41
Reg. Dist. No. 330

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette 380 SEP 8 1965 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star Rt. (Payette) Bureau of Vital Statistics
c. LENGTH OF STAY (in this place): few days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Star Rt. - Payette 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 612½ Main Street

3. NAME OF DECEASED (Type or Print): a. (First) Bernhard b. (Middle) W. c. (Last) Fahrenholz

4. DATE OF DEATH (Month) (Day) (Year): Aug. 31, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced 4
8. DATE OF BIRTH: April 5, 1916
9. AGE (In years last birthday): 49 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): no record 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Winona, Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bernhard William Fahrenholz — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Payette County Sheriff's Records — ADDRESS: GRS,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) long history of tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: Several yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

008.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I* ~~attended the deceased from~~ made ~~an~~ investigation, ~~to~~ ~~that I last saw the deceased~~ ~~[illegible]~~ *on* Sept. 5, 1965, *and that death occurred at* A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Hardy H Larkan 583 (Degree or title): Coroner 4
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 9-5-1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 01
24b. DATE: 9-6-1965
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 9-6-65
REGISTRAR'S SIGNATURE: Roberta E Shaffer
25. EMBALMER: Gifford R. Shaffer
LICENSE NO.: E-344

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Shaffer Memory Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3684
Local Reg. No. 5
Reg. Dist. No. 500-602

RECEIVED AUG 9 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power 390 4-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place): 4 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Unknown (transient)
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): PAUL
b. (Middle):
c. (Last): BEDNARCZUK

4. DATE OF DEATH (Month) (Day) (Year): August 1, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: March 5, 1924
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months 4, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farm 02
11. BIRTHPLACE (State or foreign country): Northampton, Pa.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Wasyl Bednarczuk — BIRTHPLACE: Czechoslovakia
14. MOTHER'S MAIDEN NAME: Catherine Kostiew — BIRTHPLACE: Czechoslovakia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW 2 4
16. SOCIAL SECURITY NO.: 162-18-0326
17. INFORMANT'S OWN SIGNATURE: Bud Kelly — ADDRESS: Am. Falls, Ida.

18. CAUSE OF DEATH 830.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Rupture of Lungs 2° to Dyey — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 02 Farm
21c. (CITY, TOWN, OR TOWNSHIP) 160 (COUNTY) (STATE): 13 Cassia County, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): August 1, 1965 m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Run over by truck.

22. *I hereby certify that I attended the deceased from* 8-1- *19*65, *to* 8-1- *19*65, *that I last saw the deceased alive on* 8-1- *19*65, *and that death occurred at* 8P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 14 (Degree or title)
23b. ADDRESS: American Falls, Idaho
23c. DATE SIGNED: 8-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 8-4-65
24c. NAME OF CEMETERY OR CREMATORY: Northampton
24d. LOCATION (City, town, or county) (State): Northampton, Pa.

DATE REC'D BY LOCAL REG.: 8-7-65
REGISTRAR'S SIGNATURE: Colleen Hadfield
25. EMBALMER: [signature] H. L. Davis — LICENSE NO.: E-253

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 13 1965

NOV 2 1971

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3685
Local Reg. No. 4
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED AUG 9 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Power 390
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 5 mi. N. NW Am. Falls 600
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Am. Falls Lake 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas 44
b. COUNTY: Starr 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rio Grande City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SIMON		VILLANUEVA	Aug. 5, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Mex	Never married	Nov. 16, 1949	15	8	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 04	Farm 02	Sabastian, Texas	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Miguel Villanueva	Mexico	Rita Rangel	Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	Unknown	Miguel Villanueva	Am. Falls, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental drowning — INTERVAL BETWEEN ONSET AND DEATH: few min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 390 (COUNTY)	(STATE)
Accident 18	Am. Falls, Lake 13	Power	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Aug. 5, 1965 2:30 P.M. 2	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Drowned while going to the aid of a friend.

22. *I hereby certify that I attended the deceased from* [illegible] *that I last saw the deceased alive on* 8-5, 19 65, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Bud Kelly 583	Coroner 4	American Falls, Idaho	8-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-7-65	Fallsview Cemetery	American Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-7-65	Colleen Hatfield	H. L. Davis	E-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3686
Local Reg. No. 6
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED AUG 26 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Power 39
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
c. LENGTH OF STAY (in this place) 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Power County Hospital 37

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 060
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) (Rural) Aberdeen
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	GRACE	ELEANOR	PIERCE	August 17, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 2	Sept. 2, 1916	48	11	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home 61
11. BIRTHPLACE (State or foreign country) Mapleton, Utah
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Joseph Carr — BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Mary E. Beckstrom — BIRTHPLACE Spanish Fork, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 528-30-2782
17. INFORMANT'S OWN SIGNATURE Ralph O'Neal ADDRESS Aberdeen, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153.9

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Breast with Metastasis — INTERVAL BETWEEN ONSET AND DEATH 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-24-63, 19___, to 8-17-65, 19___, that I last saw the deceased alive on 8-17-65, 19___, and that death occurred at 8:10 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	American Falls, Idaho	8-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem. & Burial	7-20-65	Aberdeen Cemetery	Aberdeen, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-24-65	Colleen Hodgick	H. L. Davis	E-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 31 1965

MAY 3 1978

OCT 14 1993

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3687
Local Reg. No. 7
Reg. Dist. No. 500-6021

BIRTH NO.

RECEIVED
AUG 26 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Power
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN American Falls
c. LENGTH OF STAY (in this place) 7½ hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Power County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Power
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rockland
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RICKY	DON	HAVLICAK	Aug. 17, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	Jan. 31, 1956	9	6	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 77	School 03	Pocatello, Idaho	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Donald Havlicak	Pocatello, Ida.	Darlene Frugoli	Pocatello, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	X Donald Havlicak	Rockland, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Skull Fractures with Brain Damage — INTERVAL BETWEEN ONSET AND DEATH 13 Hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hit by Truck

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

830.0

Fx of L Femur Rt by L Shelden of L Elbow.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 390 (COUNTY) (STATE)
Accident	62 Farm	13 Rockland, Power Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
8 16 1965 m.		Hit by truck.

22. I hereby certify that I attended the deceased from 10-12, 1962, to 8-17-, 1965, that I last saw the deceased alive on 8-17-, 1965, and that death occurred at 6:05A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
T. S. Dudley MD	American Falls, Idaho	8-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-21-65	Fallsview Cemetery	American Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-24-65	Colleen Hadfield	Bud Kelly Bud Kelly	E-467

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 1 2 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3688
Local Reg. No. 8
Reg. Dist. No. 500-602

RECEIVED AUG 26 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power 390
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place): 18 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): J.
c. (Last): BRUCKS

4. DATE OF DEATH (Month) (Day) (Year): Aug. 18, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 24, 1877
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months 0, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farm 01
11. BIRTHPLACE (State or foreign country): South Russia
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: John Brucks — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Justina Kroeker — BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-42-8087
17. INFORMANT'S OWN SIGNATURE: X Mrs Ferd Dalke — ADDRESS: Aberdeen, Ida.

18. CAUSE OF DEATH 422.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic myocarditis (decompensation)	3 years
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriolarsclerosis	20 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Diabetes mellitus	5 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 1, 1965, *to* Aug. 18, 1965, *that I last saw the deceased alive on* Aug. 18, 1965, *and that death occurred at* 10:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE: F. L. Harris, 203 (Degree or title) M.D.
23b. ADDRESS: American Falls, Idaho
23c. DATE SIGNED: 20 Aug. '65

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem. & Burial 3
24b. DATE: 8-22-65
24c. NAME OF CEMETERY OR CREMATORY: Homestead Cemetery
24d. LOCATION (City, town, or county) (State): Aberdeen Idaho

DATE REC'D BY LOCAL REG.: 8-24-65
REGISTRAR'S SIGNATURE: Colleen Hodfield
25. EMBALMER: H. L. Davis — LICENSE NO.: E-253

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Davis Furniture & Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 30 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3689
Local Reg. No. 9
Reg. Dist. No. 500-602

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power 390
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 390
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location): Adams St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARCELLUS		WEBSTER	Aug. 23, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Aug. 30, 1909	55	11	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farm 01	Cedar City, Utah	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Webster	England	Dessa Johnson	Alton, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		529-07-5756	Martha E. Webster	Am. Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Intra atrial infarction (Massive)	1 day
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Atelectases & pneumonia	1 wk
DUE TO (c)	Metastatic carcinoma (Kidney)	3 Mo.
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Pyuria and albuminuria	7 Mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
May 11, 1965	Left nephrectomy for tumor of kidney	YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan. 22, 1965, *to* Aug 23, 1965, *that I last saw the deceased alive on* Aug. 23, 1965, *and that death occurred at* 11:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
H. L. Harris 203	M.D.	American Falls, Idaho	25 Aug. '65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8-27-65	Fallsview Cemetery	American Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-28-65	Callen Hadfield	H. L. Davis	E-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

SEP 2 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3690
Local Reg. No. 51
Reg. Dist. No. 140

RECEIVED
SEP 3 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silverton 1000
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Shoshone Co. Hospital 138

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 402
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Dan b. (Middle) c. (Last) Jurkovich

4. DATE OF DEATH (Month) (Day) (Year) July 24, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 00

10b. KIND OF BUSINESS OR INDUSTRY 00

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME BIRTHPLACE

14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of the Liver (Nutritional) 571.9 — INTERVAL BETWEEN ONSET AND DEATH: Several years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-11, 1965 *to* 7-24, 1965, *that I last saw the deceased alive on* 7-24, 1965, *and that death occurred at* 9:10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) G. M. Peterson, M.D.

23b. ADDRESS Wallace, Idaho

23c. DATE SIGNED 7-31-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 27, 65

24c. NAME OF CEMETERY OR CREMATORY Wallace Cemetery

24d. LOCATION (City, town, or county) (State) Wallace Idaho

DATE REC'D BY LOCAL REG. 8-9-65

REGISTRAR'S SIGNATURE Dale Cornell

25. EMBALMER Dale L. Cornell

LICENSE NO. E-406

FIRM NAME: Cornell's Ward Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3691
Local Reg. No. 39
Reg. Dist. No. 142

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 17 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 401 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 401
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 14 Railroad Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): VINYARD
b. (Middle): ODELL 141
c. (Last): WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year): August 2, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 25, 1912
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months 7, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger 08
10b. KIND OF BUSINESS OR INDUSTRY: Lumber 02
11. BIRTHPLACE (State or foreign country): Blunt County, Alabama
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John D. Williams — BIRTHPLACE: Alabama
14. MOTHER'S MAIDEN NAME: Leola Leathers — BIRTHPLACE: Alabama

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 413-14-5875
17. INFORMANT'S OWN SIGNATURE: Grace Williams — ADDRESS: Kellogg, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Head Injury — Multiple

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): fracture ribs + chest cage
DUE TO (c): shock

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 18
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Mirror Lake
21c. (CITY, TOWN, OR TOWNSHIP) 400 (COUNTY): 13 Shoshone (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 1 - 1965 ? m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Fell over cliff while fishing

22. *I hereby certify that I attended the deceased from* 8-1-65, *to* 8-2-65, *that I last saw the deceased alive on* 8-2-65, *and that death occurred at* 925 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert Peters M.D. 494
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 8-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG. 2 1965
24c. NAME OF CEMETERY OR CREMATORY: GREENWOOD CEMETERY
24d. LOCATION (City, town, or county) (State): KELLOGG, IDAHO

DATE REC'D BY LOCAL REG.: 8-6-65
REGISTRAR'S SIGNATURE: Joe [illegible]
25. EMBALMER: Robert G. Ross — LICENSE NO.: E497

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Maisel Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 19 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 8 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3692
Local Reg. No. 52
Reg. Dist. No. 140

BIRTH NO. 65-8378

RECEIVED SEP 3 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): Storjohann

4. DATE OF DEATH (Month) (Day) (Year): August 6, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White		Aug. 6, 1965				4	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
infant			

13. FATHER'S NAME: Terry Storjohann — BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Rose Nicholby — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Terry J. Storjohann — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Left intrathoracic diaphragm hernia — 4 hours.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-6, 1965, *to* 8-6, 1965, *that I last saw the deceased alive on* 8-6, 1965, *and that death occurred at* 3:33 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Wallace, Idaho	8-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	8-10-65	Mullan Cemetery	Mullan Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-9-65	[signature]	Dale L. Cornell	E-406

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Cornell's Ward Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3693
Local Reg. No. 61
Reg. Dist. No. 142

Certificate of Death

RECEIVED
AUG 24 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 401 3-13
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 400
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Enaville (Rural)
d. STREET ADDRESS (If rural, give location): Enaville, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): SYLVIA
b. (Middle): MAY 141
c. (Last): GLASSON

4. DATE OF DEATH (Month) (Day) (Year): August 8, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb. 18, 1899
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 5, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Omaha, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: William Glasson — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

692.11

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Septicemia — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cellulitis & abscess of rt. buttocks — 1-2 months
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Diabetes mellitus — several years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP): Kellogg — (COUNTY): Shoshone — (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 17 Feb, 1965 *to* 8/8, 1965 *that I last saw the deceased alive on* 8/8, 1965 *and that death occurred at* 4:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glen M. Whiteside 539 MD
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 10 Aug 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 10, 1965
24c. NAME OF CEMETERY OR CREMATORY: Hunt's Cemetery
24d. LOCATION (City, town, or county) (State): Kingston, Idaho

DATE REC'D BY LOCAL REG.: 8/16/65
REGISTRAR'S SIGNATURE: Joe Frome
25. EMBALMER: Donald Maisel — LICENSE NO.: 452

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Maisel's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 24 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3694
Local Reg. No. 83
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 401 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 67 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 400
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kingston
d. STREET ADDRESS (If rural, give location): Box 118 Kingston, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): HAROLD
b. (Middle): 141
c. (Last): SWIFT

4. DATE OF DEATH (Month) (Day) (Year): August 12, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: August 24 1912
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Timberman 06
10b. KIND OF BUSINESS OR INDUSTRY: Mining 04
11. BIRTHPLACE (State or foreign country): Hardman, Oregon
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Bird Swift — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Bessie Ward — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-03-9343
17. INFORMANT'S OWN SIGNATURE: Mrs. Rose Swift — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

157X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic adenocarcinoma of pancreas — INTERVAL BETWEEN ONSET AND DEATH: about 4 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6/9/65
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of pancreas, metastasized to liver
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/27/, 1965, *to* 8/12/, 1965, *that I last saw the deceased alive on* 8/12/, 1965, *and that death occurred at* 10 35 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert W. Cordwell, M.D. 105 (Degree or title)
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 13 Aug 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 16 1965
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE: Joe Lavine
25. EMBALMER: Donald Maisel — LICENSE NO. 452

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MAISEL FUNERAL CHAPEL

AUG 26 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 31 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 11 1972

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

FEB 18 1992

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3695
Local Reg. No. 54
Reg. Dist. No. 140

RECEIVED
SEP 3 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone 400 000
b. CITY OR TOWN Silverton
c. LENGTH OF STAY (If outside corporate limits, write RURAL and give township) (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Shoshone County Hosp. 138

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 402 b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) 9 Mile

3. NAME OF DECEASED (Type or Print) a. (First) Donald b. (Middle) Murdo c. (Last) Murray

4. DATE OF DEATH (Month) (Day) (Year) Aug. 16, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH April 1883

9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 06

10b. KIND OF BUSINESS OR INDUSTRY Foundry 03

11. BIRTHPLACE (State or foreign country) Canada

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME BIRTHPLACE

14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 516-12-4312

17. INFORMANT'S OWN SIGNATURE ADDRESS
X Lillie M. Swanson

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

157X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1960, to Aug. 16, 1965, that I last saw the deceased alive on Aug 16, 1965, and that death occurred at 12:05 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. M. Peterson 44 M.D.

23b. ADDRESS Wallace Idaho

23c. DATE SIGNED 8-25-65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 8-28-65

24c. NAME OF CEMETERY OR CREMATORY Wallace Cemetery

24d. LOCATION (City, town, or county) (State) Wallace Idaho

DATE REC'D BY LOCAL REG. 8-28-65

REGISTRAR'S SIGNATURE Dale Cornell

25. EMBALMER Dale L. Cornell

LICENSE NO. E-406

FIRM NAME: Cornell's WardFuneral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK int or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

BIRTH NO. 1

RECEIVED AUG 25 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3696
Local Reg. No. 33
Reg. Dist. No. 140

1. PLACE OF DEATH
a. COUNTY Shoshone 401
b. CITY OR TOWN Kellogg
(If outside corporate limits, write RURAL and give township) 000
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION West Shoshone Hospital 44

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 28
b. COUNTY Kootenai
c. CITY OR TOWN Coeur d'Alene
d. STREET ADDRESS (If rural, give location) Box 618

3. NAME OF DECEASED (Type or Print)
a. (First) Eri
b. (Middle) Emerson
c. (Last) Beachel

4. DATE OF DEATH (Month) (Day) (Year) August 18, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH Feb. 11, 1930

9. AGE (In years last birthday) 35
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timber Man 06

10b. KIND OF BUSINESS OR INDUSTRY Mining 04

11. BIRTHPLACE (State or foreign country) Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME BIRTHPLACE

14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 509-28-3478

17. INFORMANT'S OWN SIGNATURE Mrs. Eri E. Beachel ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatic Shock — INTERVAL BETWEEN ONSET AND DEATH 5 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fractured Rib — Ruptured Lung
DUE TO (c) Bladder — Fractured Pelvis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mangled dissection of groin Fractured ~~no~~ foot etc

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident 11

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Page mine

21c. (CITY, TOWN, OR TOWNSHIP) 400 Kellogg **(COUNTY)** Shoshone **(STATE)** Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Fell down shaft in mine

22. *I hereby certify that I attended the deceased from* 8-18, 65, *to* 8-18, 65, *that I last saw the deceased alive on* 8-18, 1965, *and that death occurred at* 7:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 494 Robert Reading

23b. ADDRESS Kellogg Idaho

23c. DATE SIGNED 8-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 8-23-65

24c. NAME OF CEMETERY OR CREMATORY Restlawn Memorial

24d. LOCATION (City, town, or county) Coeur d'Alene **(State)** Idaho

DATE REC'D BY LOCAL REG. 8-23-65

REGISTRAR'S SIGNATURE Dale Cornell

25. EMBALMER Dale L. Cornell

LICENSE NO. E-406

FIRM NAME Cornell's Ward Funer l Home

Federal Security Agency
United States Public Health Service

Form DH-69021

DUTIES:

AUG 26 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 26 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 11 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAY 24 1972

AUG 22 1977

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 8 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3697
Local Reg. No. 65
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Enaville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Scott Creek Area 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 48 Washington
b. COUNTY: 000 Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 830 4th Clarkston, Washington

3. NAME OF DECEASED (Type or Print): a. (First) ANN b. (Middle) CHERI c. (Last) JENKINS

4. DATE OF DEATH (Month) (Day) (Year): August 19 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: April 5 1957
9. AGE (In years last birthday): 8 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY: Student 0
11. BIRTHPLACE (State or foreign country): Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Jenkins — BIRTHPLACE: Washington
14. MOTHER'S MAIDEN NAME: Arlene Malcom — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: David C. Jenkins — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured liver, spleen, + both kidneys — INTERVAL BETWEEN ONSET AND DEATH: 4½ hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture of left femur — 4½ hours.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Camp ground on Grand Ronde River 13
21c. (CITY, TOWN, OR TOWNSHIP) 400 (COUNTY): Shoshone (STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 / 19 / 65 6 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Tree blew down + fell across abdomen.

22. I hereby certify that I attended the deceased from 8/19/, 1965, to 8/19/, 1965, that I last saw the deceased alive on 8/19/, 1965, and that death occurred at 10 32 a.m., from the causes and on the date stated above.

23a. SIGNATURE: John K. Cardwell (Degree or title): MD
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 8/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Aug 20 1965
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 8-25-65
REGISTRAR'S SIGNATURE: Joe Irvine
25. EMBALMER: Donald J. Maisel
LICENSE NO.: 452

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MAISEL FUNERAL CHAPEL

SEP 9 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3698
Local Reg. No. 63
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 401 SEP 8 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY: 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone General Hosp.

Bureau of Vital Statistics 3-02

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): 214 E. Augusta

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CEDRIC	W.	HOGUE	August 20 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	May 19, 1924	41				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cement Worker 06	Construction 20	Portland, Oregon	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Walter Hogue	Unknown	Elizabeth Richie	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		518-22-9649	E. Eugene C. Hogue	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lacerations of Rt lung & Kidney — INTERVAL BETWEEN ONSET AND DEATH: 29 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Crush injury of Rt chest & abdomen c fracture of Rt 3, 4, 5, 6, 7, 8, 9, 10, & 11th ribs — 29 hours

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

902.8

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 408	(COUNTY)	(STATE)
Accident 20	Bridge near Pinehurst	13 Pinehurst,	Shoshone,	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
8	19	65	6 p.m. about		Fell off a bridge at work.

22. I hereby certify that I attended the deceased from 8/19, 1965, to 8/20, 1965, that I last saw the deceased alive on 8/20, 1965, and that death occurred at 1632 p.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert H. Cardwell	M.D.	Kellogg, Idaho	8/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	Aug 21 1965	Fairmont	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-25-65	Joe Simms	Ronald Maisel	452

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 9 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3699
Local Reg. No. 87
Reg. Dist. No. 142

BIRTH NO.

SEP 8 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone (401)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): Few Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone General Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (250)
b. COUNTY: (105)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pincreek
d. STREET ADDRESS (If rural, give location): Star Route Pinehurst, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) EDRIE b. (Middle) (141) c. (Last) Line

4. DATE OF DEATH: (Month) (Day) (Year): August 20 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 18 1910

9. AGE (In years last birthday): 55
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Owner (35)

10b. KIND OF BUSINESS OR INDUSTRY: Merchant (01)

11. BIRTHPLACE (State or foreign country): Alfalfa County Oklahoma

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Russell Line
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Acute coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ~~19~~ _____, *to* ~~19~~ _____, *that I last saw the deceased alive on* ~~19~~ _____, *and that death occurred at* 6 10 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert H. Cardwell (105) (Degree or title): MD
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 8/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 25, 1965
24c. NAME OF CEMETERY OR CREMATORY: Shoshone Gardens
24d. LOCATION (City, town, or county) (State): Pinehurst, Idaho

DATE REC'D BY LOCAL REG.: 8-25-65
REGISTRAR'S SIGNATURE: Joe Levine
25. EMBALMER: Donald Maisel
LICENSE NO.: 452

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: MAISEL FUNERAL CHAPEL

DUTIES:

MAY 11 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3700
Local Reg. No. 66
Reg. Dist. No. 142

RECEIVED
SEP 8 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 401 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): Few minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dead on Arrival at Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 401
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 301 East Portland

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): HAY 000
c. (Last): FOLDEN

4. DATE OF DEATH (Month) (Day) (Year): August 23, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec. 14 1919
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months 8, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: Laborer 03
11. BIRTHPLACE (State or foreign country): Trail, Britsh Columbia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Andrew Folden — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Elizabeth Hay — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elizabeth Hay Griffin — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombus. — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Artery Disease — several weeks
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cardiac Decomp. — 2 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP): Kellogg — (COUNTY): Shoshone — (STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 19 1965 *to* 23 Aug, 1965, *that I last saw the deceased alive on* 22 Aug, 1965, *and that death occurred at* 1 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glen M. Whitehead 539 MD
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 25 Aug 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: Aug 26 1965
24c. NAME OF CEMETERY OR CREMATORY: Hazen & Jaeger
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 8-27-65
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Robert G. Ross — LICENSE NO.: E497

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MASIEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 2 1 2007

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3701
Local Reg. No. 55
Reg. Dist. No. 140

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

SEP 3 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone County Hosp. 138

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 401
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Jane
b. (Middle): Martin
c. (Last): Simmonds

4. DATE OF DEATH (Month) (Day) (Year): August 23, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: March 11, 1878
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Glasson — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-01-3753
17. INFORMANT'S OWN SIGNATURE: X Virginia Klaudt — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 053.4 Septicemia Chronic — INTERVAL BETWEEN ONSET AND DEATH: 3-4 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Infection of Leg — Same
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Generalized Arteriosclerosis & Arthritis — 10 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 47, *to* 23 Aug, 19 65 *that I last saw the deceased alive on* 27 Jul, 19 65 *and that death occurred at* 4:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glen M Whitten MD 539
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 26 Aug 65

24a. BURIAL, CREMATION, REMOVAL (Specify): cremation 2
24b. DATE: 8-25-65
24c. NAME OF CEMETERY OR CREMATORY: Smith and Company
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 8-28-65
REGISTRAR'S SIGNATURE: Dale L Cornell
25. EMBALMER: Dale L. Cornell — LICENSE NO.: E-406

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Cornell's Ward Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3702
Local Reg. No. 67
Reg. Dist. No. 142

Certificate of Death

RECEIVED
SEP 8 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 401 3-04
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 401
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 313 South Division

3. NAME OF DECEASED (Type or Print)
a. (First): OASE
b. (Middle): H. 141
c. (Last): SNYDER

4. DATE OF DEATH (Month) (Day) (Year): Aug. 25, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 22 1904
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet Shop Owner
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter 01
11. BIRTHPLACE (State or foreign country): Lewistown, Montnan
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Snyder 37 — BIRTHPLACE: Montnana
14. MOTHER'S MAIDEN NAME: Maybelle Hoskins — BIRTHPLACE: Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-03-4756
17. INFORMANT'S OWN SIGNATURE: Mrs. Helen Snyder — ADDRESS:

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Essential Hypertension — 10 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Cirrhosis Liver — 4 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19 *, 19*65 *to* 25 Aug *, 19*65 *that I last saw the deceased alive on* 25 Aug *, 19*65 *, and that death occurred at* 6:50 A *m., from the causes and on the date stated above.*

23a. SIGNATURE 539 (Degree or title): Glen M. Whitesel M.D.
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 28 Aug 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 28 1965
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 9-2-65
REGISTRAR'S SIGNATURE: Joe Irvine
25. EMBALMER: Donald Maisel
LICENSE NO.: 452

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3703
Local Reg. No. 2
Reg. Dist. No. 620

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Teton 410 AUG 17 1965 VOID
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): His Residence in Driggs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 410 b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
d. STREET ADDRESS (If rural, give location): None Given

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Howard	Howarth	Bradley	August 3, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married 3	18 Nov. 1880	84	8	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer & Janitor	01	Moroni, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Washington Bradley	Nephi, Utah	Luana Draper Bradley	Draper, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		528-28-0156	James L. Bradley	Logan, Utah

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	INTERVAL BETWEEN ONSET AND DEATH
	Cancer of the Colon	3 mos.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) none	
	DUE TO (c) none	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Arteriosclerosis	

153.8

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5-13-65	Obstructive Ca of Bowel	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July, 1961, *to* Aug 2, 1965, *that I last saw the deceased alive on* Aug. 2, 1965, *and that death occurred at* 7:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. K. Head MD	Driggs Idaho	8-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6 Aug. 1965	Cache-Clawson Cemetery	Tetonia, Teton Co., Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-13-65	Ella Driggs	Robert C. Dunn	E-456

FIRM NAME: Bean Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DEC 7 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3704
Local Reg. No. 3
Reg. Dist. No. 620

RECEIVED
SEP 1 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Teton 40
b. CITY OR TOWN Driggs 600
(If outside corporate limits, write RURAL and give township)
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Teton Valley Hospital 142

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 40 b. COUNTY Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Victor
d. STREET ADDRESS (If rural, give location) none given

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	LOY	ALLEN	KEATLEY	August	15	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	18 June 1883	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Painter 23	01	Huntington, Indiana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Irvin Greg Keatley	Cooperstown, Pa.	Anetta Amanda Bush	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	———	518-18-5797	Mrs Floyd Cherry	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	420.1 Infarction	1-2 wks
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary artery disease	15 Yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July, 1965, *to* Aug 15, 1965, *that I last saw the deceased alive on* Aug 15, 1965, *and that death occurred at* 12:00PM., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Driggs Idaho	8-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	18 Aug. 1965	Victor Cemetery	Victor, Teton Co., Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-28-65	Edla Griggs	Robert O. Bean	E-456

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Bean Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Information, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

65-6244

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3705
Local Reg. No. D236
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls (42) AUG 17 1965 (2-01)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY IN (This place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (42)
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 168 Tyler

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Randy	Jay (60)	Dick	August 1 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	June 28, 1965		1			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none (02)	(02)	Twin Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Glenn W. Dick	Burley, Idaho	Kathleen Friedrich	Bell City, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	none	X Glenn W. Dick	168 Tyler Twin Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral anoxia	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Acute laryngeal edema	10 min.
DUE TO (c)	Aspiration of vomitus Probable febrile convulsion	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Otitis media, bacterial	24 hrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-28, 1965, *to* 1 Aug, 1965, *that I last saw the deceased alive on* 1 Aug, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Werner H Kramer MD	Twin Falls Ida	8/9/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 4, 1965	Twin Falls Cemetery	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-13-65	Regina Grijalva	Ronald J Hamilton	E-470

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 3706
Local Reg. No. D-235
Reg. Dist. No. 760

BIRTH NO.

RECEIVED STATE OF IDAHO

Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42 AUG 17 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 119 Ramage St. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls 42
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 119 Ramage St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Wheeler	Nathan	Kirby	August 1 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed 2	Oct. 25, 1890	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired 41	03	Chesterfield, Ohio	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown Kirby	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-10-1502	Janet Slapnick	Renton, Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary thrombosis	Immed.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary arteriosclerosis	2 yrs
DUE TO (c)	Generalized Arteriosclerosis	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1-22-63, 19___, *to* 8-1-65, 19___, *that I last saw the deceased alive on* 8-1-65 / 19___ *and that death occurred at* 8:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Willard H. Clark M.D.	Twin Falls, Idaho	8-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 3, 1965	Sunset Memorial Park	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-13-65	Regina Brejalva	Ronald J. Hamilton	E-470

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: WHITE MORTUARY

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3707
Local Reg. No. D-231
Reg. Dist. No. 460

RECEIVED
AUG 17 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 421 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 906 4th Ave. West 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 421
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 906 4th Ave. West

3. NAME OF DECEASED (Type or Print)
a. (First) George
b. (Middle) Mark
c. (Last) Spencer

4. DATE OF DEATH (Month) August (Day) 4 (Year) 1965

5. SEX male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH Nov. 9, 1889
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) city employee 62
10b. KIND OF BUSINESS OR INDUSTRY 00
11. BIRTHPLACE (State or foreign country) Mont Rose, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Elijah H. Spencer — BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Orphia Pilcher — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-09-7007
17. INFORMANT'S OWN SIGNATURE — ADDRESS
FAMILY RECORDS Ronald J. Hamilton

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Peripheral Arteriosclerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) c̄ Beginning gangrene
~~DUE TO~~ also (c) Arteriosclerotic heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tibrosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 7, 1958, *to* Aug 3, 1965, *that I last saw the deceased alive on* Aug 3, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 578 [signature] (Degree or title)
23b. ADDRESS 204 4th Ave. E., Twin Falls
23c. DATE SIGNED 8-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 4, 1965
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) Twin Falls (State) Idaho

DATE REC'D BY LOCAL REG. 8-13-65
REGISTRAR'S SIGNATURE Regina Grijalva
25. EMBALMER [signature]
LICENSE NO. 343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 3 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 04 1999

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3708
Local Reg. No. D-238
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 20 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2nd Ave.W,&6th Street 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl Rt#2
d. STREET ADDRESS (If rural, give location): Rt#2

3. NAME OF DECEASED (Type or Print)
a. (First): Linda
b. (Middle): Lee
c. (Last): Chandler

4. DATE OF DEATH (Month) (Day) (Year): Aug. 5 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: Aug. 14, 1943
9. AGE (In years last birthday): 21 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY: -----03
11. BIRTHPLACE (State or foreign country): Buhl, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Fred Chandler — BIRTHPLACE: Washington
14. MOTHER'S MAIDEN NAME: Julia Ann Stark — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-50-9835
17. INFORMANT'S OWN SIGNATURE: Fred Chandler — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 816.4 Hemo thorax — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Heart lacerations
DUE TO (c) Fractured ribs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 06
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 6th St. & 2nd av. 13
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): west, Twin Falls Idaho 421
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 5, 65 9.30 am
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Auto collision

22. *I hereby certify that I attended the deceased from* did not attend *, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 9.40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Claude Wiley 583 Coroner 4
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 8-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Aug. 9, 1965
24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 8-16-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Delmar M. Skaret
LICENSE NO.: 499

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Albertson-Dickard

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 16 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 16 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 27 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3709
Local Reg. No. B-232
Reg. Dist. No. 460

BIRTH NO.

RECEIVED AUG 17 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
Statement of STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Reva	M.	Slater	August	5	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	widowed	April 15, 1900	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Orient, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	none	William A Slater	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bowel obstruction — INTERVAL BETWEEN ONSET AND DEATH: 14 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Adenocarcinoma Metastatic — 20 months
DUE TO (c) Ovarian Cancer (Adenocarcinoma Rt ovary) — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5/27/65	metastasis to liver, colon, bladder.	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11/29, 1957, *to* 8-5, 1965, *that I last saw the deceased alive on* 8-5 1965, *and that death occurred at* 5:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Max W Lower MD	Twin Falls, Idaho	Aug 9, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 9, 1965	Twin Falls Cemetery	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-13-65	Regina L Snijder	Ronald J. Hamilton	E-420

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: WHITE MORTUARY

DUTIES:

OCT 25 1965

JUL 24 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to furnish the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3710
Local Reg. No. D-233
Reg. Dist. No. 460

Certificate of Death

RECEIVED
AUG 17 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 1-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 18 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 741 Washington St. N.

3. NAME OF DECEASED (Type or Print)
a. (First): Kenneth
b. (Middle): John 143
c. (Last): Greene

4. DATE OF DEATH (Month) (Day) (Year): Aug. 6 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 1
8. DATE OF BIRTH: Nov. 27, 1963
9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02
10b. KIND OF BUSINESS OR INDUSTRY: none 60
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Carl J. Greene — BIRTHPLACE: Wendell, Idaho
14. MOTHER'S MAIDEN NAME: Donna Peterson — BIRTHPLACE: Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Carl Jay Greene — ADDRESS: 741 Washington N. Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Multiple Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

830.0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT XX **SUICIDE HOMICIDE** (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): driveway 04
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls 421 Twin Falls Idaho 13

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-6-65 -about 6p m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: backing out of driveway

22. *I hereby certify that I attended the deceased from* 8/6/65, 19__, *to* 8/6/65, 19__, *that I last saw the deceased alive on* 8/6/65, 19__, *and that death occurred at* 8:25P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ben Stat 274 MD
23b. ADDRESS: Twin Falls
23c. DATE SIGNED: 8/9/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 1
24b. DATE: Aug. 9, 1965
24c. NAME OF CEMETERY OR CREMATORY: Wendell Cemetery
24d. LOCATION (City, town, or county) (State): Wendell Idaho

DATE REC'D BY LOCAL REG.: 8-13-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Ronald J. Hamilton — LICENSE NO.: E-470

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3711
Local Reg. No. D-237
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 42/ AUG 17 1965 (VD)
b. CITY OR TOWN Twin Falls
c. LENGTH OF STAY (in this place) Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION 461 4th Ave. N. (VD)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 42/ b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 461 4th Ave. N.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Roscoe	B.	Beatty	Aug.	7	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	Nov. 7, 1889	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher 04	01	Yellow Springs, Ohio	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ed Beatty	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-425-767	Mrs. Frank Mallett	440-4th N

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: MINUTES

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) GENERALIZED ARTERIO-
DUE TO (c) SCLEROSIS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9/15/52, 19___, *to* 8/7/65, 19___, *that I last saw the deceased alive on* 8/7, 19 65 *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. V. Telford, MD	153 Blue Lakes Blv'd North. T.F.	8/9/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 10, 1965	Sunset Memorial Park	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-13-65	Regina Trujillo	Ronald J. Hamilton	E-470

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 31 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3712
Local Reg. No. D-277
Reg. Dist. No. 460

Certificate of Death

RECEIVED AUG 17 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 2-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 3rd St. West, Sopers Apts. # 13

3. NAME OF DECEASED (Type or Print)
a. (First): ELMER
b. (Middle): ----- 143
c. (Last): ALFORD

4. DATE OF DEATH (Month) (Day) (Year): August 8, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Aug. 25, 1898
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer 04
10b. KIND OF BUSINESS OR INDUSTRY: farm 02
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Orson Alford — BIRTHPLACE: unkn.
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: 443X
17. INFORMANT'S OWN SIGNATURE: Mr Harry J. Gibson — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Hypertensive cardiovascular disease — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-5-56, 19__, *to* 8-8-65, 19__, *that I last saw the deceased alive on* 8-8-65, 19__, *and that death occurred at* 11:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wellard H. Clark M.D. 092
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 8-9-1965

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8-10-1965
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 8-11-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Dale P. Patterson
LICENSE NO.: E-451

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Twin Falls mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 17 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3713
Local Reg. No. D-259
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 42 Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 120
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 42 b. COUNTY T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 553 6th Ave. East

3. NAME OF DECEASED (Type or Print) a. (First) Epifania b. (Middle) 143 c. (Last) Reyes

4. DATE OF DEATH (Month) (Day) (Year) August 8, 1965

5. SEX Female
6. COLOR OR RACE Mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2
8. DATE OF BIRTH January 6, 1915
9. AGE (In years last birthday) 50 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Uvalde, Texas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Preciliano Lopez BIRTHPLACE Texas
14. MOTHER'S MAIDEN NAME Ramona Maciaz BIRTHPLACE Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE X Delfina E. Reyes ADDRESS Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1517 Carcinoma of stomach with metastasis — INTERVAL BETWEEN ONSET AND DEATH 3 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 5, 1965, *to* Aug. 8, 1965, *that I last saw the deceased alive on* Aug. 8, 1965, *and that death occurred at* 6:55 pm *m., from the causes and on the date stated above.*

23a. SIGNATURE A. W. Kendall (Degree or title) M.D.
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 8/10/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8/12/65
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) Twin Falls, Idaho (State)

DATE REC'D BY LOCAL REG. 8-13-65
REGISTRAR'S SIGNATURE Regina Grijalva
25. FUNERAL DIRECTOR Rene D. Reynolds ADDRESS Reynolds Funeral Chapel-Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of James C. Reynolds Lic. No E-279 at Twin Falls on 8/8/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 3714
Local Reg. No. 0-230
Reg. Dist. No. 460

BIRTH NO.

RECEIVED AUG 17 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
DURATION OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hospital 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 42
b. COUNTY T. Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 432 Highland Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ernestine	P.	Grabert	August 8, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	January 27, 1877	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	01	Sohland, Germany	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Roessler	Germany	unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-54-0372	Carl Grabert	R.R.#3 Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis — 2 yrs.
DUE TO (c) Generalized arteriosclerosis — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
a) Strangulated hernia
b) Brights disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1/30/64, 19__, *to* 8/8/, 19 65, *that I last saw the deceased alive on* 8/8/65, 19__, *and that death occurred at* 1:00p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Willard H. Reid 0092	M.D.	Twin Falls, Idaho	8/11/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/12/65	City Cemetery	Broken Bow, Nebraska

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-13-65	Regina Grijalva	Reynolds Funeral Chapel-Twin Falls, Idaho	

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AUG 19 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Paul D. Reynolds Lic. No. E-495 at Twin Falls on 8/8/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 3715
Local Reg. No. D-234
Reg. Dist. No. 460

BIRTH NO.

RECEIVED AUG 17 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls 42 600
b. CITY OR TOWN Twin Falls
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION 277 Alexander 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 42 b. COUNTY Twin Falls
c. CITY OR TOWN Twin Falls
d. STREET ADDRESS (If rural, give location) 277 Alexander

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) c. (Last) Sorenson
4. DATE OF DEATH (Month) Aug. (Day) 9, (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 2
8. DATE OF BIRTH Nov. 16, 1886
9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer 06
10b. KIND OF BUSINESS OR INDUSTRY Twin Falls Canal 03
11. BIRTHPLACE (State or foreign country) South Dakota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Hans Sorenson BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Annie Dalley BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-07-9034
17. INFORMANT'S OWN SIGNATURE X Rose E. Sorenson ADDRESS Fruitland, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4290

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosus — INTERVAL BETWEEN ONSET AND DEATH: 2 ds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerotic heart disease — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/3/ 42, *to* 8/9 65, *that I last saw the deceased alive on* 8/7, 1965, *and that death occurred at* 12:35 A *m., from the causes and on the date stated above.*

23a. SIGNATURE George B Talley (Degree or title) M.D
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 8/9/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 12, 1965
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) Twin Falls (State) Idaho

DATE REC'D BY LOCAL REG. 8-13-65
REGISTRAR'S SIGNATURE Regina Gonzalez
25. EMBALMER Ronald J. Hamilton LICENSE NO. 470
FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 19 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3716
Local Reg. No. D-248
Reg. Dist. No. 460

Certificate of Death

RECEIVED
AUG 27 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 421 Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (In this place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 428
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Filer
d. STREET ADDRESS (If rural, give location) 1136 Adell Street

3. NAME OF DECEASED (Type or Print)
a. (First) ARTHUR
b. (Middle) 143
c. (Last) WERNER

4. DATE OF DEATH (Month) Aug. (Day) 11, (Year) 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Aug. 10, 1885
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Retired 01
11. BIRTHPLACE (State or foreign country): Deshler, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Werner — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Bertha Lierman — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-30-7635
17. INFORMANT'S OWN SIGNATURE: Paul W. Werner — ADDRESS: RFD # 2 Hazelton, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 541.0 Massive bleeding from duodenal ulcer — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1957, *to* Aug 11, 1965, *that I last saw the deceased alive on* Aug 11, 1965, *and that death occurred at* 9:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Max W. Lawer M.D. 085 (Degree or title)
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 8/17/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/14/65
24c. NAME OF CEMETERY OR CREMATORY: Clover
24d. LOCATION (City, town, or county) (State): Twin Falls County, Idaho

DATE REC'D BY LOCAL REG.: 8-23-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Delmar M. Skaret
LICENSE NO.: E-499

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 10 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 19 1974

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3717
Local Reg. No. D-241
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 24 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY Twin Falls 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Hansen
c. LENGTH OF STAY (If in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ½mi.E.of Hansen hiway 30 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 48 Washington 555
b. COUNTY King
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Seattle
d. STREET ADDRESS (If rural, give location) 11253 4th Avenue South

3. NAME OF DECEASED (Type or Print)
a. (First) Harvey
b. (Middle) Roland
c. (Last) Pierce

4. DATE OF DEATH (Month) (Day) (Year) August 12,1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH June 10,1940
9. AGE (In years last birthday) 25 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Private Investigator
10b. KIND OF BUSINESS OR INDUSTRY Detective Bureau 42
11. BIRTHPLACE (State or foreign country) Chester,Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Louis Pierce 90
BIRTHPLACE Penna.
14. MOTHER'S MAIDEN NAME Mary Ryan
BIRTHPLACE Chester,Penna.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) Korean War 816.1
16. SOCIAL SECURITY NO. 162-32-6626
17. INFORMANT'S OWN SIGNATURE James C. Reynolds
ADDRESS Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed skull.
INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 06
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) hiway 30 ¼mi.E.of
21c. (CITY, TOWN, OR TOWNSHIP) 421 (COUNTY) (STATE) 13 Hansen Twin Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug.12,1965 14:45a.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Collision between car and truck

22. *I hereby certify that I attended the deceased from* Did not see alive, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 4:45a.m., *from the causes and on the date stated above.*

23a. SIGNATURE 583 Claude Wiley Coroner (Degree or title)
23b. ADDRESS Twin Falls,Idaho
23c. DATE SIGNED 8-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 8/14/65
24c. NAME OF CEMETERY OR CREMATORY Seattle Washington
24d. LOCATION (City, town, or county) (State) Seattle,Washington

DATE REC'D BY LOCAL REG. 8-19-65
REGISTRAR'S SIGNATURE Regina Grijalva
25. FUNERAL DIRECTOR Reynolds Funeral Chapel-Twin Falls,Idaho
ADDRESS James C. Reynolds

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AUG 26 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 26 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of James C. Reynolds Lic. No. E-279 at Twin Falls on 8/12/65

ADDITIONAL REMARKS by Physician

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3718
Local Reg. No. D-272
Reg. Dist. No. 460

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY Twin Falls 420 AUG 24 1965
b. CITY OR TOWN Kimberly (If outside corporate limits, write RURAL and give township) Bureau of Vital Statistics 000
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) south of Kimberly 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 420 b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kimberly
d. STREET ADDRESS (If rural, give location) south of Kimberly

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Orion	S.	Butler	August	13	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	married 3	Nov. 13, 1889	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): stockman 04
10b. KIND OF BUSINESS OR INDUSTRY: ranch 06
11. BIRTHPLACE (State or foreign country): Wablow, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Pete Butler — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Ellen Unknown — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-42-7379
17. INFORMANT'S OWN SIGNATURE: Connie Butler — ADDRESS: Rt. 1, Kimberly

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic Heart disease — approx. 15 yrs.
DUE TO (c) arterio sclerosis generalized

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1955, *to* Aug. 13, 1965, *that I last saw the deceased alive on* Aug. 13, 1965, *and that death occurred at* 3:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. Ellis Knight M.D. 286	Kimberly, Idaho	17 Aug 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
burial	Aug. 15, 1965	Sunset Memorial Park	Twin Falls	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-20-65	Eugene Hojalva		343

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

AUG 26 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED AUG 24 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3719
Local Reg. No. D-273
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murtaugh
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): FAY
b. (Middle): C. 143
c. (Last): PERKINS

4. DATE OF DEATH (Month) (Day) (Year): August 14 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: May 8, 1895
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Hyde Park, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Willard D. Cranney — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Hattie Woolf — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-38-9832
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 600.0 Chronic Pyelonephritis and Uremia — INTERVAL BETWEEN ONSET AND DEATH: 10 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture Rt. Hip Diabetes Mellitus — 10 days 3 mbrths

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/22 *1965, to* 8/14 *1965, that I last saw the deceased alive on* 8/14 *1965, and that death occurred at* 8:05 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 466 Roy O. Shaub MD.
23b. ADDRESS: 111 6th Ave E. Twin Falls Idaho
23c. DATE SIGNED: 8/17/65.

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Aug. 18, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county): Twin Falls — (State): Idaho

DATE REC'D BY LOCAL REG.: 8-20-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: [signature]
LICENSE NO.: 343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: WHITE MORTUARY

AUG 26 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 13 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 11 1970

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3720
Local Reg. No. D-251
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Filles 420 — AUG 27 1965 — Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Buhl
LENGTH OF STAY in this place: 205 Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 Miles NW of Buhl Hiway At Ring Corner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 201 8th Ave. North

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	DELMAR	M.	SKARET	Aug. 15, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	Dec. 8, 1941	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Embalmer 86	Funeral Home 02	Bertha, Minnesota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George H. Skaret	Wisconsin	Carrie Miller	North Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-46-6626	Mrs. Del Skaret	201 8th N. Buhl, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Accidental Electrocution — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident 01	Public Highway 13	Buhl Twin Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Aug. 15, 1965 about 9:40 a.m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Carrying patient on stretcher hit downed electric wire.

22. *I hereby certify that I attended the deceased from* Investigation only *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* about 9:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Claude Wiley 583	County Coroner 4	490 Filer Ave. Twin Falls, Idaho	8/16/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	8/18/65	Memorial Gardens	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-23-65	Regina Higbee	James C. Reynolds	E-279

FIRM NAME: REYNOLDS FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 29 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 1 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 3721
Local Reg. No. D-230
Reg. Dist. No. 760

BIRTH NO.

RECEIVED
Bureau of Vital Statistics
STATE OF IDAHO

Information, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: 420 Twin Falls — AUG 27 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Buhl
c. LENGTH OF STAY (In this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 mi. N.W. of Buhl-hiway 30

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 26 Missouri
b. COUNTY: 555 Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Monett
d. STREET ADDRESS (If rural, give location): R.R.#1

3. NAME OF DECEASED (Type or Print): a. (First) Edward — b. (Middle) M. — c. (Last) Worm

4. DATE OF DEATH (Month) (Day) (Year): August 15, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: May 12, 1925

9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Friestatt, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Richard Worm — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Lydia Oberman — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY NO.: 497-32-8166

17. INFORMANT'S OWN SIGNATURE: Mrs Wilma Worm — ADDRESS: Monett, Missouri

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Accidental electrocution — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 08

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 5 mi. N.W. of Buhl hiway 30

21c. (CITY, TOWN, OR TOWNSHIP): 420 Buhl (COUNTY): Twin Falls (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): August 15, 1965 m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR?: Struck by downed electric Wire

22. *I hereby certify that I attended the deceased from* Did not attend, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 9:40a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Claude Wiley Coroner 0583

23b. ADDRESS: Twin Falls, Idaho.

23c. DATE SIGNED: 8-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 8/17/65

24c. NAME OF CEMETERY OR CREMATORY: Trinity Lutheran Cemetery

24d. LOCATION (City, town, or county) (State): Friestatt, Missouri

DATE REC'D BY LOCAL REG.: 8-23-65

REGISTRAR'S SIGNATURE: Regina Grijalva

25. FUNERAL DIRECTOR Reynolds Funeral Chapel-Twin Falls, Idaho — ADDRESS: James C. Reynolds

Federal Security Agency
United States Public Health Service

Form DPH-48021

AUG 30 1965

SEP 8 1965

OCT 29 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of James C. Reynolds Lic. No. E-279 at Twin Falls on 8/15/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 3722
Local Reg. No. D-256
Reg. Dist. No. 460

BIRTH NO.

RECEIVED AUG 24 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls 42
b. CITY OR TOWN Twin Falls
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 420
b. COUNTY T. Falls
c. CITY OR TOWN Rural Twin Falls
d. STREET ADDRESS (If rural, give location) R.R.#3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Jack	Raymond 143	Hammon, Jr.	August 16, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Never married	September 24, 1962	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant		Twin Falls, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jack R. Hammon, Sr.	Sand Springs, Okla.	Roma Jones	Twin Falls, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Jack R. Hammon Sr.	Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation — INTERVAL BETWEEN ONSET AND DEATH: Min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Home	13 Twin Falls, Twin Falls, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
August 16, 1965 4:15 pm.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Trapped in ice box

22. *I hereby certify that I attended the deceased from* 8/16/ , 19 65, *to* 8/16/ , 19 65, *that I last saw the deceased alive on* 8/16/ , 1965, *and that death occurred at* 5:25 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harold W. Wiedeman 564	M.D.	Twin Falls, Idaho	8/18/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/20/65	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-19-65	Regina Grijalva	James C. Reynolds	Reynolds Funeral Chapel-Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of James C. Reynolds Lic. No. E-279 at Twin Falls on 8/16/65

ADDITIONAL REMARKS by Physician

State File No. 3723
Local Reg. No. D-240
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 24 1965 Bureau

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem.Hospital 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): Mt.View Convalescent Home A St.E.

3. NAME OF DECEASED (Type or Print)
a. (First): Warren
b. (Middle):
c. (Last): Hughes

4. DATE OF DEATH (Month) (Day) (Year): August 16,1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: June 2,1873
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret.Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: 03
11. BIRTHPLACE (State or foreign country): Robinson Co.,Tenn
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Robert Hughes — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Elizabeth Hullett — BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Maggie Hughes — ADDRESS: Twin Falls,Idaho

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary thrombosis	Immed.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary arteriosclerosis	2 yrs.
DUE TO (c)	Generalized arteriosclerosis	5 years
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Bronchopneumonia, uremia	2 wks.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-13-61, *19*___, *to* August 16, *19*65, *that I last saw the deceased alive on* 8-16-65, *19*___, *and that death occurred at* 10:45 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Willard H. Clark 092 (Degree or title) M.D.
23b. ADDRESS: Twin Falls,Idaho
23c. DATE SIGNED: 8/18/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/18/65
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls,Idaho

DATE REC'D BY LOCAL REG.: 8-19-65
REGISTRAR'S SIGNATURE: Regina Grijalva
FUNERAL DIRECTOR: James C. Reynolds
ADDRESS: Reynolds Funeral Chapel-Twin Falls,Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of James C. Reynolds Lic. No. E-279 at Twin Falls on 8/16/65

ADDITIONAL REMARKS by Physician

Certificate of Death

State File No. 3724
Local Reg. No. D-344
Reg. Dist. No. 460

BIRTH NO.

RECEIVED STATE OF IDAHO

AUG 24 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 420 600
b. CITY OR TOWN: Filer
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 505 Front St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Gary	Ralph	Assendrup	August 16, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	married 2	Sept. 15, 1935	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 01	01	Twin Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ralph Assendrup	Twin Falls, Idaho	Evelyn Bauer	Beardsley, Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-40-7372	x Joanne Assendrup	Rt. 1, Filer, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrhythmia, (Ventricular asystole or fibrillation) — INTERVAL BETWEEN ONSET AND DEATH: 2 mins

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Coronary thrombosis, (thrombosis) of interventricular septum.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1951, to June 18 1965, *that I last saw the deceased alive on* June 18, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
B L Kreilkamp	M.D.	Twin Falls Idaho	Aug 19 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Aug. 19, 1965	Twin Falls Cemetery	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-20-65	Regina Grijalva		343

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 26 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 13 2013

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3725
Local Reg. No. 10-245
Reg. Dist. No. 460

RECEIVED
AUG 24 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 350 N. Washington St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 42
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 350 N. Washington St.

3. NAME OF DECEASED (Type or Print): a. (First) Henry; b. (Middle); c. (Last) Mulder

4. DATE OF DEATH: (Month) (Day) (Year) August 17, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: Nov. 17, 1882

9. AGE (In years last birthday): 82 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): brick mason 81

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): Chicago, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Mulder — BIRTHPLACE: Holland

14. MOTHER'S MAIDEN NAME: Elice Van Kampen — BIRTHPLACE: Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-01-5302

17. INFORMANT'S OWN SIGNATURE: X Mary Mulder — ADDRESS: 350 N. Washington St. Twin Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Heart disease — 5 years
DUE TO (c) Pulmonary obstructive disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4-29-9

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-29, 1959 *to* 8-17, 1965, *that I last saw the deceased alive on* 8-17, 1965, *and that death occurred at* 10 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H. Affleck MD
23b. ADDRESS: Twin Falls Ida.
23c. DATE SIGNED: 18 Aug 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 21, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 8-20-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER:
LICENSE NO.: 343

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 2 6 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3726
Local Reg. No. D 246
Reg. Dist. No. 460

Certificate of Death

RECEIVED AUG 24 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 05 California 555
b. COUNTY: Placer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roseville, California
d. STREET ADDRESS (If rural, give location): 115 Sutter

3. NAME OF DECEASED (Type or Print)
a. (First): Alice
b. (Middle): May 144
c. (Last): Laraby

4. DATE OF DEATH (Month) (Day) (Year): August 18, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: July 12, 1886
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Watson — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Mary Stevens — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-18-0427
17. INFORMANT'S OWN SIGNATURE: X Ruth C. Laraby — ADDRESS: 1595 Lindy Lane, Twin Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

194X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Thyroid c̄ metastases — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1960
19b. MAJOR FINDINGS OF OPERATION: Carcinoma Thyroid
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960, 19__, *to* Aug 18, 1965, *that I last saw the deceased alive on* Aug 18, 1965, *and that death occurred at* 9:00 *P.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George W. Warner MD 55
23b. ADDRESS: 111 6th Ave E, Twin Falls
23c. DATE SIGNED: 8/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: August 23, 1965
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 8-20-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: [signature]
LICENSE NO.: 343

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 16 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 22 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3727
Local Reg. No. D-54
Reg. Dist. No. 760

RECEIVED
AUG 24 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #2 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 42
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 142 Washington St. N.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOHN	B.	BRICKELL	August 19, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	widowed 2	May 24, 1890	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	01	Saffordville, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Brickell	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	World War I	519-32-0756-A	Mrs Neil Olmstead	R#2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 1, 1957 *to* Aug 19, 1965, *that I last saw the deceased alive on* Aug 17, 1965, *and that death occurred at* 10:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dean W. Affleck MD	Twin Falls Id	20 Aug 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Aug. 23, 1965	Sunset Memorial Park	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-20-65	Regina Hoijelva		343

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 26 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 31 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 8 1965

MAR 7 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3728
Local Reg. No. B-299
Reg. Dist. No. 460

BIRTH NO.

RECEIVED AUG 27 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls 421 OWD
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 421 b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 1999 4th Ave. E.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ROY	B. 143	MORRISON	August 20 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	married 2	Sept. 10, 1902	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Yard Foreman 27	Stockgrower Commission Co.	Tekamah, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Morrison	Missouri	Laura Hampton	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-32-2295
17. INFORMANT'S OWN SIGNATURE X Mrs Roy Morrison ADDRESS 1999 4th Ave. E. Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary artery occlusion — 12 hrs
DUE TO (c) arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8/19/65, 19___, *to* 8/20/65, 19___, *that I last saw the deceased alive on* 8/19, 1965, *and that death occurred at* 12:35a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard M. Smith M.D.	151 Addison Ave. Twin Falls	8-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Aug. 22, 1965	Buhl Cemetery	Buhl Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-23-65	Regina Shipley		343

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 7 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 15 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 22 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

AUG 11 1966

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED AUG 27 1965 Bureau of Vital Statistics

State File No. 3729
Local Reg. No. D-238
Reg. Dist. No. 760

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 706 Main Street

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): WILLIAM 143
c. (Last): WORLAND

4. DATE OF DEATH: (Month) Aug. (Day) 21, (Year) 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: March 20, 1884
9. AGE (In years last birthday): 81 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: LRetired 01
11. BIRTHPLACE (State or foreign country): Pleasant Hill, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas Worland
BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: McCauley
BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-40-8968

17. INFORMANT'S OWN SIGNATURE: Anna Worland
ADDRESS: 706 Main Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia 493X — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): _____

DUE TO (c): _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: arteriosclerotic hrt dis — Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 23, 1965, *to* Aug 21, 1965, *that I last saw the deceased alive on* Aug 21, 1965, *and that death occurred at* 2:10 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl Williams (Degree or title): MD
23b. ADDRESS: 122 9th Ave No Buhl Idaho
23c. DATE SIGNED: 8-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/24/65
24c. NAME OF CEMETERY OR CREMATORY: Buhl
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 8-25-65
REGISTRAR'S SIGNATURE: Regina Grigsby
25. EMBALMER: Robert F. Dickard
LICENSE NO.: E-312

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 11 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3730
Local Reg. No. D-252
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 2 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Valley Nursing Home 250

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 421
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) Valley Nursing Home

3. NAME OF DECEASED (Type or Print)
a. (First) Josie
b. (Middle) May
c. (Last) Jones

4. DATE OF DEATH (Month) August (Day) 23 (Year) 1965

5. SEX Female 3
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH Nov. 5, 1885
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) market operator 74
10b. KIND OF BUSINESS OR INDUSTRY grocery store 02
11. BIRTHPLACE (State or foreign country) Elmo, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William A. Power — BIRTHPLACE Elmo, Missouri
14. MOTHER'S MAIDEN NAME Annie Atherton — BIRTHPLACE Elmo, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-07-8353
17. INFORMANT'S OWN SIGNATURE Lewis P. Jones — ADDRESS 620 Lloyd Buildin Seattle, Wash.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 hr

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinoma of the Lung — 1 yr +
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 March, 1965, *to* 23 Aug, 1965, *that I last saw the deceased alive on* 23 Aug, 1965, *and that death occurred at* 1:42 P *m., from the causes and on the date stated above.*

23a. SIGNATURE James H. Spafford (Degree or title) M.D. 489
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 8/24/65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Aug. 26, 1965
24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery
24d. LOCATION (City, town, or county) Twin Falls (State) Idaho

DATE REC'D BY LOCAL REG. 8-31-65
REGISTRAR'S SIGNATURE Regina Grijalva
25. EMBALMER [signature]
LICENSE NO. 343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 17 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 29 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 11 1999

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3731
Local Reg. No. D-253
Reg. Dist. No. 460

BIRTH NO.

RECEIVED
SEP 2 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital 43

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 42
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1129 7th Ave. E.

3. NAME OF DECEASED (Type or Print): a. (First) Neita b. (Middle) Murl c. (Last) Johnston

4. DATE OF DEATH: (Month) August (Day) 24 (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: Sept. 18, 1892

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Bassett, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Dave Litz — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Sarah Roberts — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 507-22-4837

17. INFORMANT'S OWN SIGNATURE: Gale Johnston — ADDRESS: 1129 7th Ave. Twin Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 570.2 Probable Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c): Generalized Arteriosclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Osteoarthritis — "

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/25, 1965, *to* 8/25, 1965, *that I last saw the deceased alive on* 8/25, 1965, *and that death occurred at* 11:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: 466 Roy O. Shaub M.D. (Degree or title)

23b. ADDRESS: 111 6th Ave. E. Twin Falls Ida

23c. DATE SIGNED: 8/26/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Aug. 28, 1965

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 8-31-65

REGISTRAR'S SIGNATURE: Regina Grijalva

25. EMBALMER: [signature] — LICENSE NO.: 343

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3732
Local Reg. No. D-261
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 420 SEP 2 1965 (COD)
b. CITY OR TOWN Buhl
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Harrell's Nursing Home 205

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 421 b. COUNTY Twin Falls
c. CITY OR TOWN Twin Falls
d. STREET ADDRESS (If rural, give location) 1880 Osterloh Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Hatten b. (Middle) Murray c. (Last) Martin

4. DATE OF DEATH (Month) (Day) (Year) August 24 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Jan. 12, 1884

9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY 01

11. BIRTHPLACE (State or foreign country) McComb, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jarvet Douglas Martin BIRTHPLACE McComb, Illinois

14. MOTHER'S MAIDEN NAME Adeline Nancy Murray BIRTHPLACE McComb, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 509-24-2172

17. INFORMANT'S OWN SIGNATURE Carl F. Kobel ADDRESS 1880 Osterloh Ave. Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Endocardial infarct — 2 wks

DUE TO (c) Arteriosclerotic Heart disease — years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 19, 1964 *to* Aug. 24, 1965 *that I last saw the deceased alive on* Aug. 24, 1965 *and that death occurred at* 11:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) MD

23b. ADDRESS 1229 4th Ave No. Buhl

23c. DATE SIGNED 4-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE Aug. 27, 1965

24c. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery

24d. LOCATION (City, town, or county) Pocatello (State) Idaho

DATE REC'D BY LOCAL REG. 8-27-65

REGISTRAR'S SIGNATURE Regina Knijalva

25. EMBALMER

LICENSE NO. 343

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 7 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3733
Local Reg. No. 03238
Reg. Dist. No. 460

BIRTH NO.

RECEIVED SEP 9 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sky View Manor 273

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 42
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Sky View Manor

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	HIRAM	MERTON	August 25, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	never married	Sept. 2, 1887	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none 02	none 00	Yakima, Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Merton	no record	Helen Twitchell	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE
no	none	Lamoine Stevens Twin Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pulmonary fat embolism — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) Fractured r. humerus — 1 wk.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — 5 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan. 22, 1958 *to* August 25, 1965, *that I last saw the deceased alive on* Aug. 25, 1965, *and that death occurred at* 7:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Willard H. Davis MD	Twin Falls, Idaho	8-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	8-28-1965	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-2-65	Regina Snijalva	Dale L. Patterson	E-451

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Twin Falls Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

Certificate of Death

STATE OF IDAHO

SEP 16 1965

Bureau of Vital Statistics

State File No. 3734
Local Reg. No. D-365
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 420 Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl
c. LENGTH OF STAY (in this place) 37 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 111 14th Ave. North 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 420
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl
d. STREET ADDRESS (If rural, give location) 111 14th Ave. North

3. NAME OF DECEASED (Type or Print)
a. (First) ANASTACIO
b. (Middle)
c. (Last) LARRAGAN

4. DATE OF DEATH (Month) (Day) (Year) Aug. 27, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH June 14, 1884
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheep Raiser 52
10b. KIND OF BUSINESS OR INDUSTRY Livestock 02
11. BIRTHPLACE (State or foreign country) Regoitia, Spain
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME No Record — BIRTHPLACE
14. MOTHER'S MAIDEN NAME No Record — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Buhl Ida — ADDRESS Anita Larragan Maius

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 ~~My~~ Infarction of Myocardium due to Coronary Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart Disease + Hypertension — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Obesity — 10-12 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 27, 1965, *to* Aug 27, 1965, *that I last saw the deceased alive on* Aug 27, 1965, *and that death occurred at* 1:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Vern H Anderson, M.D. (Degree or title)
23b. ADDRESS Buhl, Ida
23c. DATE SIGNED Sept 10, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8/30/65
24c. NAME OF CEMETERY OR CREMATORY Buhl
24d. LOCATION (City, town, or county) Buhl, (State) Idaho

DATE REC'D BY LOCAL REG. 9-14-65
REGISTRAR'S SIGNATURE Regina Grijalva
25. EMBALMER Robert F. Dickard — LICENSE NO. E-312

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 17 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 24 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 10 1979

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3735
Local Reg. No. B-253
Reg. Dist. No. 760

RECEIVED SEP 7 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 42 000
b. CITY OR TOWN Twin Falls
c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 420
b. COUNTY T.Falls
c. CITY OR TOWN Hansen

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem.Hospital

d. STREET ADDRESS (If rural, give location): Box 24

3. NAME OF DECEASED (Type or Print): a. (First) Nancy b. (Middle) Onah 143 c. (Last) Lundy

4. DATE OF DEATH (Month) (Day) (Year): August 27, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: November 5, 1879

9. AGE (In years last birthday): 85 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Liniua, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Peacher BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Laura Trow BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Edna Lundy ADDRESS: Hansen, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis — 10 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 10 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-21-, 19 65, *to* 8/27/, 19 65, *that I last saw the deceased alive on* 8-27-, 19 65, *and that death occurred at* 12:55p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: George E. Brown (Degree or title) M.D.

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 8-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/31/65

24c. NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery

24d. LOCATION (City, town, or county) (State): Rock Creek, Idaho

DATE REC'D BY LOCAL REG.: 9-2-65

REGISTRAR'S SIGNATURE: Regina Snijalva

25. FUNERAL DIRECTOR: Reynolds Funeral Chapel *twin Falls ADDRESS: Idaho

Paul D. Reynolds

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 15 1976

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Paul D. Reynolds Lic. No. E-495 at Twin Falls on 8/27/65

ADDITIONAL REMARKS by Physician .....

State File No. 3736
Local Reg. No. D-259
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

BIRTH NO.

SEP 9 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 00.0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hase Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 421
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 179 Filer Ave. W.

3. NAME OF DECEASED (Type or Print)
a. (First) Alexander
b. (Middle) E.
c. (Last) Nelson

4. DATE OF DEATH (Month) Aug. (Day) 30 (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Jan. 6, 1886
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Business agent 26
10b. KIND OF BUSINESS OR INDUSTRY Carpenters Union 06
11. BIRTHPLACE (State or foreign country) Logan, Utah
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Unknown — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-07-7379
17. INFORMANT'S OWN SIGNATURE X Laura L. Nelson — ADDRESS Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

350X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH 1 week

ANTECEDENT CAUSES — Generalized Arteriosclerosis with

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) CVA - Myocardial and Renal Insufficiency + Senile dementia — 3 yrs.

DUE TO (c) Parkinson's Disease - — several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-11, 1950, *to* 8-30, 1965, *that I last saw the deceased alive on* 8-30, 1965, *and that death occurred at* 3:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE D. A. McCrusky MD 338 (Degree or title)
23b. ADDRESS Twin Falls Idaho
23c. DATE SIGNED 9-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Sept. 2, 1965
24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery
24d. LOCATION (City, town, or county) Twin Falls (State) Idaho

DATE REC'D BY LOCAL REG. 9-3-65
REGISTRAR'S SIGNATURE Regina Gbijalva
25. EMBALMER [signature]
LICENSE NO. 343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 17 1965

NOV 10 1967

FEB 12 1982

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3737
Local Reg. No. D-357
Reg. Dist. No. 460

BIRTH NO.

RECEIVED SEP 7 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (If this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idahoan Motel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Indiana
b. COUNTY: Gibson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Princeton
d. STREET ADDRESS (If rural, give location): 1005 East Water-St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ossie	Irven	Curry	Aug. 30 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	March 16, 1889	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
railroad conductor	Railroad	Duff, Indiana	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Isaac Curry	Duff, Indiana	Carrie Koons	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		704-18-4474	X Mrs. Ossie I. Curry Sr.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from Did not attend, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at 8:45 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Claude Wiley Coroner	Twin Falls, Idaho	8-31-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal	Aug. 31, 1965	Payne Cemetery	Dubois County Indiana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-2-65	Regina Snijders	Ronald J. Hamilton	E-470

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. NOV 14 1974

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3738
Local Reg. No. D-254
Reg. Dist. No. 460

BIRTH NO.

RECEIVED
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls (42) SEP 7 1965 (600)
b. CITY OR TOWN Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho (50)
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Murtaugh
d. STREET ADDRESS (If rural, give location) rural

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Norris (43) c. (Last) Goodman

4. DATE OF DEATH (Month) Aug. (Day) 30 (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married (2)
8. DATE OF BIRTH Sept. 8, 1912
9. AGE (In years last birthday) 52 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer (04)
10b. KIND OF BUSINESS OR INDUSTRY farm (01)
11. BIRTHPLACE (State or foreign country) Lyman, Wyoming
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William N. Goodman | BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Annie Moyes | BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518 10 5839
17. INFORMANT'S OWN SIGNATURE Genevieve Goodman | ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (420.1) Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Recurrent myocardial infarction	48 hours
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary artery disease	5 weeks
DUE TO (c)	Arteriosclerosis	Years
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Diabetes Mellitus Hypertensive CV Disease	13 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-24- *, 19* 63 *, to* 8-30- *, 19* 65 *that I last saw the deceased alive on* 8-30- *, 19* 65 *, and that death occurred at* 4:25 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE George S. Brown (061) (Degree or title)
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 9-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Sept. 2 1965
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 9-1-65
REGISTRAR'S SIGNATURE Regina Snyder
25. EMBALMER
LICENSE NO. 343

Federal Security Agency
United States Public Health Service
Form DH-69021
FIRM NAME: White Mortuary

SEP 7 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3739
Local Reg. No. D-256
Reg. Dist. No. 460

BIRTH NO.

RECEIVED
SEP 7 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls 421 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hospital 43

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 421 b. COUNTY T. Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 1211 9th Avenue East

3. NAME OF DECEASED (Type or Print) a. (First) Ray b. (Middle) Morse c. (Last) Beauchamp

4. DATE OF DEATH (Month) (Day) (Year) August 31, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH March 16, 1883

9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer-Painter 04

10b. KIND OF BUSINESS OR INDUSTRY 01

11. BIRTHPLACE (State or foreign country) Hopkins, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James W. Beauchamp BIRTHPLACE Indiana

14. MOTHER'S MAIDEN NAME Sarah Alice January BIRTHPLACE Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. #1

16. SOCIAL SECURITY NO. 518-36-9042B

17. INFORMANT'S OWN SIGNATURE x Ernest Beauchamp ADDRESS Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 16, 1951, *to* 8/31/, 1965, *that I last saw the deceased alive on* Aug 30, 1965, *and that death occurred at* 3:15a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Dean Ashleek M.D.
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 2 Sept 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/3/65
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 9-2-65
REGISTRAR'S SIGNATURE Regina Arijalva
25. FUNERAL DIRECTOR Reynolds Funeral Chapel-Twin Falls, Idaho ADDRESS James C. Reynolds

Federal Security Agency
United States Public Health Service
Form DPH-48021

SEP 7 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 11 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Paul D. Reynolds Lic. No. E-495 at Twin Falls on 8/31/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 3740
Local Reg. No. 5
Reg. Dist. No. 310

BIRTH NO.

RECEIVED
AUG 17 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Valley 430 105
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
c. LENGTH OF STAY (In this place): 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home, Alpine Trailer Court

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 430
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) LESLIE c. (Last) BAKER

4. DATE OF DEATH (Month) (Day) (Year): August 3, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: March 20, 1901

9. AGE (In years last birthday): 64 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Station Owner-retired

10b. KIND OF BUSINESS OR INDUSTRY: 04

11. BIRTHPLACE (State or foreign country): Golden, Colorado

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William F. Baker
BIRTHPLACE: Delphi, Iowa

14. MOTHER'S MAIDEN NAME: Mary Ella Longenecker
BIRTHPLACE: Adelphi, Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-09-1417

17. INFORMANT'S OWN SIGNATURE: Edward W. Baker
ADDRESS: McCall, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 5y

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1963, *to* August 3, 1965, *that I last saw the deceased alive on* August 1, 1965, *and that death occurred at* 1:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wayne F. Allen (Degree or title): MD

23b. ADDRESS: McCall Idaho

23c. DATE SIGNED: 8-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: August 6, 1965

24c. NAME OF CEMETERY OR CREMATORY: Meadows Valley Cemetery

24d. LOCATION (City, town, or county) (State): Meadows, Idaho

DATE REC'D BY LOCAL REG.: Aug-7-1965

REGISTRAR'S SIGNATURE: Myrtle M. Gardner

25. EMBALMER: Burton C. Walker

LICENSE NO.: E-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 18 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
AUG 17 1965
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3741
Local Reg. No. 6
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Donnelly
LENGTH OF STAY (in this place): a few weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home-½ mile west Donnelly

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 430
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Donnelly
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FREEMAN	002	HOLLAND	August 9, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced 4	Feb. 17, 1906	59				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Logger 08	Lumber 02	Macon County, North Carolina	U.S.A.

13. FATHER'S NAME — BIRTHPLACE	14. MOTHER'S MAIDEN NAME — BIRTHPLACE
William M. Holland, Macon Co., N. C.	Isabelle McCay, Macon County, N. C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE — ADDRESS
no	519-01-3850	Mattie Burchfield, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) trauma, top of head — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) gunshot wound, self inflicted
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 430 (COUNTY) (STATE)
Suicide 01	at home	Donnelly Valley Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Aug. 10, 1965-4:20 P.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	30-30 Caliber self-inflicted gunshot wound.

INVESTIGATION ONLY

22. *I hereby certify that I attended the deceased from* _____, 19____ *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Burton C. Walker, Coroner 4	McCall, Idaho	Aug. 11, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 12, 1965	McCall Cemetery	McCall, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Aug. 12-1965	Myrtle K. Gardner	Burton C. Walker	E-386

Federal Security Agency
United States Public Health Service
FORM DH-63021

FIRM NAME: WALKER FUNERAL HOME

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3742
Local Reg. No.
Reg. Dist. No. 310

BIRTH NO.

RECEIVED

1. PLACE OF DEATH
a. COUNTY Valley 430 SEP 8 1965 3-05
b. CITY OR TOWN McCall
c. LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCall Memorial Hospital 209

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 250
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Riggins
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) CLINTON b. (Middle) c. (Last) REEVES

4. DATE OF DEATH (Month) (Day) (Year) August 10, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Nov. 20, 1893
9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cattleman 52
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Indian Valley, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lewis Reeves BIRTHPLACE Mt. Vernon, Oregon
14. MOTHER'S MAIDEN NAME Belle Woods BIRTHPLACE Little Rock, Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW 1 3
16. SOCIAL SECURITY NO. 518-36-1698
17. INFORMANT'S OWN SIGNATURE Bernice R Parkerson ADDRESS Tacoma, Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory acidosis — INTERVAL BETWEEN ONSET AND DEATH: 3 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute bronchial pneumonia — 5 Days
DUE TO (c) Severe pulmonary emphysema — 4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 5, 1965, to August 10, 1965, that I last saw the deceased alive on August 10, 1965, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE 006 (Degree or title) MD
23b. ADDRESS McCall Idaho
23c. DATE SIGNED 8-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 13, 1965
24c. NAME OF CEMETERY OR CREMATORY Riggins Cemetery
24d. LOCATION (City, town, or county) (State) Riggins, Idaho

DATE REC'D BY LOCAL REG. Sept-1-1965
REGISTRAR'S SIGNATURE Myrtle M Gardner
25. EMBALMER Burton E Walker
LICENSE NO. E-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 9 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 24 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3743
Local Reg. No. 6
Reg. Dist. No. 3-1-8

BIRTH NO. 65-8492

RECEIVED
SEP 1 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
c. LENGTH OF STAY (in this place): 4-12 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCall Memorial Hospital 509

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 430
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) GLEN b. (Middle) c. (Last) BAKER

4. DATE OF DEATH (Month) (Day) (Year): Aug 16, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): infant

8. DATE OF BIRTH: Aug 15, 1965

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours: 12 | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant 67

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): McCall, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George R. Baker
BIRTHPLACE: Washington

14. MOTHER'S MAIDEN NAME: Betty Pollard
BIRTHPLACE: Caldwell, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: George R Baker, MD ADDRESS: Boise, Idaho

18. CAUSE OF DEATH 7517
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningocele, incomplete nervous system — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-16, 1965, *to* 8-17, 1965, *that I last saw the deceased alive on* 8-17, 1965, *and that death occurred at* 930A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 500 James J. Stewart MD
23b. ADDRESS: McCall Idaho
23c. DATE SIGNED: 8/19/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 17, 1965
24c. NAME OF CEMETERY OR CREMATORY: McCall Cemetery
24d. LOCATION (City, town, or county) (State): McCall, Idaho

DATE REC'D BY LOCAL REG.: Aug 24 1965
REGISTRAR'S SIGNATURE: Myrtle M. Gardner
25. EMBALMER: Burton E Walker
LICENSE NO.: E-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

FEB 18 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician: Baby never had regular respiratories - other congenital defects included bilateral cleft palate and undeveloped testes

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3744
Local Reg. No. 8
Reg. Dist. No. 311

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley 430 — SEP 8 1965 — Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Donnelly
c. LENGTH OF STAY (in this place): 45 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 430
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Donnelly
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
NORMAL	AMBROSE	WHITE	August 24, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	married 3	September 8, 1898	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer - retired 04	01	Nampa, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank White	no record	Louella Warner	no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-10-0949	Bertha L. White	Donnelly, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: 1 minute

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Phlebothrombosis L. leg — 2 wks.

DUE TO (c) Post op - operation L. Knee — 3 wks

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan, 1959, *to* Aug, 1965, *that I last saw the deceased alive on* Aug 11, 1965, *and that death occurred at* 9:4 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
500 James F. Elwood MD	McCall Idaho	9/1/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 27, 1965	Holmes Cemetery	rural Donnelly, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept-3-1965	Myrtle M. Gardner	Burton E. Walker	E-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

SEP 9 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3745
Local Reg. No. 10
Reg. Dist. No. 310

BIRTH NO.

RECEIVED
SEP 8 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Valley 430 3-01
b. CITY OR TOWN McCall
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION McCall Memorial Hospital 309

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 430 b. COUNTY Valley
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN McCall
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) PAUL b. (Middle) L. c. (Last) KRAMER

4. DATE OF DEATH (Month) (Day) (Year) August 25, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH April 29, 1894
9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - retired 04
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Topeka, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME no record BIRTHPLACE
14. MOTHER'S MAIDEN NAME no record BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 528-16-4599
17. INFORMANT'S OWN SIGNATURE Gene L Kramer ADDRESS LaGrande, Oregon

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Irreversible shock	2h
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Acute blood loss	2h
DUE TO (c)	Traumatic partial amputation (R) lower leg; (R) at level of mid foot	2h
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Railroad yard
21c. (CITY, TOWN, OR TOWNSHIP) 430 McCall (COUNTY) Valley (STATE) Idaho
21d. TIME OF INJURY (Month) 8 (Day) 24 (Year) 65 (Hour) 11:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Hit by railroad car

22. *I hereby certify that I attended the deceased from* 8-24-65 1965, *to* 8-25, 1965, *that I last saw the deceased alive on* 8-25, 1965, *and that death occurred at* 2:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Wayne F. Quick (Degree or title) MD
23b. ADDRESS McCall, Idaho
23c. DATE SIGNED 8-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 28, 1965
24c. NAME OF CEMETERY OR CREMATORY Vale Cemetery
24d. LOCATION (City, town, or county) Vale, (State) Oregon

DATE REC'D BY LOCAL REG. Sept-1-1965
REGISTRAR'S SIGNATURE Myrtle M Gardner
25. EMBALMER Burton C Walker
LICENSE NO. E-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-69021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 9 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3746
Local Reg. No. 5
Reg. Dist. No. 370

RECEIVED AUG 20 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington 440 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
LENGTH OF STAY (If hospital or institution): ---
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho 440
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
d. STREET ADDRESS (If rural, give location): -----

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	RICHARD	L.	HIGGINS		8	5	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	never married	April 1, 1893	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer 06	Construction 20	Council, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Palmer W. Higgins	----	Alice M. Willard	----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World War I	561 07 4728	John A. Higgins	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subject was found dead in farm field where he had been working alone.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) He had been in uncertain health for some time and all indications point
DUE TO (c) to death due to natural causes.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. Jones 583	Coroner 4	Weiser, Idaho	8/5/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/9/65	Cottonwood Cemetery	Council Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-9-65	K. Dan Thomason	K. Dan Thomason	E-388

Federal Security Agency
United States Public Health Service

Form DH-69021

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 26 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Coate

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3747
Local Reg. No. 11
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Washington 441 SEP 16 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY IN THIS PLACE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Memorial Hosp. 153

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 441 b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) LEONARD b. (Middle) c. (Last) ROLLER

4. DATE OF DEATH (Month) (Day) (Year) Aug. 8, 1965

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) D

8. DATE OF BIRTH 8-8-65

9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) sheep herder 06

10b. KIND OF BUSINESS OR INDUSTRY sheep

11. BIRTHPLACE (State or foreign country) Tenn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME unknown BIRTHPLACE

14. MOTHER'S MAIDEN NAME unknown BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Mrs. R. Morell ADDRESS Weiser, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 799X Uremia — INTERVAL BETWEEN ONSET AND DEATH 2 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-5-65, 19__, *to* 8-7-65, 19__, *that I last saw the deceased alive on* 8-7-65, 19__ *and that death occurred at* 2:20a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS Weiser, Idaho

23c. DATE SIGNED 8-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 8-10-65

24c. NAME OF CEMETERY OR CREMATORY Hillcrest

24d. LOCATION (City, town, or county) (State) Weiser, Idaho

DATE REC'D BY LOCAL REG. 8-10-65

REGISTRAR'S SIGNATURE T. Dee Thomson

25. EMBALMER T. Dee Thomson

LICENSE NO. E-388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-69021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Giever

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3748
Local Reg. No. 10
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH 441
a. COUNTY Washington SEP 16 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser Bureau of Vital Statistics
c. LENGTH OF STAY (If outside place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 441
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) 506 W. Main

3. NAME OF DECEASED (Type or Print)
a. (First) ROY
b. (Middle) EUGENE 158
c. (Last) DAVENPORT

4. DATE OF DEATH (Month) August (Day) 21 (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH 12/2/1885
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months 8 Days 19 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Managing 74
10b. KIND OF BUSINESS OR INDUSTRY Resturant 11
11. BIRTHPLACE (State or foreign country) Oak Harbor, Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME ---- BIRTHPLACE ----
14. MOTHER'S MAIDEN NAME ---- BIRTHPLACE ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-24-7954
17. INFORMANT'S OWN SIGNATURE Ethel T. Davenport ADDRESS Weiser, Ida.

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlus — INTERVAL BETWEEN ONSET AND DEATH 15 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic H.D — 5 yrs
DUE TO (c) Gen Arteriosclerosis — 15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chr. br. asthma

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/19, 1965, *to* 8/21, 1965, *that I last saw the deceased alive on* 8/21, 1965 *and that death occurred at* 3:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 186 3 (Degree or title)
23b. ADDRESS Weiser, Idaho
23c. DATE SIGNED 8/21/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal Bur.
24b. DATE 8/24/65
24c. NAME OF CEMETERY OR CREMATORY Meadows Cemetery
24d. LOCATION (City, town, or county) Meadows (State) Idaho

DATE REC'D BY LOCAL REG. 8-24-65
REGISTRAR'S SIGNATURE R. Dale Thomason
25. EMBALMER R. Dale Thomason
LICENSE NO. E-388

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3749
Local Reg. No. 9
Reg. Dist. No. 32

BIRTH NO.

RECEIVED
SEP 16 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Washington 44
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence, 905 W. 2nd

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 44
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) 905 W. 2nd

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MACK	HENRY	HAND	August 24 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	married 3	12/27/1882	82	8	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Sheepman 52	Stock 02	Fort Worth, Texas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew Hand	Georgia	Mary-Jane Lot	Alabama

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	----------		x Mrs Mack Hand	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

241X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asthma — INTERVAL BETWEEN ONSET AND DEATH: many years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Myocarditis — unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7-23-65, 19___, *to* 8-26-65, 19___, *that I last saw the deceased alive on* 8-8-65, 19___ *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Weiser, Idaho	8/24/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8/26/1965	Hillcrest Cemetery	Weiser Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-26-1965	L. Dee Thomason	L. Dee Thomason	E-388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 1 6 1958

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 15 1977

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3750
Local Reg. No. 3
Reg. Dist. No. 320

RECEIVED Bureau of Vital

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Washington 44 SEP 16 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
LENGTH OF STAY (in this place) 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Park Nursing Home 330

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 44 b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) HATTIE b. (Middle) A. c. (Last) STATES

4. DATE OF DEATH (Month) (Day) (Year): August 24, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: October 2, 1869

9. AGE (In years last birthday): 95 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Bucks Ridge Co., New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: N. H. Castle — BIRTHPLACE: no record

14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs Ethel V. Glenn — ADDRESS: Roseburg, Ore.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic H.D. — 10 yrs

DUE TO (c) Sen. Arteriosclerosis — 40 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/24, 19 65, *to* 8/24, 19 65, *that I last saw the deceased alive on* 8/24, 19 65, *and that death occurred at* 9:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE 186 — (Degree or title) MD — 23b. ADDRESS Weiser, Ida — 23c. DATE SIGNED 8/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 27, 1965

24c. NAME OF CEMETERY OR CREMATORY: Cambridge Cemetery

24d. LOCATION (City, town, or county) (State): Cambridge, Idaho

DATE REC'D BY LOCAL REG.: Aug. 27 1965

REGISTRAR'S SIGNATURE: L. Dee Thomason

25. EMBALMER: Burton C Walker — LICENSE NO.: E-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 8 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr Coats

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3751
Local Reg. No. 7
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH 441
a. COUNTY Washington SEP 16 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (If in this place) Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho 441
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) North of City

3. NAME OF DECEASED (Type or Print)
a. (First) NINA
b. (Middle) BELLE 153
c. (Last) PENCE

4. DATE OF DEATH (Month) 8 (Day) 29 (Year) 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH 10/3/1879
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY 01----
11. BIRTHPLACE (State or foreign country) North Powder, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Riggs — BIRTHPLACE Oregon
14. MOTHER'S MAIDEN NAME Belle Tomilson — BIRTHPLACE Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Lavina Palmer — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 422.2 Myocarditis — INTERVAL BETWEEN ONSET AND DEATH unk

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/25, 1965 *to* 8/29, 1965, *that I last saw the deceased alive on* 8/29, 1965, *and that death occurred at* 8:15 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 097 Dr Coats MD.
23b. ADDRESS Weiser, Idaho
23c. DATE SIGNED 8/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/1/65
24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
24d. LOCATION (City, town, or county) Weiser (State) Idaho

DATE REC'D BY LOCAL REG. 9-1-65
REGISTRAR'S SIGNATURE R. Dale Thomason
25. EMBALMER R. Dale Thomason
LICENSE NO. E-388

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 13 1976

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 14 1976

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
OCT 8 1965
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 3752
Local Reg. No. 217
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada 01
b. CITY OR TOWN Boise
LENGTH OF STAY (in this place) 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION Ada County Nursing Home 300

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 01
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1819 Helen Street

3. NAME OF DECEASED (Type or Print) a. (First) Frederick b. (Middle) Augustus c. (Last) Stevens

4. DATE OF DEATH (Month) 7 (Day) 23 (Year) 1965

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) OD unknown
8. DATE OF BIRTH 3/3/1868
9. AGE (In years last birthday) 97
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk 70 yrs
10b. KIND OF BUSINESS OR INDUSTRY railroad 19
11. BIRTHPLACE (State or foreign country) Minnisota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Augustus A. Stevens
BIRTHPLACE Vermont
14. MOTHER'S MAIDEN NAME Helen Chase
BIRTHPLACE Mass.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS Ada County Nursing Home Records

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 493X Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/15/65, 19__, *to* 7/25/65, 19__, *that I last saw the deceased alive on* 7/22, 1965, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS [illegible] Idaho
23c. DATE SIGNED 9/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 7/26/1965
24c. NAME OF CEMETERY OR CREMATORY Joplin Cemetery
24d. LOCATION (City, town, or county) Boise (State) Ada Idaho

DATE REC'D BY LOCAL REG. 10-4-65
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Russell A. Relyea
LICENSE NO. E-412
FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES: AUG 7 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3753
Local Reg. No. 213
Reg. Dist. No. 371

RECD SEP 29 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY ADA 011 3-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE
c. LENGTH OF STAY (in this place) 30 5x days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VET ADMIN CENTER 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO 142
b. COUNTY CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
d. STREET ADDRESS (If rural, give location) 116 - 22nd Ave South

3. NAME OF DECEASED (Type or Print) a. (First) DAWSON ERNEST b. (Middle) D c. (Last) DAWSON

4. DATE OF DEATH (Month) (Day) (Year) Aug. 31, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH 12-9-94

9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman 19

10b. KIND OF BUSINESS OR INDUSTRY 00

11. BIRTHPLACE (State or foreign country) Giltner, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Albert L Dawson BIRTHPLACE Newman, Illinois

14. MOTHER'S MAIDEN NAME Jenny Burley BIRTHPLACE West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I 3

16. SOCIAL SECURITY NO. 508 18 7280

17. INFORMANT'S OWN SIGNATURE ADDRESS OFFICIAL VA RECORDS BOISE, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction. — INTERVAL BETWEEN ONSET AND DEATH: terminal.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease. — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY Ooccur?

22. I attended the deceased from July 26, 1965, to Aug 31, 19 65 and that death occurred at 5:50 Pm., from the causes and on the date stated above.

23a. SIGNATURE, (Degree or title) M. G. STROMBERG, MD 597

23b. ADDRESS VA CENTER, BOISE, IDAHO

23c. DATE SIGNED 9-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 9/6/65

24c. NAME OF CEMETERY OR CREMATORY Giltner Cemetery

24d. LOCATION (City, town, or county) (State) Giltner Nebraska

DATE REC'D BY LOCAL REG. 9-28-65

REGISTRAR'S SIGNATURE Myrtle Palmer

25. EMBALMER Russell A. Relyea

LICENSE NO. E-412

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 4 - 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 4 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. OCT 7 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3754
Local Reg. No. 205
Reg. Dist. No. 371

BIRTH NO.

SEP 22 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VET ADMIN CENTER

3-08
004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 240
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
d. STREET ADDRESS (If rural, give location): 2nd AVE EAST

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HENRY	E	RIDDLE	SEPT 1, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	white	Married 3	1-25-93	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 70	Railroad 10	Gault, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JEFF RIDDLE	MISSOURI	AGNES SCOFIELD	OKLAHOMA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES 1	WW I 3	491 12 3083	OFFICIAL VA RECORDS	BOISE, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. [redacted] I attended the deceased from Aug 24, 1965, to Sept 1, 165, [redacted], and that death occurred at 4:50 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F.B. HINE, MD.	VA CENTER, BOISE, IDAHO	9-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
REMOVAL 3	9/4/1965	WENDELL.	CITY IDAHO.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-14-65	Myrtle Palmer	J. Forrest Weaver	E 353

FIRM NAME: Weaver Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAR 7 1969

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3755
Local Reg. No. 443
Reg. Dist. No. 376

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: ADA 001 SEP 13 1965 Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (In this place): 11 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 080
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho City
d. STREET ADDRESS (If rural, give location): ---

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	OSA	GENE	PARKER	September 1, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	never married	Feb. 22, 1934	31				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
(semi-invalid) 91	--- 06	Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Kenneth W. Parker	Seton, Minnesota	Irene Darkwood	Donnelly, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	---	none	Mrs. Drusilla Sheffield	5210 Wylie Lane Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

8254

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	06 highway 13	3 mi. no. Idaho City, Boise 080 Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
9-1-65 a m.		operator of auto wrecked on curve of highway

22. *I hereby certify that I attended the deceased from* 9/1, 1965, *to* 9/1, 1965, *that I last saw the deceased alive on* 9/1, 1965, *and that death occurred at* 3:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Max L. Bell, 039 M.D.	Boise, Idaho	9/4/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Sept. 4, 1965	Idaho City Cemetery	Idaho City Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-9-65	Mystle Palmer	Richard Reed	E-440

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3756
Local Reg. No. 445
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
SEP 13 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise — LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01 — b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 308 Pearl

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Jennie	Dillman	Glancy	September 1, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Nov. 24, 1893	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home 01	Preston, Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Dillman	England	Hattie Drury	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Mrs Frank Steger	215 Amity Boulevard

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute anteroseptal myocardial infarction 420.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 1, 1965, *to* Sept 1, 1965, *that I last saw the deceased alive on* Sept 1, 1965, *and that death occurred at* 2:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Howard E. Allen, M.D. 005	220 N. 1st St., Boise, Ida.	9/3/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/7/65	Kohlerlawn	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-9-65	Margaretta Palmer	Earl Waggoner	E-422

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3757
Local Reg. No. 207
Reg. Dist. No. 371

BIRTH NO.

RECEIVED SEP 22 1965

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho Bureau
c. LENGTH OF STAY (in this place): 28 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 340 Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 409 Mable Street

3. NAME OF DECEASED (Type or Print): a. (First) Leo; b. (Middle) W; c. (Last) WALTON

4. DATE OF DEATH: (Month) 9 (Day) 1 (Year) 65

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: 6-25-08

9. AGE (In years last birthday): 57 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06

10b. KIND OF BUSINESS OR INDUSTRY: Same 00

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: S.H. Wallton — BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Helen Hendricks — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II 4

16. SOCIAL SECURITY NO.: 519 01 2723

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: VA Center Records, Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Disrupt Disruption of bowel anastomosis — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Resection of gangrenous bowel — 1 Week

DUE TO (c): Infarction of ileum from mesenteric thrombosis — 10 Days

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Pulmonary emphysema & cor pulmonale

570.2

19a. DATE OF OPERATION: 8-24-65

19b. MAJOR FINDINGS OF OPERATION: Infarcted gangrenous ileum

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. I last attended the deceased from 8-4, 1965, to 9-1, 1965, that I last saw the deceased and that death occurred at 3:15PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): W.W. Laxson M.D. 597

23b. ADDRESS: VA Center, Boise, Idaho

23c. DATE SIGNED: 9-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3

24b. DATE: 9/7/65

24c. NAME OF CEMETERY OR CREMATORY: Wendell, Cemetery

24d. LOCATION (City, town, or county) (State): Wendell, Idaho

DATE REC'D BY LOCAL REG.: 9-17-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Russell C. Relyea — LICENSE NO.: E-412

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

SEP 28 1965

NOV 5 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residance.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3758
Local Reg. No. 452
Reg. Dist. No. 370

Certificate of Death

RECEIVED SEP 22 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF CITY (In this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1219 Grand Avenue 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1219 Grand Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): GRACE
b. (Middle):
c. (Last): AMOS

4. DATE OF DEATH (Month) (Day) (Year): September 2, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: May 19, 1891
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired cook 49
10b. KIND OF BUSINESS OR INDUSTRY: cafe 02
11. BIRTHPLACE (State or foreign country): Scotland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Young — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Jean Shaw — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: 555-22-7449
17. INFORMANT'S OWN SIGNATURE: F. Richard [illegible] — ADDRESS: family records Boise, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Organic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Occlusion — years

DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 3, 1962, *to* 9-2-, 1965, *that I last saw the deceased alive on* 9-2-, 1965, *and that death occurred at* ____ P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Hollingsworth 237 (Degree or title) MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 9-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Sept. 8, 1965
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county): Boise (State): Idaho

DATE REC'D BY LOCAL REG.: 9-13-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [illegible] McMurphy — LICENSE NO. E-410

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 3759
Local Reg. No. 447
Reg. Dist. No. 370

Certificate of Death

RECEIVED
SEP 13 1965
Bureau of Vital Statistics

BIRTH NO.

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 011 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2505 No. 36th. Street

3. NAME OF DECEASED (Type or Print)
a. (First): Martha
b. (Middle): Theresa
c. (Last): Marcoux

4. DATE OF DEATH (Month) (Day) (Year): September 3, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: Sept. 11, 1905
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Britt, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Werner — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Anna M. — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 517-24-4284
17. INFORMANT'S OWN SIGNATURE: A. T. Marcoux — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

170X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Metastatic Carcinoma Breast — 2 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-21-, 1963, *to* 9-3-, 1965, *that I last saw the deceased alive on* 9-3-, 1965, *and that death occurred at* 10^40 *A.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 393 [signature] — **23b. ADDRESS**: Boise Idaho — **23c. DATE SIGNED**: 9-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/7/65
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-13-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] — **LICENSE NO.**: E-422

FIRM NAME: McBrathey-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 1 2 1995

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3760
Local Reg. No. 437
Reg. Dist. No. 370

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

SEP 9 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. STREET ADDRESS (If rural, give location): Rt. #1

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): Fern
c. (Last): McCown

4. DATE OF DEATH (Month) (Day) (Year): September 3, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 26, 1884
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Pleasant Plain, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Aaron Pickard — BIRTHPLACE: Pleasant Plain, Iowa
14. MOTHER'S MAIDEN NAME: Sina Gatlin — BIRTHPLACE: Grace Hill, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-44-5008B
17. INFORMANT'S OWN SIGNATURE + Guy H. McCown — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

153.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Peritonitis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Perforated Cecum
DUE TO (c) Carcinoma Transverse Colon — 1 day

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 2, 1965, *to* Sept. 3, 1965, *that I last saw the deceased alive on* Sept 3, 1965, *and that death occurred at* P *m., from the causes and on the date stated above.*

23a. SIGNATURE C. E. Johnson 261 (Degree or title) MD
23b. ADDRESS Boise Ida
23c. DATE SIGNED 9-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 9/6/65
24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery
24d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: 9-9-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Paul Waggoner
LICENSE NO.: E-422

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McBratney-Alden-Waggoner Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 9 - 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3761
Local Reg. No. 446
Reg. Dist. No. 370

Certificate of Death

RECEIVED
SEP 13 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 610 No. Cole Road 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 610 No. Cole Road

3. NAME OF DECEASED (Type or Print)
a. (First): Ira
b. (Middle): William
c. (Last): Rutledge

4. DATE OF DEATH (Month) (Day) (Year): September 3, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 11, 1909
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Roofing -hardware 06
10b. KIND OF BUSINESS OR INDUSTRY: Construction 20
11. BIRTHPLACE (State or foreign country): Van Wyck, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Edward Rutledge — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Lovie L. Landreth — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Lorene E. Rutledge — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myo Cardial infarction 420.1 — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary insufficiency
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-9, 1945, *to* 9-1, 1965, *that I last saw the deceased alive on* 9-1, 1965, *and that death occurred at* 6:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jon M. Thomas MD 528
23b. ADDRESS: 305 Fort St. Boise
23c. DATE SIGNED: 9/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/7/65
24c. NAME OF CEMETERY OR CREMATORY: Middleton Cemetery
24d. LOCATION (City, town, or county) (State): Middleton, Idaho

DATE REC'D BY LOCAL REG.: 9-9-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Paul Waggoner — LICENSE NO. E-422

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McBratney-Alden-Waggoner Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 13 1965

SEP 16 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 22 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

NOV 13 1968

MAY 12 1975

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3762
Local Reg. No. 456
Reg. Dist. No. 370

RECEIVED
SEP 22 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mayfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle):
c. (Last): MUELLER

4. DATE OF DEATH (Month) (Day) (Year): Sept. 5, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Oct. 19, 1887
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Same 01
11. BIRTHPLACE (State or foreign country): Anthony, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: J. Fredrick Mueller, Munich, Germany
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Mary Magdalene Wieland, Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 519-42-2629
17. INFORMANT'S OWN SIGNATURE — ADDRESS: James J. Roberts, 1339 N. East 80th, Portland, Ore.

18. CAUSE OF DEATH 451X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ruptured Abdominal Aneurysm — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 4, 1965, *to* Sept 5, 1965, *that I last saw the deceased alive on* Sept 5, 1965, *and that death occurred at* 4:00 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George R Baker, MD 019
23b. ADDRESS: 121 E. Idaho, Boise, Idaho
23c. DATE SIGNED: 9/9/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-9-65
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-14-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-440

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3763
Local Reg. No. 444
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 13 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 4½ years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 127 East Bannock Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 127 East Bannock Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	DORA	MAY	FARIS	September 5, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	widowed 2	Nov. 1, 1878	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
nurse aid, retired	05 county hospital	Troy, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Isom Cox	unknown	Emily Edwards	no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	------	519-12-9598	Mina C Faris	508 Kootenai Boise Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	INTERVAL BETWEEN ONSET AND DEATH
(a)	Acute Myocardial Failure 420.1	Immediate
	ANTECEDENT CAUSES	
DUE TO (b)	Coronary Thrombosis	?
DUE TO (c)	Generalized arteriosclerosis	?
	II. OTHER SIGNIFICANT CONDITIONS	
	Conditions contributing to the death but not related to the disease or condition causing death. Senility	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/11, 1955 *to* 9/5, 1965, *that I last saw the deceased alive on* 5/19, 19 65, *and that death occurred at* 11:20 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] #421 MD		Boise	9/7/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 8, 1965	Morris Hill Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-9-65	Myrtle Palmer	J. Richard Reed	E-440

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3764
Local Reg. No. 208
Reg. Dist. No. 371

RECEIVED
SEP 22 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Rest Home 307

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 080
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	----	York	9	6	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	never married 7	3/5/1877	88		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
miner 07	mining 01	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Monroe York	unknown	Ella (unknown)	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			X Mr Katherine Dooley	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.0 Arteriosclerotic heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3/20/65 *19*____, *to* 9/6/65 *19*____, *that I last saw the deceased alive on* 9/4/65 *19*____, *and that death occurred at* 8:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D	Boise Idaho	9/14/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	9/10/1965	Joplin Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-17-65	Myrtle Palmer	[signature]	E-460

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3765
Local Reg. No. 469
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED SEP 29 1965 Bureau

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 14 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4000 Kootenai Street 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 48 Washington 555
b. COUNTY: Yakima
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wapato
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Moroni
b. (Middle): Ackerman
c. (Last): Miller

4. DATE OF DEATH (Month) 9 (Day) 6 (Year) 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: 8/22/1886
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: farming 01
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Levi Miller — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Phoebe Jane Walker — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Carl Miller — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

156.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Probable Carcinoma c̄ metastases to liver - Primary unknown — INTERVAL BETWEEN ONSET AND DEATH: not known.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/2, 1965, *to* —, 19—, *that I last saw the deceased alive on* 9/2, 1965, *and that death occurred at* 5:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. L. Clohessy 095 (Degree or title) M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 9/13/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9/10/65
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 9-28-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: #E-460

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 27 1981

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3766
Local Reg. No. 203
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

BIRTH NO. RECEIVED SEP 13 1965 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Nursing Home 300

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4903 Edson

3. NAME OF DECEASED (Type or Print)
a. (First): Louisa
b. (Middle): Matilda
c. (Last): Palmer

4. DATE OF DEATH (Month) (Day) (Year): September 6, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 6, 1872
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Charles City, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Thurow — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Alvina Phundheller — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-60-3936
17. INFORMANT'S OWN SIGNATURE: x Mrs Walter DeLanoy — ADDRESS

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebrovascular accident

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Atherosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/3/65 *19*__, *to* 9/6/65 *19*__, *that I last saw the deceased alive on* 9/6/65, *19*__, *and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 054 (Degree or title) M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 9/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial-removal 3
24b. DATE: 9/7/65
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Charles City, Iowa

DATE REC'D BY LOCAL REG.: 9-9-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John F. Wilkerson
LICENSE NO.: E 435

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McBratney-Alden-Waggoner Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 22 1965

Certificate of Death

STATE OF IDAHO

State File No. 3767
Local Reg. No. 204
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho 2-01
LENGTH OF STAY (in this place): 31 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 016
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): RT # 3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Isaac	J	WARDLE	9	7	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	1-28-08	57				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Same 01	Idaho	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph S Wardle	Idaho	Sabina Becksted	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II 4	519 05 3290	[signature]	VA Records, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung. — INTERVAL BETWEEN ONSET AND DEATH: 5 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
VA m.		

22. I last attended the deceased from 8-7, 1965, to 9-7, 1965 and that death occurred at 5 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. F. SWINDELL, M.D.	VA Center, Boise, Idaho	9-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-10-65	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-13-65	Myrtle Palmer	J. Richard Reed	E-440

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

MAR 29 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

BIRTH NO. Mined

RECEIVED SEP 22 1965

Certificate of Death

STATE OF IDAHO

State File No. 3768
Local Reg. No. 457
Reg. Dist. No. 370

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
Bur. 40 01 Vital Statistics
LENGTH OF STAY (in this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 115 Main St.

3. NAME OF DECEASED (Type or Print): a. (First) Lola; b. (Middle) -----; c. (Last) Binnard

4. DATE OF DEATH: (Month) 9 (Day) 7 (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: 10-8-1882

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home 01

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jesus Urquides
BIRTHPLACE: California

14. MOTHER'S MAIDEN NAME: Adelaide Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Daniel G. Gibson (Record)
ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary heart disease — 5-6yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-18, 1965, *to* 9-7, 1965, *that I last saw the deceased alive on* 9-2, 1965, *and that death occurred at* 3:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Paul F. Miner 364 (Degree or title): M.D.
23b. ADDRESS: 105 N. 8th St. Boise, Idaho
23c. DATE SIGNED: 9/14/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-11-1965
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county): Boise (State): Idaho

DATE REC'D BY LOCAL REG.: 9-15-65
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Daniel G. Gibson
LICENSE NO.: E - 400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3769
Local Reg. No. 461
Reg. Dist. No. 370

RECEIVED SEP 22 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 11 E. Washington 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 016
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 11 E. Washington

3. NAME OF DECEASED (Type or Print): a. (First) Lydia; b. (Middle) M.; c. (Last) Barber

4. DATE OF DEATH: (Month) (Day) (Year): Sept. 8, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Dec. 11, 1877

9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 61

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Barton County, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: G. W. Masters — BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Julyna Dudley — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-26-8816

17. INFORMANT'S OWN SIGNATURE: Patricia M. Isakel — ADDRESS: Meridian

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4221

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): arterio sclerosis generalized c — INTERVAL BETWEEN ONSET AND DEATH: several yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): CVD
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960 19 *to* 9/8/65, 19 ___, *that I last saw the deceased alive on* 9/8/65, 19 ___, *and that death occurred at* 3:25 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD 065

23b. ADDRESS: Meridian Ida

23c. DATE SIGNED: 9/9/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-10-65

24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery

24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 9-20-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature]

LICENSE NO.: E-366

FIRM NAME: Robison Chapel of the Chimes

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3770
Local Reg. No. 209
Reg. Dist. No. 371

RECEIVED
SEP 22 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
LENGTH OF STAY (in this place): 86 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16
b. COUNTY: 2-03
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1018 Occidental Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Hugh; b. (Middle) M; c. (Last) WIXOM

4. DATE OF DEATH: (Month) 9 (Day) 8 (Year) 65

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: 4-25-07

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06

10b. KIND OF BUSINESS OR INDUSTRY: Same 03

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Lorenzo Wixom
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Lorena Thompson
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 539-11-1321

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: VA Records, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia
INTERVAL BETWEEN ONSET AND DEATH: 5 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Post operative vagotomy and (gastroenterostomy)
INTERVAL BETWEEN ONSET AND DEATH: 13 Days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma.

19a. DATE OF OPERATION: 8-26-65

19b. MAJOR FINDINGS OF OPERATION: Esophagitis

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I attended the deceased from 6-14, 19 65, to 9-8, 1965 and that death occurred at 7:16 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): R. J. BOGARD, M.D.

23b. ADDRESS: VA Center, Boise, Idaho

23c. DATE SIGNED: 9-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 9-9-65

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: 9-17-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 18 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3771
Local Reg. No. 492
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
OCT 12 1965

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 604 S. Roosevelt St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 604 S. Roosevelt St.

3. NAME OF DECEASED (Type or Print)
a. (First): Sylvester
b. (Middle): widowed
c. (Last): Relyea

4. DATE OF DEATH: (Month) 9 (Day) 8 (Year) 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: June 5, 1880

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer/contractor

10b. KIND OF BUSINESS OR INDUSTRY: construction

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Adelbert Relyea
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Amanda Keeler
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Russell C. Relyea
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Pulmonary emphysema — unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1965, *to* Sept, 1965, *that I last saw the deceased alive on* 9/3, 1965, *and that death occurred at* 4:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter A. Kerr 654 (Degree or title) M.D.

23b. ADDRESS: 303 N 5th Boise, Ida.

23c. DATE SIGNED: 10/12/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 9/11/65

24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-12-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Elsie M. Sears

LICENSE NO.: E-460

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

OCT 13 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3772
Local Reg. No. 459
Reg. Dist. No. 370

Certificate of Death

RECEIVED
SEP 22 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 3 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Treasure Valley Manor 293

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2101 E. Boise Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): VICTORIA
b. (Middle): ----
c. (Last): SCARLETT

4. DATE OF DEATH (Month) 9 (Day) 9 (Year) 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: 8/19/~~1965~~ 1883
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: home 01
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel C. Coffman — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Mary Bennett — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Alvie O. Scarlett — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 180X Adenocarcinoma Kidney — INTERVAL BETWEEN ONSET AND DEATH: 5 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General Metastasis — 1 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 20 yr

19a. DATE OF OPERATION: 1959
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of Kidney
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1959, *to* Sept 9, 1965, *that I last saw the deceased alive on* Sept 9 1965 *and that death occurred at* 7:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 088
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 9/15/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9/11/1965
24c. NAME OF CEMETERY OR CREMATORY: Ontario Cemetery
24d. LOCATION (City, town, or county): Ontario — (State): Oregon

DATE REC'D BY LOCAL REG.: 9-17-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 10 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3773
Local Reg. No. 507
Reg. Dist. No. 370

Certificate of Death

RECEIVED
OCT 21 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 15 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 923 Liberty Rd. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 923 Liberty Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): B.
c. (Last): Coburn

4. DATE OF DEATH (Month) 9 (Day) 9 (Year) 65

5. SEX: Male
6. COLOR OR RACE: Cau.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 10-3-1883
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 11, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91
10b. KIND OF BUSINESS OR INDUSTRY: Retired 03
11. BIRTHPLACE (State or foreign country): Weston, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Federick Coburn — BIRTHPLACE: Lonsdale, R, I.
14. MOTHER'S MAIDEN NAME: Emma Bell — BIRTHPLACE: Montpelier, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-16-2343
17. INFORMANT'S OWN SIGNATURE: Mrs. Lena Hibbard — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

467.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhaging Ulcer — INTERVAL BETWEEN ONSET AND DEATH: Yes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senelity — Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not, 19 See, to Alive, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 4 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Paris Croner 583 (Degree or title)
23b. ADDRESS: 43720 Meadow Dr Boise
23c. DATE SIGNED: 9-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-13-65
24c. NAME OF CEMETERY OR CREMATORY: Terrace Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho Ada

DATE REC'D BY LOCAL REG.: 10-15-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Clark M. Sears
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Baker

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3774
Local Reg. No. 483
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01 OCT 8 1965
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (In this place): Bureau of Vital Statistics 28 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2720 North 36th 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01 b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2720 North 36th

3. NAME OF DECEASED (Type or Print): a. (First) Willis b. (Middle) Lemmon c. (Last) Hibbard

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 10, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: March 24, 1892

9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self Employed 90

10b. KIND OF BUSINESS OR INDUSTRY: 09

11. BIRTHPLACE (State or foreign country): Hibbard Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Abraham Hibbard — BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Julia Caroline Lemronon — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 519-34-1826

17. INFORMANT'S OWN SIGNATURE: X Dean Hibbard — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1637

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Melanotic Carcinoma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of Lung

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1956, *to* 9-10, 1965, *that I last saw the deceased alive on* 8-29, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: George R Baker, MD (Degree or title)

23b. ADDRESS: 121 E. Idaho

23c. DATE SIGNED: 9/22/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 14, 1965

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Park

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-4-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Clark Sears — LICENSE NO.: E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 12 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 15 1979

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3775
Local Reg. No. 206
Reg. Dist. No. 371

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 SEP 22 1965 2-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (In this place): 135 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 38 Oregon
b. COUNTY: 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Halfway
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): T
c. (Last): ROBERTSON

4. DATE OF DEATH (Month) 9 (Day) 11 (Year) 65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-28-92
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, Retired 04
10b. KIND OF BUSINESS OR INDUSTRY: 02 Same
11. BIRTHPLACE (State or foreign country): Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry Robertson — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Anna Makinson — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW 1 3
16. SOCIAL SECURITY NO.: 540 40 9580
17. INFORMANT'S OWN SIGNATURE: John D. Stark — ADDRESS: VA Records, Boise, Idaho

18. CAUSE OF DEATH 502.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute bronchitis	10 days
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Pulmonary emphysema	5 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Chronic brain syndrome	6 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that I~~ attended the deceased from 4-29, 1965, to 9-11, 1965, ~~[illegible]~~, and that death occurred at 9:45 AM, from the causes and on the date stated above.

23a. SIGNATURE: O.F. Swindell — (Degree or title): O.F. SWINDELL, M.D. 597
23b. ADDRESS: VA Center, Boise, Idaho
23c. DATE SIGNED: 9-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 9/12/65
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Baker, Oregon

DATE REC'D BY LOCAL REG.: 9-16-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John F. Wilkerson — LICENSE NO. E435

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McBratney-Alden-Waggoner Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 1 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. DEC 19 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated; and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3776
Local Reg. No. 453
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
Bureau of Vital Statistics
SEP 22 1965

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1315 S. Capital Blvd. 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1315 S. Capital Blvd.

3. NAME OF DECEASED (Type or Print): a. (First) Agnes; b. (Middle) Dorothy; c. (Last) Lucas

4. DATE OF DEATH: (Month) (Day) (Year): Sept. 11, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: April 18, 1906

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home 01

11. BIRTHPLACE (State or foreign country): Kleenburn, Wyo.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Korniska
BIRTHPLACE: Poland

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Poland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 366-10-2630

17. INFORMANT'S OWN SIGNATURE: Calvin Sitts
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pains in Arm & shoulder. — weeks.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Had been takeing treatments for very high blood pressure. — Months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19__, *to* __, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* 2 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Coroner 583
23b. ADDRESS: 3720 Meadow Drive, Boise
23c. DATE SIGNED: 9-13-65.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-14-65
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 9-13-65
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: G. W. Waters
LICENSE NO.: E-461

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

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3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 22 1965 Bureau of Vital Statistics

State File No. 3777
Local Reg. No. 210
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
LENGTH OF STAY (in this place): 136 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16
b. COUNTY: Canyon 2-06
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): RT # 1

3. NAME OF DECEASED (Type or Print): a. (First) Theodore b. (Middle) G c. (Last) ALBERS

4. DATE OF DEATH: (Month) 9 (Day) 12 (Year) 65

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: 1-10-93

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Rail Road Work 70

10b. KIND OF BUSINESS OR INDUSTRY: Same 60

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: John Albers
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Mary (Unknown)
BIRTHPLACE: (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW 1

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: VA Records, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

692.6

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abscess multiple, hepatitis — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Idiopathic hypoplastic anemia — 10 months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

VA

22. ~~I hereby certify that I~~ attended the deceased from 4-29, 1965, to 9-12, 1965, ~~[illegible]~~, and that death occurred at 12:15 PM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): F. B. HINE, M.D. 597 MD

23b. ADDRESS: VA Center, Boise, Idaho

23c. DATE SIGNED: 9-11-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 15, 1965

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Memorial Gardens

24d. LOCATION (City, town, or county) (State): Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.: 9-20-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Jay W. Simpson E-496

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3778
Local Reg. No. 448
Reg. Dist. No. 370

Certificate of Death

RECEIVED
SEP 16 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01 3-21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 3 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 001
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2717 Ridenbaugh

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): L.
c. (Last): Cope

4. DATE OF DEATH (Month) (Day) (Year): Sept. 12 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Feb. 23, 1886
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Capac, Michigan
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Henry Stoffer — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Edith L. Jurn — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 518-40-0715
17. INFORMANT'S OWN SIGNATURE: X Lawrence L Cope — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ruptured Myocardium — INTERVAL BETWEEN ONSET AND DEATH: 2-3 mins.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocardial Infarct — 3 wks.
DUE TO (c): Coronary Occlusion — 3 wks.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes mellitus — 8-9 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1958, *to* Sept 12, 1965, *that I last saw the deceased alive on* Sept 12, 1965, *and that death occurred at* 11:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert M Frazier MD 176
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: Sept 14 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 15, 1965
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-16-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John F. Wilkerson
LICENSE NO.: E 435
FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Clifford

RECEIVED SEP 22 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3779
Local Reg. No. 458
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Treasure Valley Manor N. H.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1115 No. 9th. St.

3. NAME OF DECEASED (Type or Print)
a. (First): Florence
b. (Middle): Ethel
c. (Last): O'Connor

4. DATE OF DEATH: (Month) 9 (Day) 13 (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 6-13-1879

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): London, England

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Berry
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Elizabeth Slater
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 519-12-1590

17. INFORMANT'S OWN SIGNATURE: Ethel Sallo
ADDRESS: New York, NY

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive & Coronary Heart Disease
DUE TO (c) Vascular atherosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Vascular Insufficiency

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1960 *to* Sept 13, 1965, *that I last saw the deceased alive on* Sept 22, 1965, *and that death occurred at* 8:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.

23b. ADDRESS: 311 W Idaho St

23c. DATE SIGNED: 9-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-16-1965

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-15-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. FUNERAL DIRECTOR: Daniel G. Gibson # E-400
ADDRESS: Boise, Idaho

Gibson Funeral Home

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

SEP 22 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of ..... Lic. No. ..... at ..... on .....

ADDITIONAL REMARKS by Physician .....

Certificate of Death

STATE OF IDAHO

State File No. 3780
Local Reg. No. 460
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 22 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give name of township): Boise
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2220 Overland

3. NAME OF DECEASED (Type or Print): a. (First) JAMES; b. (Middle) EDWIN; c. (Last) NELSON

4. DATE OF DEATH (Month) (Day) (Year): September 13, 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2

8. DATE OF BIRTH: June 9, 1922

9. AGE (In years last birthday): 43
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): auditor 62

10b. KIND OF BUSINESS OR INDUSTRY: state tax office

11. BIRTHPLACE (State or foreign country): Passaic, New Jersey

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank E. Nelson — BIRTHPLACE: Minneapolis, Minn.

14. MOTHER'S MAIDEN NAME: Lelia Bolduc — BIRTHPLACE: North Adams, Mass.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): unavailable

16. SOCIAL SECURITY NO.: 057-12-6101

17. INFORMANT'S OWN SIGNATURE: Mrs. Edith Nelson — ADDRESS: 2220 Overland, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Artery Occlusion — 8 days
DUE TO (c): Atherosclerosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 7, 1965, *to* Sept 14, 1965, *that I last saw the deceased alive on* Sept 13, 1965, *and that death occurred at* 11:25 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 9-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Sept. 16 '65

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 9-17-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature] — LICENSE NO.: E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

SEP 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 23 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 25 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 36-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3781
Local Reg. No. 451
Reg. Dist. No. 370

BIRTH NO.

SEP 20 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place): minutes 5-05
d. FULL NAME OF HOSPITAL OR INSTITUTION: 2020 North 26th 07

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN: Boise
d. STREET ADDRESS (If rural, give location): 1107 North 21st

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM; b. (Middle) WEBSTER; c. (Last) WINSKY

4. DATE OF DEATH: (Month) (Day) (Year) September 14, 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: Oct. 10, 1910

9. AGE (In years last birthday): 54 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): piano tuner 90

10b. KIND OF BUSINESS OR INDUSTRY: music 34

11. BIRTHPLACE (State or foreign country): Alsen, North Dakota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: August Winsky — BIRTHPLACE: USA

14. MOTHER'S MAIDEN NAME: Phillipa Graber — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ------

16. SOCIAL SECURITY NO.: 518-24-1286

17. INFORMANT'S OWN SIGNATURE: Vonda Winsky — ADDRESS: 1107 N. 21, Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Insuffy — 5 yrs
DUE TO (c) Arteriosclerotic Vascular — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/26/62, 19__, *to* Sept 14, 1965, *that I last saw the deceased alive on* Sept 14, 1965, *and that death occurred at* 9:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: 1703 Hill Road, Boise

23c. DATE SIGNED: 9/18/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Sept. 17, '65

24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 9-20-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature]

LICENSE NO.: E-419

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

SEP 20 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 30 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

65-8654

RECEIVED SEP 29 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3782
Local Reg. No. 470
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 016
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): #

3. NAME OF DECEASED (Type or Print): a. (First) Baby b. (Middle) Boy c. (Last) Gorrell

4. DATE OF DEATH (Month) (Day) (Year): Sept. 14, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Sept. 14, 1965

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 3, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Teddy Gorrell — BIRTHPLACE: Nyssa Oregon

14. MOTHER'S MAIDEN NAME: Charlotteann McDonald — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: Teddy L. Gorrell — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 776X Prematurity — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): none
DUE TO (c): none

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 14, 1965, *to* ———, 19—, *that I last saw the deceased alive on* Sept 14, 1965, *and that death occurred at* 8:15 ± *m., from the causes and on the date stated above.*

23a. SIGNATURE: Harold Myers 384 (Degree or title) MD

23b. ADDRESS: 200 E Bannock Boise

23c. DATE SIGNED: 9/22/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 15, 1965

24c. NAME OF CEMETERY OR CREMATORY: Joplin Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 9-28-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature] — LICENSE NO.: E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3783
Local Reg. No. 471
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 29 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2903 James

3. NAME OF DECEASED (Type or Print): a. (First) Almeda; b. (Middle); c. (Last) Robertson

4. DATE OF DEATH: (Month) Sept. (Day) 14 (Year) 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	Feb. 16, 1902	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Same 01	Parker, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles M. Wardle	So. Jordan Utah	Harriet Rhodehouse	Clifton, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None		Ida Roland	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of pancreas — INTERVAL BETWEEN ONSET AND DEATH: Not known

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Extensive metastases to liver — Not known

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Sept 11, 65 Sept 13, 65	Sept 11: Carcinoma metastatic in liver Sept 13: ~~Strangulated~~ Incarcerated Incisional Hernia	YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Sept 11, 1965, *to* Sept 14, 1965, *that I last saw the deceased alive on* Sept 14, 1965, *and that death occurred at* 10:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Quentin E Howard MD	401 Idaho St Boise	Sept 17 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-18-65	Dry Creek Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-28-65	Myrtle Palmer	Earl M. Sears	E-460

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: RELYEA MORTUARY

DUTIES:

DEC 17 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3784
Local Reg. No. 465
Reg. Dist. No. 370

RECEIVED SEP 22 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 010 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 109 2nd St. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna
d. STREET ADDRESS (If rural, give location): 109 2nd St.

3. NAME OF DECEASED (Type or Print)
a. (First): Rosa (Peggy)
b. (Middle): May
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): September 15,1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: January 17,1890
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Houswife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Fulton County, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joe Barber — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Anna Newlon — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs. Albert Spence — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocardial Infarction
DUE TO (c): Coronary Art Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-22, 1950, *to* 9-15, 1965, *that I last saw the deceased alive on* 9-15, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 454 Jos Saltzer
23b. ADDRESS: Nampa
23c. DATE SIGNED: 9/17/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 17,1965
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Memorial Gardens
24d. LOCATION (City, town, or county) (State): Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.: 9-21-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Tom W. Sinigiani — LICENSE NO. E-496

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAR 4 1975

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3785
Local Reg. No. 462
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
SEP 22 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1323 Meridian St. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 1323 Meridian St.

3. NAME OF DECEASED (Type or Print)
a. (First): Glenn
b. (Middle):
c. (Last): Frizzell

4. DATE OF DEATH (Month) (Day) (Year): Sept. 15, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 3, 1906
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer 16
10b. KIND OF BUSINESS OR INDUSTRY: Contruction 07
11. BIRTHPLACE (State or foreign country): Walla Walla, Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Irvin Frizzell — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Mary Solvester — BIRTHPLACE: Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 504-16-8381
17. INFORMANT'S OWN SIGNATURE: Effie M. Frizzell — ADDRESS: Meridian

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Arteriosclerotic~~ Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1964, *to* present, 1965, *that I last saw the deceased alive on* Jan 1965, *and that death occurred at* 8:30A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Lee Pulley MD 624 (Degree or title)
23b. ADDRESS: 925 E 1st Meridian Ida
23c. DATE SIGNED: 16 Sept 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-18-65
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 9-20-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Geo Ferread
LICENSE NO.: E-366

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Robison Chapel of the Chimes

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 27 1965

OCT 12 1966

MAR 6 1990

APR 5 1990

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Joseph Thomas 305 Fort

Certificate of Death

STATE OF IDAHO

State File No. 3786
Local Reg. No. 490
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
Bureau of Vital Statistics
OCT 8 1965

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 215 N. Garden 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 215 N. Garden

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Guy c. (Last) Richey

4. DATE OF DEATH (Month) (Day) (Year): Sept. 16, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Nov. 27, 1884

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction 06

10b. KIND OF BUSINESS OR INDUSTRY: Concrete 20

11. BIRTHPLACE (State or foreign country): Bedford County, Penn.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Grant Richey
BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Elisabeth Young
BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-24-7379

17. INFORMANT'S OWN SIGNATURE: Mina E. Richey
ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myo Cardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteria - sclerosis
DUE TO (c) Coronary insufficiency

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-30-52, 19____, *to* 9-10-65, 19____, *that I last saw the deceased alive on* 9-10-65 19____, *and that death occurred at* 11:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 528 C. M. Thomas MD

23b. ADDRESS: 305 Fort St. Boise

23c. DATE SIGNED: 10/4/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 18, 1965

24c. NAME OF CEMETERY OR CREMATORY: Kuna Cemetery

24d. LOCATION (City, town, or county) (State): Kuna Idaho

DATE REC'D BY LOCAL REG.: 10-8-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: G. W. Waters

LICENSE NO.: E-461

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

NOV 27 1974

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3787
Local Reg. No. 477
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
OCT 1 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN: Boise 002
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN: Boise
d. STREET ADDRESS (If rural, give location): 1315 East Washington

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Annie	Jane	Lakey	Sept. 16, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FeMale	White	Widowed 2	July 24, 1886	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	home 01	Soda Springs, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Nelson	Unknown	Mary Ericksen	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	542 28 1903	Frank A. Lakey	Nampa, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

570.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Mesentiric Thrombosis — 2 days

DUE TO (c) Arterio Sclerosis — 2+ y

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* [illegible] 19__ *to* 1965, 19__, *that I last saw the deceased alive on* Sept 16, 1965, *and that death occurred at* 10:55 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George R Baker MD	121 E. Idaho	9/22/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 20, 1965	Kohlerlawn Cemetery	Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-30-65	Myrtle Palmer	Ford Sinigiani	E-496

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3788
Local Reg. No. 463
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

SEP 22 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01 — 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hosp. 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 61 — b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 309 So. Pond St.

3. NAME OF DECEASED (Type or Print): a. (First) Marjorie — b. (Middle) — c. (Last) McDaniel

4. DATE OF DEATH: (Month) 9 (Day) 16 (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: 12-14-1913

9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurses Aid 15

10b. KIND OF BUSINESS OR INDUSTRY: Hospital 07

11. BIRTHPLACE (State or foreign country): South Dakota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown Fuller — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Nora Allman — BIRTHPLACE: South Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Marvin Picotte — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 1 ½ years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Mar, 1963, *to* Sept, 1965, *that I last saw the deceased alive on* Sept 16, 1965, *and that death occurred at* 6:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D. 318 — **23b. ADDRESS**: 401 No Orchard Boise Ida — **23c. DATE SIGNED**: 9/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 9-20-1965 — **24c. NAME OF CEMETERY OR CREMATORY**: Dry Creek Cemetery — **24d. LOCATION** (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 9-20-65 — **REGISTRAR'S SIGNATURE**: Myrtle Palmer

25. EMBALMER: Daniel G. Gibson — **LICENSE NO.**: E - 400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 17 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 21 1997

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3789
Local Reg. No. 450
Reg. Dist. No. 370

Certificate of Death

RECEIVED
SEP 17 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 48 Utah
b. COUNTY: 555 Salt Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salt Lake City
d. STREET ADDRESS (If rural, give location): 615 Sperry Court

3. NAME OF DECEASED (Type or Print)
a. (First): ERMA
b. (Middle): ROWENA 392
c. (Last): WALKER

4. DATE OF DEATH (Month) (Day) (Year): Sept. 16, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 8, 1876
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At home 01
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Harrison Sperry — BIRTHPLACE: Necca, Ohio
14. MOTHER'S MAIDEN NAME: Susan Mosely — BIRTHPLACE: Nauvoo, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S OWN SIGNATURE: + Irene Walker Jones — ADDRESS: 809 Marshall Boise, Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

606X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bacterial sepsis.
INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Probable urinary sepsis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Arteriosclerotic heart disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* Sept 16, 1965, *and that death occurred at* 9:40 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David Anderson MD. 557
23b. ADDRESS: Boise Idaho.
23c. DATE SIGNED: 9-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 9-16-65
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: 9-17-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Fay C. Hinkkila
LICENSE NO.: E-419
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 17 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3790
Local Reg. No. 472
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 29 1965

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4431 Denton

3. NAME OF DECEASED (Type or Print)
a. (First): Lauretta
b. (Middle): Gribble
c. (Last): Kimball

4. DATE OF DEATH: Sept. 16, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 17, 1883
9. AGE (In years last birthday): 82 (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Same 01
11. BIRTHPLACE (State or foreign country): Gunnison Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Henry Gribble — BIRTHPLACE: Ogden Utah
14. MOTHER'S MAIDEN NAME: Mary Jane Knighton — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Margaret K. Gleason

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: [redacted]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral arteriosclerosis — 5 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: advanced rheumatoid arthritis — 10 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1953, 19__, *to* present, 19__, *that I last saw the deceased alive on* Sept 15, 1965, *and that death occurred at* 4P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O.P. Blackburn 046 MD
23b. ADDRESS: 1320 Vista Boise Ida
23c. DATE SIGNED: Sept 21 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial
24b. DATE: 9-20-65
24c. NAME OF CEMETERY OR CREMATORY: Gunnison Cemetery
24d. LOCATION (City, town, or county) (State): Gunnison Utah

DATE REC'D BY LOCAL REG.: 9-28-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Earl M. Leas
LICENSE NO.: E-460
FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3791
Local Reg. No. 211
Reg. Dist. No. 371

BIRTH NO.

SEP 22 1965

Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Ada 01

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho

c. LENGTH OF STAY (in this place): 44 Days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 010

b. COUNTY:

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. STREET ADDRESS (If rural, give location): RT # 2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Arthur	M	CUSICK	9	17	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	2-7-99	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Civil Service	Same 00	Idaho	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Oscar H Cusick	Mich	Susan Miller Wise	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW 1	530 32 4139	VA Records, Boise, Idaho	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary heart disease with congestive failure — 3 months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VA m.		

22. [redacted] attended the deceased from 8-4, 1965, to 9-17, 1965, [redacted], and that death occurred at 8:50 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. F. SWINDELL, M.D.	VA Center, Boise, Idaho	9-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
CREMATION	22 SEP 65	MTN. VIEW CREMATORY	BOISE, ADA, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-22-65	Myrtle Palmer	RICHARD L. MAUS	E-443

FIRM NAME: MOUNTAIN VIEW MORTUARY - BOISE

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

SEP 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 20 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 5 1974

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUN 6 1977

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3792
Local Reg. No. 489
Reg. Dist. No. 370

65-8657
BIRTH NO.

RECEIVED
OCT 8 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): St. Lukes. Hospital

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Raymond
c. (Last): Luscombe

4. DATE OF DEATH (Month) 9 (Day) 18 (Year) 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: 9/14/65
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 4; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Robert G. Luscombe — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Karen Marie Wulcan — BIRTHPLACE: Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Robert G. Luscombe — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immaturity — INTERVAL BETWEEN ONSET AND DEATH: 4 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Faulty Development of Placenta ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

761.5

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* BIRTH, 19__, *to* DEATH, 19__, *that I last saw the deceased alive on* 9-18, 19 65 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 519 [signature] M D
23b. ADDRESS: 200 E Bannock Boise
23c. DATE SIGNED: 9-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9/20/1965
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county): Boise (State): Idaho

DATE REC'D BY LOCAL REG.: 10-6-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Russell A. Relyea
LICENSE NO.: #E-~~420~~ 412
FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3793
Local Reg. No. 484
Reg. Dist. No. 370

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011 OCT 8 1965 Bureau of Vital Statistics	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 011 b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise — c. LENGTH OF STAY (If not in hospital): 34 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Treasure Valley Manor 293	d. STREET ADDRESS (If rural, give location): 1214 Fort Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Robert	A.	Kane	9	18	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widower 2	5/22/1881	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
self employed 90	sales 50	Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
no record	no record	---- Neuss	no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		none	Robert A. Kane	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardio-Vascular disease

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 6 Mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1965, *to* 9-18, 1965, *that I last saw the deceased alive on* 9-16, 1965, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Stewart Merrill Mr 357	Boise Ida	9-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	9/22/65	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-4-65	Myrtle Palmer	[signature]	E-460

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3794
Local Reg. No. 473
Reg. Dist. No. 270

BIRTH NO.

RECEIVED SEP 29 1965

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly - Route # 2, Rural
d. STREET ADDRESS (If rural, give location): Rural Route # 2

3. NAME OF DECEASED (Type or Print): a. (First) Nancy; b. (Middle) Lea; c. (Last) Mayer

4. DATE OF DEATH: (Month) 9 (Day) 18 (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Feb. 21, 1949

9. AGE (In years last birthday): 16
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: High School

11. BIRTHPLACE (State or foreign country): South Dakota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joe E. Mayer
BIRTHPLACE: South Dakota

14. MOTHER'S MAIDEN NAME: Delores Dooley
BIRTHPLACE: South Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Joe Spanbauer
ADDRESS: Kimberly

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Brain stem edema & hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Brain laceration
DUE TO (c) Severe cranial Trauma

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT XX SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hwy
21c. (CITY, TOWN, OR TOWNSHIP) 13 Near Shoshone ? **(COUNTY)** 270 **(STATE)**
21d. TIME OF INJURY (Month) 9-12-65 (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: Automobile accident

22. *I hereby certify that I attended the deceased from* 9-12-65, 19__, *to* 9-18-, 1965, *that I last saw the deceased alive on* 9-18-65 19__, *and that death occurred at* 7:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD
23b. ADDRESS: 616 Eastman Bldg. Boise
23c. DATE SIGNED: 9-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-19-1965
24c. NAME OF CEMETERY OR CREMATORY: Memorial Gardens
24d. LOCATION (City, town, or county) (State): Olympia, Washington

DATE REC'D BY LOCAL REG.: 9-28-65
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Daniel G. Gibson
LICENSE NO.: E - 400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

NOV 30 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3795
Local Reg. No. 464
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 22 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1600 Jefferson St.

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): William 292
c. (Last): Galloway

4. DATE OF DEATH (Month) 9 (Day) 19 (Year) 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 5-6-1884
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer 22
10b. KIND OF BUSINESS OR INDUSTRY: Law 01
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas C. Galloway — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Mary Walters — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Robert C. Galloway — ADDRESS: Boise

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Acute Left Heart Failure — 4 days
DUE TO (c) Arteriosclerotic Heart Disease — years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1963, *to* Sept 19, 1965, *that I last saw the deceased alive on* Sept 19, 1965, *and that death occurred at* 8:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 333 Mason M.D.
23b. ADDRESS: 1320 Vista Ave. Boise Idaho
23c. DATE SIGNED: Sept 20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 2
24b. DATE: 9-21-1965
24c. NAME OF CEMETERY OR CREMATORY: Mtn. View Crematory
24d. LOCATION (City, town, or county): Boise (State): Idaho

DATE REC'D BY LOCAL REG.: 9-21-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Daniel G. Gibson — LICENSE NO.: E - 400

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 7 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 27 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3796
Local Reg. No. 467
Reg. Dist. No. 370

BIRTH NO. R

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 011 — SEP 29 1965 — 002
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise — Bureau of Vital Statistics
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1403 S. Roosevelt — 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011 — b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1403 S. Roosevelt

3. NAME OF DECEASED (Type or Print): a. (First) Frank — b. (Middle) E. — c. (Last) Betts

4. DATE OF DEATH (Month) (Day) (Year): Sept. 20, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 28, 1876

9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal Worker 67

10b. KIND OF BUSINESS OR INDUSTRY: 07

11. BIRTHPLACE (State or foreign country): Muncy, Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ellis Betts — BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Angeline Von Flick — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 512-20-3462

17. INFORMANT'S OWN SIGNATURE: X Joseph E. Whitlock — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 151 Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 6 mo?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 11, 1965, *to* Sep, 1965, *that I last saw the deceased alive on* Sept 14, 1965, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glen E. Cullen 539 M.D.

23b. ADDRESS: 125 East, Idaho

23c. DATE SIGNED: 9/21/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 9/23/65

24c. NAME OF CEMETERY OR CREMATORY: Valley View Cemetery

24d. LOCATION (City, town, or county) (State): Garden City, Kansas

DATE REC'D BY LOCAL REG.: 9-22-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: John F. Wilkerson

LICENSE NO.: E-435

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3797
Local Reg. No. 212
Reg. Dist. No. 371

BIRTH NO.

RECEIVED SEP 27 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 1, Gary Lane

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. # 1, Gary Lane

3. NAME OF DECEASED (Type or Print): a. (First) Floy; b. (Middle) L.; c. (Last) Eisele

4. DATE OF DEATH (Month) (Day) (Year): Sept. 20, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: March 8, 1887

9. AGE (In years last birthday): 78 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 61

10b. KIND OF BUSINESS OR INDUSTRY: Home 01

11. BIRTHPLACE (State or foreign country): Rooks County, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: W. I. Miller — BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Elsie Hawk — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x W. N. Eisele — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized cerebral arteriosclerosis with — INTERVAL BETWEEN ONSET AND DEATH: Several years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) remote and recent → Aug. 1965

DUE TO (c) cerebro-vascular accident

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Fractured neck fractures — 1963 & 1964

331X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8.9, 1963, *to* 9.20, 1965, *that I last saw the deceased alive on* 9.16, 1965, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. L. Newcombe M.D.

23b. ADDRESS: 572 W. 16 St. Boise, Idaho

23c. DATE SIGNED: 9.22.65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/23/65

24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-27-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Earl Waggoner

LICENSE NO.: E-422

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

SEP 30 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 4 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ~~ALL PARTS OF THIS ITEM.~~ In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3798
Local Reg. No. 216
Reg. Dist. No. 371

RECEIVED OCT 8 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
DURATION OF STAY (in this place): 2 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 016
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JALA
b. (Middle): 300
c. (Last): SWAYNE

4. DATE OF DEATH: Sept. 21, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 8, 1873
9. AGE (In years last birthday): 92 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At home 87
11. BIRTHPLACE (State or foreign country): Marshall Co., Kentucky
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Warren Clark, BIRTHPLACE: Henry Co., Kentucky
14. MOTHER'S MAIDEN NAME: Mary Chrisenberry, BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 530-07-3868D
17. INFORMANT'S OWN SIGNATURE: Elmina Dillree, ADDRESS: Star, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/23/65 19__, *to* 9/21/65 19__, *that I last saw the deceased alive on* 9/20/65 19__, *and that death occurred at* 8:30 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE: 054 (Degree or title): M.D.
23b. ADDRESS: Owyhee Idaho
23c. DATE SIGNED: 9/24/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-24-65
24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery
24d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: 10-1-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Ray C. Summers
LICENSE NO.: E-419
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3799
Local Reg. No. 487
Reg. Dist. No. 270

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 01 | OCT 8 1965 | 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise | Bureau of Vital Statistics
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 602

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01 | b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5603 Edson St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Sharon	Jo	Conway	Sept. 22, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	March 5, 1940	25				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00	60	Caldwell, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Homer Brewer	Missouri	Violet Osborne	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		518-44-6115	x Larry G. Conway	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cellulitis of face & throat — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Beta Hemolytic Streptococcus
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Lupus Erythematosus Disseminata 1yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan, 1965, *to* 22 Sept, 1965, *that I last saw the deceased alive on* 22 Sept, 1965, *and that death occurred at* 6:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Clayton C. Morgan 370	M.D	Boise Idaho	29 Sept 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 27, 1965	Wilder Cemetery	Wilder, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-5-65	Myrtle Palmer	Merville D Davis	E-399

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

DUTIES:

FEB 2 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 27 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 27 1981

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3800
Local Reg. No. 466
Reg. Dist. No. 370

RECEIVED
SEP 27 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. St. Lukes Hospital 008

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. # 5

3. NAME OF DECEASED (Type or Print): a. (First) Robert; b. (Middle) Dale; c. (Last) Phillips

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 22, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Feb. 16, 1907

9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance 62

10b. KIND OF BUSINESS OR INDUSTRY: State Hiway Dept. 05

11. BIRTHPLACE (State or foreign country): Oberlin, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Mylan S. Phillips — BIRTHPLACE: Pomeroy, Ohio

14. MOTHER'S MAIDEN NAME: Cora McCoy — BIRTHPLACE: Rantoul, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-07-0401

17. INFORMANT'S OWN SIGNATURE: *Mrs Norma Phillips — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* D.O.A., 19___, *to* 9-22, 1965, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 10:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD

23b. ADDRESS 9-24-65 30365 Boise

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/27/1965

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-27-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: John F. Wilkerson — LICENSE NO.: E-435

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 30 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 31 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3801
Local Reg. No. 782
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada 01 — OCT 8 1965 — 000
b. CITY OR TOWN Boise — Bureau of Vital Statistics
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 140 — b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) Rt. # 2

3. NAME OF DECEASED (Type or Print) — a. (First) Willie — b. (Middle) — c. (Last) Warren

4. DATE OF DEATH (Month) (Day) (Year) Sept. 23, 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH Aug. 18, 1911

9. AGE (In years last birthday) 54 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 00

10b. KIND OF BUSINESS OR INDUSTRY 00

11. BIRTHPLACE (State or foreign country) Compton, Arkansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Arbough — BIRTHPLACE Arkansas

14. MOTHER'S MAIDEN NAME Alice Bryant — BIRTHPLACE Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 432-38-8681

17. INFORMANT'S OWN SIGNATURE Gus Warren — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4658

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Thrombosis Late Cardiac

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Metastatic Ca of Fallopian Tube 6 mo

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) — **21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* July, 1965, *to* Sept, 1965, *that I last saw the deceased alive on* Sept 22, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE George R Baker (Degree or title) MD — **23b. ADDRESS** 101 E. Idaho, Boise — **23c. DATE SIGNED** 9

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial — **24b. DATE** Sept. 28, 1965 — **24c. NAME OF CEMETERY OR CREMATORY** Canyon Hill Cemetery — **24d. LOCATION** (City, town, or county) Caldwell, Idaho (State)

DATE REC'D BY LOCAL REG. 10-1-65 — REGISTRAR'S SIGNATURE Myrtle Palmer — **25. EMBALMER** Merville A Davis — LICENSE NO. E-399

Federal Security Agency
United States Public Health Service
Form DH-69021

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

MAR 2 1 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED

State File No. 3802
Local Reg. No. 474
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01 SEP 30 1965 3-21
b. CITY OR TOWN: Boise
Bureau of Vital Statistics
LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hosp. 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01 b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5501 Victory Road

3. NAME OF DECEASED (Type or Print): a. (First) Edwin b. (Middle) Clarence c. (Last) Taylor

4. DATE OF DEATH: (Month) 9 (Day) 23 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: 8-8-1905

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter 23

10b. KIND OF BUSINESS OR INDUSTRY: Construction 02

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Wesley Taylor
BIRTHPLACE: Virginia

14. MOTHER'S MAIDEN NAME: Helen Catherine Whitbeck
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-09-4819

17. INFORMANT'S OWN SIGNATURE: X Lula F. Thornton
ADDRESS: Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Emphysema — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Ulcerative colitis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19 60, *to* 9-24, 19 65, *that I last saw the deceased alive on* 9-24, 19 65, *and that death occurred at* 12:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: [illegible] Idaho

23c. DATE SIGNED: 9/27/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-28-1965

24c. NAME OF CEMETERY OR CREMATORY: cloverdale Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 9-29-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Daniel G. Gibson

LICENSE NO.: E-400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3803
Local Reg. No. 220
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 — OCT 8 1965 — 3-15
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho — Bureau of Vital Statistics
DURATION OF STAY (in this place): 15 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho — b. COUNTY: 016
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garden City
d. STREET ADDRESS (If rural, give location): 1640 Adams Street

3. NAME OF DECEASED (Type or Print): a. (First) Ulysses — b. (Middle) G — c. (Last) BARNES

4. DATE OF DEATH: (Month) 9 (Day) 24 (Year) 65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 8-5-86
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer: Retired 04
10b. KIND OF BUSINESS OR INDUSTRY: Same 01
11. BIRTHPLACE (State or foreign country): Tenn
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Charles Barnes — BIRTHPLACE: Tenn
14. MOTHER'S MAIDEN NAME: Sally Durham — BIRTHPLACE: Tenn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 1
16. SOCIAL SECURITY NO.: 409 16 1739
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: VA Records, Boise, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis generalized due to incarcerated rt. ind. ing. hernia & intra peritoneal abscess. — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-10-65
19b. MAJOR FINDINGS OF OPERATION: Incarcerated rt. inguinal hernia, intraperitoneal abscess and generalized peritonitis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

VA

22. I attended the deceased from 9-9, 1965, to 9-24-65, 19, and that death occurred at 11:05 PM, from the causes and on the date stated above.

23a. SIGNATURE: W. E. CROOKSTON, M.D. (Degree or title)
23b. ADDRESS: VA Center, Boise, Idaho
23c. DATE SIGNED: 9-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-28-65
24c. NAME OF CEMETERY OR CREMATORY: Terrace Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-6-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-460
FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAY 12 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3804
Local Reg. No. 215
Reg. Dist. No. 271

RECEIVED
OCT 6 1965
Bureau of Vital Statistics

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write township): Boise, Idaho
DURATION OF STAY (in this place): 22 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4308 Clark St

3-22

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Dot	R	DEMENT	9	24	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	2-13-92	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Printing Pressman.	Same 00	Idaho	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James R Dement	Ill	Melinda Callaway	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE AND ADDRESS
Yes	WW I 2	516 12 2489	VA Records, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of bladder — INTERVAL BETWEEN ONSET AND DEATH: 3½ yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Carcinoma of prostate gland — 8 yrs.
Tumor of lung, type undetermined — 1½ yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3-2-62	Carcinoma of bladder	YES XXX NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I, the undersigned, attended the deceased from 9-2, 19 65, to 9-24, 19 65, and that death occurred at 9 AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. G. CROOKSTON M.D.	VA Center, Boise, Idaho	9-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-27-65	Morris Hill Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-6-65	Myrtle Palmer		E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

OCT 6 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 9 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3805
Local Reg. No. 214
Reg. Dist. No. 371

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada — OCT 1 1965 — 3-10
Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits or not in any city or township) Boise, Idaho
c. LENGTH OF STAY (in this place) 10 Days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 38 Oregon 555 b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ontario
d. STREET ADDRESS (If rural, give location) 178 N.E. 4th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Earl	R	GRAY	9	24	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced 4	6-18-95	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Ranch Hand 04
10b. KIND OF BUSINESS OR INDUSTRY Same 01
11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME William Gray — BIRTHPLACE Iowa
14. MOTHER'S MAIDEN NAME Ida Riley — BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I 3
16. SOCIAL SECURITY NO. 39 505 1751
17. INFORMANT'S OWN SIGNATURE John D Gray ADDRESS VA Records, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

544.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 1 Week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Aspiration gastric contents
DUE TO (c) Gastric dilatation.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic aneurysm, abdominal aorta. — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I last attended the deceased from 9-11, 1965, to 9-24, 1965, and that death occurred at 1:25 P m., from the causes and on the date stated above.

23a. SIGNATURE Wm. W. Laxson — W. W. LAXSON, M.D. 547 (Degree or title)
23b. ADDRESS VA CENTER, BOISE, IDAHO
23c. DATE SIGNED 9-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 9-27-65
24c. NAME OF CEMETERY OR CREMATORY Willamette National
24d. LOCATION (City, town, or county) Portland (State) Oregon

DATE REC'D BY LOCAL REG. 9-30-65
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER G. W. Waters
LICENSE NO. E-461

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3806
Local Reg. No. 221
Reg. Dist. No. 371

RECEIVED
OCT 8 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
DURATION OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: 3-02
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Sunset Valley Nursing Home

3. NAME OF DECEASED (Type or Print): a. (First) Edwin; b. (Middle) M; c. (Last) SANDERSON

4. DATE OF DEATH: (Month) 9; (Day) 24; (Year) 65

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 8-12-95

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Rail Road Worker

10b. KIND OF BUSINESS OR INDUSTRY: Same

11. BIRTHPLACE (State or foreign country): Washington

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Henry Sanderson
BIRTHPLACE: Calif

14. MOTHER'S MAIDEN NAME: Martha Lambert
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: VA Records, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of bladder
INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of prostate gland — 2 yrs.

19a. DATE OF OPERATION: 3-29-65

19b. MAJOR FINDINGS OF OPERATION: Biopsy of bladder, carcinoma

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I last attended the deceased from 9-22, 1965, to 9-24, 1965, and that death occurred at 7:15 PM, from the causes and on the date stated above.

23a. SIGNATURE AND TITLE (Degree or title): W. G. CROOKSTON, M.D.

23b. ADDRESS: VA CENTER, BOISE, IDAHO

23c. DATE SIGNED: 9-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 9-28-65

24c. NAME OF CEMETERY OR CREMATORY: Willamette Nat'l. Cemetery

24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: 10-6-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: John J. Wilkerson

LICENSE NO.: E435

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 21 1965

RULES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3807
Local Reg. No. 468
Reg. Dist. No. 370

BIRTH NO.

Dr. S. Merrill

RECEIVED SEP 29 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 10 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2503 No. 36th. St.

3. NAME OF DECEASED (Type or Print): a. (First) Lenore b. (Middle) Marie c. (Last) Dumbolton

4. DATE OF DEATH: (Month) 9 (Day) 24 (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: 2-16-1896
9. AGE (In years last birthday): 69 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Wagner BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Lillian Cavaretta BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No
16. (If yes, give war or dates of service): ----------
SOCIAL SECURITY NO. 518-07-1481
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Boise, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Emphysema

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES X NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 9-21-65 *to* 9-24-65, *that I last saw the deceased alive on* 9-24-65, *and that death occurred at* 2:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD
23b. ADDRESS: Boise
23c. DATE SIGNED: 9-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-28-1965
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 9-27-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Daniel G. Gibson [signature] LICENSE NO. E-400

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3808
Local Reg. No. 479
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
OCT 1 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give): Boise
c. LENGTH OF STAY (in this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 39 Pennsylvania 555
b. COUNTY: Allegheny
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pittsburgh
d. STREET ADDRESS (If rural, give location): 112 Craft Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): LOIS
b. (Middle): ELIZABETH
c. (Last): LITTLE

4. DATE OF DEATH (Month) (Day) (Year): Sept. 24, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: Oct. 9, 1885
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Registered Nurse 15
10b. KIND OF BUSINESS OR INDUSTRY: Medical Nurse 01
11. BIRTHPLACE (State or foreign country): Doniphan County, Kansas
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Silas Highley — BIRTHPLACE: St. Joseph, Missouri
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Olin — BIRTHPLACE: Troy, New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 211-30-0161
17. INFORMANT'S OWN SIGNATURE: Sidney O. Little — ADDRESS: 120 Craft Ave Pittsburgh, Pa.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Not known - DOA.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* never app. 10:40p *, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. A. Clohessy 095, M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 9/29/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/29/65
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-1-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: F. Richard Reed
LICENSE NO.: E-440

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 1 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 12 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3809
Local Reg. No. 480
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada 01 OCT 4 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise Bureau of Vital Statistics
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Ada 01
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 207 Randall Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Clayton	none	Alverson	9	26	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 3	10/16/1908	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
lookout 34	U.S. Govt.	Michigan	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred Alverson		Sadie Cole	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Raymond H. Alverson	1192 N. Vman St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic Heart Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congenital Heart Defect

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-26, 1958, *to* 9-26, 1965, *that I last saw the deceased alive on* 9-26 1965, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
318 MD	410 N Orchard Boise Ida	9/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	9-30-1965	Dry Creek Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-4-65	Myrtle Palmer	[signature]	E-460

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 4 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3810
Local Reg. No. 476
Reg. Dist. No. 370

RECEIVED SEP 30 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 31 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Restful Manor 292

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO 01
b. COUNTY ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE
d. STREET ADDRESS (If rural, give location) 3527 FEDERAL WAY

3. NAME OF DECEASED (Type or Print)
a. (First) Christopher
b. (Middle) Sterry
c. (Last) Hurtt

4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 4

8. DATE OF BIRTH June 2, 1900

9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Surveyor-Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY same 01

11. BIRTHPLACE (State or foreign country) Roswell, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Clarence B. Hurrt, BIRTHPLACE Decatur, Ill.

14. MOTHER'S MAIDEN NAME Jessie Sterry, BIRTHPLACE Pontiac, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 516-12-0771

17. INFORMANT'S OWN SIGNATURE Mary E Hurtt, ADDRESS 3527 Federal Way, Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Small cell Carcinoma of the lung — INTERVAL BETWEEN ONSET AND DEATH 6-8 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 3 May 65

19b. MAJOR FINDINGS OF OPERATION As above — inoperable

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 Apr, 1965, *to* 26 Sept, 1965, *that I last saw the deceased alive on* 25 Sept, 1965, *and that death occurred at* 5:45 m., *from the causes and on the date stated above.*

23a. SIGNATURE Harold W. Stalter Jr. (Degree or title) MD

23b. ADDRESS 6003 Overland, Boise, Ida.

23c. DATE SIGNED 27 Sept 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

24b. DATE 9/29/65

24c. NAME OF CEMETERY OR CREMATORY Mt'n. View Crematory

24d. LOCATION (City, town, or county) (State) Hwy. 30-W-Boise, Idaho

DATE REC'D BY LOCAL REG. 9-28-65

REGISTRAR'S SIGNATURE Myrtle Palmer

25. EMBALMER Richard L. Maus

LICENSE NO. E-443

FIRM NAME Mountain View Funeral Home, Boise

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 29 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 12 1991

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3811
Local Reg. No. 475
Reg. Dist. No. 370

BIRTH NO.

RECEIVED SEP 30 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idanha Hotel 10th and Main Sts.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Harney
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burns
d. STREET ADDRESS (If rural, give location): 28 South Buena Vista

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	NICHOLAS	HENRY	VOEGTLY	Sept. 27th 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov. 24, 1896	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Plumber	Plumbeing	Burns, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles H. Voegtly		Mary Tupker	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-12-9225	[illegible] Boise, Idaho	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Lungs — INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Takeing treatments for this condition for months — Months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Did Not See *to* Alive, 19___, *that I last saw the deceased alive on* [illegible], 19___, *and that death occurred at* 10P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] 583 Coroner	3720 Meadow Drive, Boise,	9-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town or county) (State)
Removal	Sept. 29, 65	Burns Cemetery	Burns, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-29-65	Myrtle Palmer	G. W. Waters	E-461

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3812
Local Reg. No. 478
Reg. Dist. No. 370

RECEIVED OCT 1 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Treasure Valley Manor 293

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3607 Alpine St.

3. NAME OF DECEASED (Type or Print): a. (First) Roy; b. (Middle) Benjamin; c. (Last) York

4. DATE OF DEATH (Month) (Day) (Year): September 27, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: May 10, 1895

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Same 01

11. BIRTHPLACE (State or foreign country): Glenwood, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles York
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Jane Graves
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-16-1179

17. INFORMANT'S OWN SIGNATURE: X Elsie York
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (1) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: MIN.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) (2) Extensive Bilateral

DUE TO (c) Pulmonary Infiltration — Cause unknown

II. OTHER SIGNIFICANT CONDITIONS (3) Renal artery Thrombosis
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: assoc'd with Infarction

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-20 *19*65, *to* Sept 27, *19*65, *that I last saw the deceased alive on* 9/18, *19*65, *and that death occurred at* 6:34 *m., from the causes and on the date stated above.*

23a. SIGNATURE: John E. Coffard
(Degree or title): MD
23b. ADDRESS: 311 - Idaho St Boise
23c. DATE SIGNED: 9/28/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/30/65
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-30-65
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: John L. Wilkerson
LICENSE NO.: E-435
FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3813
Local Reg. No. 485
Reg. Dist. No. 370

65-8650
BIRTH NO.

RECEIVED
OCT 8 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 011 2-14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3421 Sycamore

3. NAME OF DECEASED (Type or Print)
a. (First): Tamara
b. (Middle): Joan
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): 9 27 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: 9/13/1965
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 14; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY: ~~00~~
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Donald D. Johnson — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Vicki J. VanDegrift — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Mrs Donald D. Johnson — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

754.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): congenital Heart disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Birth, 19__, *to* 9/27, 1965, *that I last saw the deceased alive on* 9/27, 1965, *and that death occurred at* 9:22 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Geo E Weick 558 (Degree or title) MD
23b. ADDRESS: 218 N 1st Boise Ida
23c. DATE SIGNED: 9/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9/29/65
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Mem. Park
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-4-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3814
Local Reg. No. 223
Reg. Dist. No. 371

RECEIVED
OCT 8 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 016
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 28 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 3 Boise 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. # 3 Boise

3. NAME OF DECEASED (Type or Print)
a. (First): CHRISTINA
b. (Middle): CRISSIE RUSSELL
c. (Last): BASSETT

4. DATE OF DEATH (Month) 9 (Day) 28 (Year) 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: 10/2/1893
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: home 01
11. BIRTHPLACE (State or foreign country): Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Steedman — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Eliza Strang — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: A G Bassett — ADDRESS

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Ht Dis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1963, *to* 9-28, 1965, *that I last saw the deceased alive on* 9-25, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: George R Baber 019 (Degree or title) MD
23b. ADDRESS: 121 E. Idaho
23c. DATE SIGNED: 10/1/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10/1/1965
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Mem. Park
24d. LOCATION (City, town, or county) (State): Boise Ada

DATE REC'D BY LOCAL REG.: 10-8-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO. Ep460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 8 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3815
Local Reg. No. 486
Reg. Dist. No. 370

RECEIVED OCT 8 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 32 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1822 Hazel Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1822 Hazel Street

3. NAME OF DECEASED (Type or Print)
a. (First): Cora
b. (Middle): ———
c. (Last): Emory

4. DATE OF DEATH (Month) 9 (Day) 28 (Year) 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: 12/30/1880
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: home 01
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Sweet — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Adeline Stone — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Carl H. Emory — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic stenosis and cardiac hypertrophy — INTERVAL BETWEEN ONSET AND DEATH: > 5 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
PH of congestive failure
PH of angina pectoris

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/9, 1961 to 3/14, 1962, *that I last saw the deceased alive on* 3/14, 1962, *and that death occurred at* between a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. Clohessy 095 (Degree or title) M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 10/1/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10/1/65
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Mem. Park
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-4-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Clark M. Sears
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 23 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 06 2009

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3816
Local Reg. No. 218
Reg. Dist. No. 371

RECEIVED
Bureau of Vital Statistics
OCT 8 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN: Boise, Idaho
c. LENGTH OF STAY (In this place): 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 24
b. COUNTY: 3-06
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerman
d. STREET ADDRESS (If rural, give location): Box 276

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	H	AYRES	9	28	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	3-29-95	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer 04	Same 01	Kansas	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Emery S Ayres	Ill	Carey Willerton	Ill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE / ADDRESS
Yes	WW I 3	Unknown	VA Records, Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary infarction — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary emphysema — 13 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
VA m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I last attended the deceased from 9-22, 1965, to 9-28-65, 19___, and that death occurred at 6:40PM., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
597 F. B. HINE, M.D.		VA CENTER, BOISE, IDAHO	10-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	9/28/65		Gooding, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-6-65	Myrtle Palmer	John L. Wilkerson	E 436

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3817
Local Reg. No. 219
Reg. Dist. No. 371

RECEIVED
OCT 8 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna -Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME--- Kuna R# 1 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 016
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna-Rural
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JUDSON	L.	SANDERSON	Sept. 28, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	December 6, 1911 ~~Dec 6 1911~~	53				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 64	Farming 6	RHEA, OKLAHOMA	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Noah O. Sanderson	Oklahoma	Lena L. Wood	Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 12 9406	Mae Belle Sanderson	Kuna, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Physican made examination 9-23-65. Re; his heart.
DUE TO (c) Had Heart attack 4 Yrs ago. — 4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
several slight attacks since. taking medicine for it. — Months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19__ *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 5:30P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 0583	Coroner	3720 Meadow Drive, Boise,	IO-I-65.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 1, 1965	Kuna Cemetery	Kuna Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-6-65	Myrtle Palmer	Jerry J. Krouse	E-447

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 13 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 15 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Gene Lo Lay

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3818
Local Reg. No. 24
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams 020 OCT 4 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meadows
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 020
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meadows
d. STREET ADDRESS (If rural, give location): Rural 3 M E Meadows

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): CLIFFORD
c. (Last): MOREHEAD

4. DATE OF DEATH (Month) (Day) (Year): July 8, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 9-16-1889
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: Sheep & cattle 03
11. BIRTHPLACE (State or foreign country): Weiser, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Miller Morehead — BIRTHPLACE: ------
14. MOTHER'S MAIDEN NAME: Elizabeth McRoberts — BIRTHPLACE: ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W. 1 3
16. SOCIAL SECURITY NO.: 519 34 5799
17. INFORMANT'S OWN SIGNATURE: Mrs. C. C. Hargrove — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Acting Coroner (and or title) 4 — Prosecuting Atty
23b. ADDRESS: Council, Idaho
23c. DATE SIGNED: 9-22-1965

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: 7-8-65
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 9/22/65
REGISTRAR'S SIGNATURE:
25. EMBALMER: R. Dale Thomason
LICENSE NO.: E-388

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Northam-Jones Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 14 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3819
Local Reg. No. 20
Reg. Dist. No. 300

RECEIVED
SEP 13 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lost Valley Reservoir
c. LENGTH OF STAY (in this place): 24Hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lost Valley Reservoir 020

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa,
d. STREET ADDRESS (If rural, give location): 911 12th. St. So. Nampa

3. NAME OF DECEASED (Type or Print)
a. (First): Glen
b. (Middle): Gale
c. (Last): Foreman

4. DATE OF DEATH (Month) (Day) (Year): 9 5 65

5. SEX: m
6. COLOR OR RACE: w
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 21, 1934
9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Appliance & Furniture 35
10b. KIND OF BUSINESS OR INDUSTRY: Appliance 14
11. BIRTHPLACE (State or foreign country): Boise, Idaho,
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Victor Foreman — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Stella Cook — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes 1 — (If yes, give war or dates of service): Korean 1953-56 6
16. SOCIAL SECURITY NO.: 519-30-1008
17. INFORMANT'S OWN SIGNATURE: Mrs. Glen Foreman — ADDRESS: Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

850X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Drowning — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 1 18
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Lost Valley Reservior 13
21c. (CITY, TOWN, OR TOWNSHIP) 020 (COUNTY): Adams (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 5, 1965 5.22PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Boat Overturned

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 5:25P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Harold Whitaker 583 — (Degree or title): Adams County Coroner 4
23b. ADDRESS: P.O. Box 215 Council, Idaho
23c. DATE SIGNED: Sept 10, 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 9 Sept. 65
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.: 10 Sep 65
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Larry J. Krausch — LICENSE NO. E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 15 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 17 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 23 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

SEP 30 1965

MAR 29 1966

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

MAY 25 1966

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

NOV 15 1967

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3820
Local Reg. No. 21
Reg. Dist. No. 300

Certificate of Death

RECEIVED
SEP 13 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lost Valley Reservoir
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lost Valley Reservoir 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 415 Diamond St. Nampa

3. NAME OF DECEASED (Type or Print)
a. (First): Raymond
b. (Middle): H.
c. (Last): Tiser

4. DATE OF DEATH (Month) 9 (Day) 5 (Year) 65

5. SEX: m
6. COLOR OR RACE: w
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 27, 1935
9. AGE (In years last birthday): 29 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Appliance Sale 19
10b. KIND OF BUSINESS OR INDUSTRY: Appliance 14
11. BIRTHPLACE (State or foreign country): No. Dakota
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Richard Tiser — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Alice Lindblad — BIRTHPLACE: No. Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-34-6037
17. INFORMANT'S OWN SIGNATURE: Mrs Ray H. Tiser — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

850X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 18
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Lost Valley Reservoir
21c. (CITY, TOWN, OR TOWNSHIP) 13 — 020 (COUNTY): Adams — (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 5, 1965 5:22PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Boat Overturned

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 5:25P m., from the causes and on the date stated above.*

23a. SIGNATURE: Harold Whitaker 583 — Adams County Coroner (Degree or title) 4
23b. ADDRESS: P.O. Box 215 Council, Idaho
23c. DATE SIGNED: Sept. 10.65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9 Sept. 65
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county): Nampa, Canyon, (State): Idaho

DATE REC'D BY LOCAL REG.: 10 Sept 65
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Larry J. Kroush — LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 15 1965

MAR 22 1966

MAR 12 1984

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3821
Local Reg. No. 22
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Adams 020 OCT 4 1965 3-01 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Council
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Council Memorial Hospital 017

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 020 b. COUNTY Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Meadows
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) CLIFTON b. (Middle) E. c. (Last) EVANS

4. DATE OF DEATH (Month) (Day) (Year) September 19, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2
8. DATE OF BIRTH June 20, 1901
9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Depot Agent 26
10b. KIND OF BUSINESS OR INDUSTRY U.P.Railroad 03
11. BIRTHPLACE (State or foreign country) Tyler, Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lee Evans BIRTHPLACE Texas
14. MOTHER'S MAIDEN NAME unknown BIRTHPLACE Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 712-01-8188
17. INFORMANT'S OWN SIGNATURE Marie A Evans ADDRESS Idaho New Meadows,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH Shrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-19-65, 19___, *to* 9-19-65, 19___, *that I last saw the deceased alive on* 9-19-65, 19___, *and that death occurred at* 5:20 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D. 154
23b. ADDRESS Council, Idaho
23c. DATE SIGNED 9-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 22, 1965
24c. NAME OF CEMETERY OR CREMATORY Meadows Valley Cemetery
24d. LOCATION (City, town, or county) Meadows, (State) Idaho

DATE REC'D BY LOCAL REG. 9-24-65
REGISTRAR'S SIGNATURE
25. EMBALMER Burton C Walker
LICENSE NO. E-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 5 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 13 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Edwards

Certificate of Death

STATE OF IDAHO

State File No. 3822
Local Reg. No. 23
Reg. Dist. No. 300

BIRTH NO.

RECEIVED
OCT 4 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 026
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council, Idaho
d. STREET ADDRESS (If rural, give location): ----

3. NAME OF DECEASED (Type or Print): a. (First) HOWARD; b. (Middle) A. 617; c. (Last) STUVE

4. DATE OF DEATH: (Month) 9 (Day) 24 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: May 3, 1900

9. AGE (In years last birthday): 65 IF UNDER 1 YEAR Months: 4 Days: 21 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter 61

11. BIRTHPLACE (State or foreign country): Harrison, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edward Stuve
BIRTHPLACE: ----

14. MOTHER'S MAIDEN NAME: Ellen Erickson
BIRTHPLACE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 558-05-7604

17. INFORMANT'S OWN SIGNATURE: William E. Stuve
ADDRESS: Reno, Nevada

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

434.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Renal failure — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hepatic failure — 10 days
DUE TO (c): Congestive heart failure — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-16- , 1965, *to* 9-24 , 1965, *that I last saw the deceased alive on* 9-24 , 1965, *and that death occurred at* 10:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Clyde W. Johnston 6/14 (Degree or title): M.D.
23b. ADDRESS: Council, Idaho
23c. DATE SIGNED: 9/24/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 9/26/65
24c. NAME OF CEMETERY OR CREMATORY: Mount Tamalpis Cemetery
24d. LOCATION (City, town, or county) (State): San Rafael California

DATE REC'D BY LOCAL REG.: 9-29-65
REGISTRAR'S SIGNATURE: Clyde W. Johnson M.D.
25. EMBALMER: K. Dee Thomason
LICENSE NO.: E-388
FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

OCT 19 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 3 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3823
Local Reg. No. 570
Reg. Dist. No. 570

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 SEP 27 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello Bureau of Vital Statistics
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 508 Fredregill Road

3. NAME OF DECEASED (Type or Print)
a. (First): BESSIE
b. (Middle): MINERVA 018
c. (Last): CATES

4. DATE OF DEATH (Month) (Day) (Year): August 27 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: November 27, 1890
9. AGE (In years last birthday): 74 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At Home 01
11. BIRTHPLACE (State or foreign country): Ashville, North Carolina
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Robert B. Fore — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Mary B. Paris — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): *****
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: C F Cates — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 171X Carcinoma Cervix Uterus — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1956, 19__, *to* Aug. 27, 1965, *that I last saw the deceased alive on* Aug. 27, 1965, *and that death occurred at* 10:40a *m., from the causes and on the date stated above.*

23a. SIGNATURE: 362 David C. Miller, M.D. (Degree or title)
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Aug. 30, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 30, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: SEP 15 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Jack Henderson
LICENSE NO.: E 349

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Henderson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3824
Local Reg. No. 564
Reg. Dist. No. 510

RECEIVED
SEP 16 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03/ 100
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03/
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 224 North 13th Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ALBERT	D.	HEAPS	Sept. 1, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	Feb. 4, 1916	49		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Assist. Game Area	Director-I.S.U.	Salt Lake City, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Benjamin Heaps		Ann Eva Dittmore	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Josephine Heaps	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

260X

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial infarction	few hours
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic vascular disease	sev. years
DUE TO (c)	Diabetes mellitus with complicating	sev. yrs.
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	intra-Capillary-glomeruloscerosis Amyotrophic lateral sclerosis	 app. 2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 24, 1964, *to* 9/1/, 1965, *that I last saw the deceased alive on* Sept. 1, 1965, *and that death occurred at* ____ a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E. Comstock, M.D.	Box 852, Pocatello, Idaho	9/7/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 4, 1965	Mountainview Cemetery	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
SEP 9 1965	Lucy Kellogg		F418

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 17 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 4 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 23 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3825
Local Reg. No. 565
Reg. Dist. No. 510

RECEIVED
SEP 16 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): Residence
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 646 No. Grant 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 646 North Grant

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): Lyle
c. (Last): Hottel

4. DATE OF DEATH (Month) (Day) (Year): September 1, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Sept. 28, 1892
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian 11
10b. KIND OF BUSINESS OR INDUSTRY: School 01
11. BIRTHPLACE (State or foreign country): Logan, Utah
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Benj. Franklin Hottel, BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Esther Nelson, BIRTHPLACE: Logan, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): World War I 3
16. SOCIAL SECURITY NO.: 519 20 9085
17. INFORMANT'S OWN SIGNATURE: X Jaretha Culbertson — ADDRESS: Poca. Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

162.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchogenic Carcinoma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 6 mos (approx)

19a. DATE OF OPERATION: 6-24-65
19b. MAJOR FINDINGS OF OPERATION: as above & invasion of arch of aorta
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 14 June, 1965, *to* 1 SEPT, 1965, *that I last saw the deceased alive on* 31 AUG, 1965, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: M. Hearne 220 (Degree or title): M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 8 Sept 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-4-65
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL: SEP 10 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Conway Grant
LICENSE NO.: E 478

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Conway Grant Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 1 7 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3826
Local Reg. No. 521
Reg. Dist. No. 510

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock 03 | SEP 27 1965 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY IN this place: Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Nursing Home 299

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 115 South Garfield Avenue

3. NAME OF DECEASED (Type or Print): a. (First) MINNIE b. (Middle) F. c. (Last) HOWARD

4. DATE OF DEATH: (Month) September (Day) 2 (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: August 23, 1872

9. AGE (In years last birthday): 93 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01

10b. KIND OF BUSINESS OR INDUSTRY: At Home 5

11. BIRTHPLACE (State or foreign country): Memphis Missouri

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Jacob J. Hayden
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Carina Jane Wood
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): *****

16. SOCIAL SECURITY NO.: *****

17. INFORMANT'S OWN SIGNATURE: R. P. Howard M.D.
ADDRESS: Pocatello, Idah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes, Hypertension, Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE): Pocatello Bannock Ida

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1956, 19___, *to* Sept. 2, 19 65, *that I last saw the deceased alive on* Sept. 2, 19 65, *and that death occurred at* 8:30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 248 R P Howard M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Sept. 4, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 4, 1965

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: SEP 13 1965

REGISTRAR'S SIGNATURE: Sally Kellogg

25. EMBALMER: Jack Henderson
LICENSE NO.: E 349

FIRM NAME: Henderson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

SEP 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 15 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 9 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3827
Local Reg. No. 458
Reg. Dist. No. 570

BIRTH NO.

RECEIVED SEP 9 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
LENGTH OF STAY (in this place) yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 206 E. Walnut 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 03 b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 206 E. Walnut

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	BETTY		PETERSON	Sept.	2	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 2	Nov. 11, 1884	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home 01
11. BIRTHPLACE (State or foreign country) Kranfors, Sweden
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frederick Lundquist — BIRTHPLACE Sweden
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S ~~OWN~~ SIGNATURE C. H. Peterson ADDRESS Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4221 Arteriosclerotic Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH 5 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with acute myocardial failure

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1958, 19___, *to* 9-2-, 1965, *that I last saw the deceased alive on* 1965, 19___, *and that death occurred at* 6:47 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
David C. Miller 362 M.D.	Pocatello Idaho	9-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	4 Sept '65	Mountainview Cem.	Pocatello	Idaho

DATE REC'D BY LOCAL REG. SEP 7 1965
REGISTRAR'S SIGNATURE Sally McCoy
25. EMBALMER George W. Knoff — LICENSE NO. 409
FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3828
Local Reg. No. 572
Reg. Dist. No. 510

BIRTH NO.

RECEIVED

1. PLACE OF DEATH
a. COUNTY Bannock 03 | SEP 27 1965 | 1-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY IN THIS PLACE 14 mos

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Nursing Home 299

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 03 | b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 621 No. Harrison

3. NAME OF DECEASED (Type or Print) a. (First) GRACE b. (Middle) c. (Last) KENNEDY

4. DATE OF DEATH (Month) Sept. (Day) 2 (Year) 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Oct. 14, 1903

9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Home 01

11. BIRTHPLACE (State or foreign country) Plover, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Alexander Campbell | BIRTHPLACE Canada

14. MOTHER'S MAIDEN NAME Jesse Staneel | BIRTHPLACE Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS Pocatello Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 260X Coronary occlusion with myocardial infarct. — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arterio sclerotic myocarditis — 1 year

DUE TO (c) diabetes mellitus — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 24, 1964, *to* 9.2., 19 65, *that I last saw the deceased alive on* 9.2.65, 19 , *and that death occurred at* 9 p m., *from the causes and on the date stated above.*

23a. SIGNATURE 347 John R. McMahon (Degree or title) M.D.

23b. ADDRESS Pocatello, Idaho 309 Spaulding Building

23c. DATE SIGNED 9.10.65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-7-65

24c. NAME OF CEMETERY OR CREMATORY Mountainview Cem.

24d. LOCATION (City, town, or county) Pocatello (State) Idaho

DATE REC'D BY LOCAL REGISTRAR SEP 24 1965

REGISTRAR'S SIGNATURE [signature]

25. FUNERAL DIRECTOR John P. Gomm

ADDRESS F292

Downard Funeral Home

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

SEP 28 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 23 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

R Howard

RECEIVED SEP 16 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3829
Local Reg. No. 566
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
LENGTH OF STAY (in this place) lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idaho State University Campus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 03 b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 233 So. Grant

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) M. c. (Last) KEANE

4. DATE OF DEATH (Month) (Day) (Year) September 3, 1965

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Oct. 6, 1887
9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber
10b. KIND OF BUSINESS OR INDUSTRY I.S.U. Maintance
11. BIRTHPLACE (State or foreign country) Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Edward Keane BIRTHPLACE Ottawa, Missouri
14. MOTHER'S MAIDEN NAME Nell Mary Ellen Jones BIRTHPLACE Wales, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519 09 8612
17. INFORMANT'S OWN SIGNATURE ADDRESS X Ruth M. Schmidt

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerotic H. Disease — INTERVAL BETWEEN ONSET AND DEATH 1958

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Sudden death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1958, 19__, *to* Apr 64, 19__, *that I last saw the deceased alive on* Apr, 19 64, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE 248 R Howard (Degree or title)
23b. ADDRESS Pocatello
23c. DATE SIGNED 9-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE September 7, 1965
24c. NAME OF CEMETERY OR CREMATORY Mountain View
24d. LOCATION (City, town, or county) Pocatello, Idaho (State) Idaho

DATE REC'D BY LOCAL REGISTRAR SEP 14 1965
REGISTRAR'S SIGNATURE Sally Kellogg
25. EMBALMER Conway Grant LICENSE NO. E 478
FIRM NAME: Conway Grant Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 17 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 1 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 10 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3830
Local Reg. No. 567
Reg. Dist. No. 511

RECEIVED SEP 16 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Yellowstone Highway 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 03 Arizona 555
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winslow
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): CLINTON
b. (Middle):
c. (Last): TSOSIE

4. DATE OF DEATH (Month) (Day) (Year): Sept. 4, 1965

5. SEX: Male
6. COLOR OR RACE: Indian 3
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 0
8. DATE OF BIRTH: Sept. 16, 1930
9. AGE (In years last birthday): 24 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: 525-48-5614
17. INFORMANT'S OWN SIGNATURE: Thomas G. Hatch — ADDRESS: Bancroft, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fracture, Vault of Skull, Compound, depressed — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify): Accident 06
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Yellowstone Hiway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13 Pocatello 030 Bannock Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-4-65 8:15 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Car out of control.

22. *I hereby certify that I attended the deceased from ——, 19—, to ——, 19—, that I ~~last~~ saw the deceased* Death *on* 9-4-, 1965, *and that death occurred at* 8:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Burton H. Jolan 583 Coroner
23b. ADDRESS: Bannock Co. Ida.
23c. DATE SIGNED: 9-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Sept. 7, 1965
24c. NAME OF CEMETERY OR CREMATORY: John Scott Funeral Home, Winslow, Arizona
24d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: SEP 9 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: F. B. Ashley — LICENSE NO.: E418

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 17 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3831
Local Reg. No. 573
Reg. Dist. No. 510

BIRTH NO.

RECEIVED

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock 031 — SEP 27 1965 — 000
b. CITY OR TOWN: Pocatello — Bureau of Vital Statistics — LENGTH OF STAY in this place:
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 032 b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Route #2 North

3. NAME OF DECEASED (Type or Print): a. (First) ELDORA b. (Middle) 018 c. (Last) BRISCOE

4. DATE OF DEATH: (Month) (Day) (Year): Sept. 4, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: May 19, 1890

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01

11. BIRTHPLACE (State or foreign country): Hyde Park, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Hans Peter Hansen — BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Laura Johnson — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Franklin Briscoe — ADDRESS: Pocatello

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lower Nephron Nephrosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Extensive soft tissue and bone injuries — 3 days

DUE TO (c) Auto Accident

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Generalized arterio-sclerosis with arterio-sclerotic heart disease and congestive heart failure — Several years

816.4

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway injury

21c. (CITY, TOWN, OR TOWNSHIP) 030 **(COUNTY)** **(STATE)**: Fort Hall Indian Res. Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-1-65 8 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Was injured in an auto accident of a collision type

22. *I hereby certify that I attended the deceased from* Sept. 1, 1965, *to* Sept. 4, 1965, *that I last saw the deceased alive on* September 4 1965, *and that death occurred at* 11:25 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Comstock, M.D. — **23b. ADDRESS**: Pocatello, Idaho — **23c. DATE SIGNED**:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Sept. 8, 1965 — **24c. NAME OF CEMETERY OR CREMATORY**: Mountainview Cemetery — **24d. LOCATION** (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 9-23-65 — **REGISTRAR'S SIGNATURE**: Lucy Kellogg

25. EMBALMER: F. B. Ashby — **LICENSE NO.**: E418

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

SEP 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 23 1999

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3892
Local Reg. No.
Reg. Dist. No. 3-11

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Bannock 03 | SEP 16 1965 | b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello | c. LENGTH OF STAY (in this place): 000

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 030 b. COUNTY: Bannock c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL--Ft. Hall d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) — a. (First): MARTIN b. (Middle): 018 c. (Last): TINDAHAY

4. DATE OF DEATH — (Month): Sept. (Day): 7 (Year): 1965

5. SEX: Male

6. COLOR OR RACE: Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1890

9. AGE (In years last birthday): 75 | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 00

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): Ft. Hall, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: George W Knoth — ADDRESS: Pocatello, Id.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerotic Heart disease — yrs

DUE TO (c) old age.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Abscess of left kidney — WKS

420.0

19a. DATE OF OPERATION: 8-11-65

19b. MAJOR FINDINGS OF OPERATION: Retroperitoneal abscess - drained

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-8, 1965, *to* 9-7, 1965, *that I last saw the deceased alive on* 9-6, 1965, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 493 (Degree or title): MD

23b. ADDRESS: 345 W. Lewis, Pocatello, Idaho

23c. DATE SIGNED: 9/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11 Sept 65

24c. NAME OF CEMETERY OR CREMATORY: Cedars

24d. LOCATION (City, town, or county): Ft. Hall (State): Idaho

DATE REC'D BY LOCAL REG.: SEP 10 1965

REGISTRAR'S SIGNATURE: Sally Kellogg

25. FUNERAL DIRECTOR: George W Knoth — ADDRESS: Pocatello, Id.

Downard Funeral Home

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

Certificate of Death

STATE OF IDAHO

State File No. 3833
Local Reg. No. 569
Reg. Dist. No. 570

RECEIVED
SEP 16 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 604 North 10th Avenue

3. NAME OF DECEASED (Type or Print): a. (First) LEO; b. (Middle) A.; c. (Last) TERRY

4. DATE OF DEATH (Month) (Day) (Year): Sept. 7, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: April 9, 1898

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Storekeeper 70

10b. KIND OF BUSINESS OR INDUSTRY: U.P.R.R. 02

11. BIRTHPLACE (State or foreign country): Draper, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William John Terry
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Clarisa Brown
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War I 3

16. SOCIAL SECURITY NO.: 4-28-8

17. INFORMANT'S OWN SIGNATURE: Mona L. Terry
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 4 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-6-65 19__, *to* 9-7-65, 19__, *that I last saw the deceased alive on* 9-7-, 1965, *and that death occurred at* 10AM m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. Mailin 362 MD
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 9-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 10, 1965
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem. Gardens
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: SEP 15 1965
REGISTRAR'S SIGNATURE: Mae Jones, Deputy
25. EMBALMER: F. B. Manning
LICENSE NO.: E418

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-69021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 17 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3834
Local Reg. No. 574
Reg. Dist. No. 516

RECEIVED
Bureau of Vital Statistics
SEP 27 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN: Pocatello
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 708 West Maple Street

3. NAME OF DECEASED (Type or Print)
a. (First): MABEL
b. (Middle): 018
c. (Last): DYKMAN

4. DATE OF DEATH (Month) (Day) (Year): September 7, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: August 2, 1897

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 51

10b. KIND OF BUSINESS OR INDUSTRY: At Home 01

11. BIRTHPLACE (State or foreign country): Bountiful Utah

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Eli Balderston
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Lettie Buckland
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): *****

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Arnold H Dykman
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

600.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular thrombosis and hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic pyelonephritis with uremia and electrolyte deficiency — approx. 1 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-5-65, 19__, *to* Sept. 7, 1965, *that I last saw the deceased alive on* Sept. 7, 1965 *and that death occurred at* 1:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E Comstock M.D.
JOHN E. COMSTOCK, M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Sept. 8, '65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 10, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 9-23-65
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Jack Henderson
LICENSE NO.: E 349

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Henderson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3835
Local Reg. No. 577
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 27 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Interstate 15 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 242 Willard

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle):
c. (Last): YELLOWJOHN

4. DATE OF DEATH (Month) (Day) (Year): Sept. 13, 1965

5. SEX: Male
6. COLOR OR RACE: Indian 3
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Sept. 9, 1931
9. AGE (In years last birthday): 34 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heavy Equip. Operator..Highway 05
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fort Hall, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frank L. Yellowjohn 62 — BIRTHPLACE: Fort Hall,
14. MOTHER'S MAIDEN NAME: Alice Lucy Wahtomy — BIRTHPLACE: Fort Hall, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Korean War
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Alice G Wahtomy — ADDRESS: Fort Hall

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Internal Injuries, Multiple Fract. Skull, Crushed Chest — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~: Accident 06
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): New Freeway
21c. (CITY, TOWN, OR TOWNSHIP) 038 (COUNTY) (STATE): 13 Bannock. Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-13-65 10:40 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Driver involved in Collision-Two Dirt-Movers.

22. *I hereby certify that I attended the deceased from — , 19__, to — , 19__, that I ~~last~~ saw the deceased* Dead *on* 9-13-65, *19__, and that death occurred at* 10:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Burton H John 583 Coroner
23b. ADDRESS: Bannock County Ida.
23c. DATE SIGNED: 9-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 17, 1965
24c. NAME OF CEMETERY OR CREMATORY: Gibson Cemetery
24d. LOCATION (City, town, or county) (State): Fort Hall, Idaho

DATE REC'D BY LOCAL REG.: SEP 13 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: F. B. Ashby
LICENSE NO.: E418

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 28 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 5 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 23 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3836
Local Reg. No. 576
Reg. Dist. No. 510

Certificate of Death

RECEIVED
SEP 27 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) 018 c. (Last): Leona Hirst Riggs

4. DATE OF DEATH (Month) (Day) (Year): Sept. 13, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: June 8, 1904
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home 01
11. BIRTHPLACE (State or foreign country): Paradise, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Joseph Hirst — BIRTHPLACE: Paradise, Utah
14. MOTHER'S MAIDEN NAME: Elizabeth Roberts — BIRTHPLACE: Paradise, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Joe C. Riggs — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

174X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Metastatic Carcinoma Uterus — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1962, 19__, *to* 1965, 19__, *that I last saw the deceased alive on* 9-13-65, 19__, *and that death occurred at* p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M Carl 077 M D
23b. ADDRESS: Pocatello
23c. DATE SIGNED: 9-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/17/65
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Soda Springs, Idaho

DATE REC'D BY LOCAL REG.: SEP 17 1965
REGISTRAR'S SIGNATURE: Kelly Kellogg
25. EMBALMER: Theodore R Allen
LICENSE NO.: E370

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3837
Local Reg. No. 579
Reg. Dist. No. 511

BIRTH NO.

RECEIVED SEP 29 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 390
b. COUNTY Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
d. STREET ADDRESS (If rural, give location) 204 Madison Avenue

3. NAME OF DECEASED (Type or Print) a. (First) LILLIE b. (Middle) c. (Last) CLARK

4. DATE OF DEATH (Month) (Day) (Year) Sept. 13, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2
8. DATE OF BIRTH June 6, 1886
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home 01
11. BIRTHPLACE (State or foreign country) Boone, North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Ray
BIRTHPLACE
14. MOTHER'S MAIDEN NAME Janie Coffey
BIRTHPLACE North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) XXXX
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Lee Phillips
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Congestive Failure — INTERVAL BETWEEN ONSET AND DEATH: 5-6 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic & Rheumatic Heart disease — many years
DUE TO (c) Arteriosclerosis generalized — many years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Nephrosclerosis, Diabetes Mellitus, Hypertension — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1956, *to* Sept 13, 1965, *that I last saw the deceased alive on* Sept 13, 1965, *and that death occurred at* 12 noon m., *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] Jensen (Degree or title) MD
23b. ADDRESS Pocatello Idaho
23c. DATE SIGNED 9-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 16, 1965
24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. SEP 24 1965
REGISTRAR'S SIGNATURE Lucy Kellogg
25. EMBALMER [illegible] B. Ashby
LICENSE NO. E418
FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3838
Local Reg. No. 373
Reg. Dist. No. 510

RECEIVED SEP 27 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 03
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 1119 North Main Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FAYE	CLAUDIA	BOSCH	Sept. 13, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Sept. 25, 1908	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home 01	Salt Lake City, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Claud Simmons	Utah	Mercy	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXX		F. J. Bosch	Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial infarction 420.1	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis	2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug, 1964, *to* 9-13, 1965, *that I last saw the deceased alive on* 9-13, 1965, *and that death occurred at* 3:11 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
113 Maynard MD	Pocatello Idaho	9-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 15, 1965	Mountainview Cem.	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-20-65	Sally Kelley	F. B. Manning	E418

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 28 1965

NOV 5 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3839
Local Reg. No. 585
Reg. Dist. No. 510

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock 03 | OCT 6 1965 | 002
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello | 19. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 03 | b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 238 Delano Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ALVIN	STANLEY	CULVER	Sept. 14, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	Aug. 19, 1903	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 66
10b. KIND OF BUSINESS OR INDUSTRY J.R. Simplot Co 02
11. BIRTHPLACE (State or foreign country) Bozeman, Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward Culver | BIRTHPLACE Wisconsin
14. MOTHER'S MAIDEN NAME Mary Morrison | BIRTHPLACE Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If yes, give war or dates of service) XXXX
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs. James Roper | ADDRESS 643 No. 6th Poc.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Anterior Myocardial Infarction | INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary atherosclerosis | 2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None - previous infarction

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Sept 15, 1965	marked narrowing of Coronary vessels - Infarction anterior Myocardium & Septum	YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 14, 1965, *to* Sept 14, 1965, *that I last saw the deceased alive on* Sept 14, 1965, *and that death occurred at* 2:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D.R. Jorgensen 272	MD	Pocatello Idaho	9-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 17, 1965	Mountainview Cemetery	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
SEP 29 1965	Lacy Kellogg	F.B. Manning	E418

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 7 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 11 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 17 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3840
Local Reg. No. 586
Reg. Dist. No. 510

RECEIVED
OCT 6 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTHS OF STAY (in this place): 2 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 944 E. Banneville

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle): D 018
c. (Last): HARDY

4. DATE OF DEATH (Month) (Day) (Year): Sept. 16 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 26, 1887
9. AGE (In years last birthday): 77 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner 94
10b. KIND OF BUSINESS OR INDUSTRY: Roofing Company 89
11. BIRTHPLACE (State or foreign country): Centralia, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 528-10-3786
17. INFORMANT'S OWN SIGNATURE: Mrs. J. P. Hardy
ADDRESS: POCATELLO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 152.9 Carcinoma of small intestine & mesentary
INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1957, 19__, *to* 9-16, 1965, *that I last saw the deceased alive on* 9-16, 1965, *and that death occurred at* 11 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: D C Miller 362 1 M.D. (Degree or title)
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 9-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 18 Sept 65
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem. Gdns.
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: SEP 28 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. FUNERAL DIRECTOR: George W. Knoff
ADDRESS: Pocatello, Id.
Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

OCT 7 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

State File No. 3841
Local Reg. No. 583
Reg. Dist. No. 511

Certificate of Death

RECEIVED
OCT 6 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Downey
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Marsh Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Downey
d. STREET ADDRESS (If rural, give location): about 3 miles Southwest of Downey

3. NAME OF DECEASED (Type or Print)
a. (First): ELI
b. (Middle): - 000
c. (Last): BARNES

4. DATE OF DEATH (Month) (Day) (Year): September 17, 1965

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: March 24, 1901
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 01
11. BIRTHPLACE (State or foreign country): Downey, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Owen Edmund Barnes — BIRTHPLACE: Kaysville, Utah
14. MOTHER'S MAIDEN NAME: Mary Jane Phillips — BIRTHPLACE: Downey, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 519-42-9650
17. INFORMANT'S OWN SIGNATURE: Vinnie Barnes, Downey — ADDRESS: Downey, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov., 1954, *to* ~~October~~ Sept., 1965 *that I last saw the deceased alive on* 10-16, 1964, *and that death occurred at* 10:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 070
23b. ADDRESS: [signature] Downey Idaho
23c. DATE SIGNED: 9.24.65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 20, 1965
24c. NAME OF CEMETERY OR CREMATORY: Downey Cemetery
24d. LOCATION (City, town, or county) (State): Downey, Idaho

DATE REC'D BY LOCAL REG.: Sept 30, 1965
REGISTRAR'S SIGNATURE: Orissa Salvesen
25. FUNERAL DIRECTOR: Ralford G. Benson — ADDRESS: Malad, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 20 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of R. G. Benson Lic. No E-351 at Malad, Idaho on 9-17-65

ADDITIONAL REMARKS by Physician

State File No. 3842
Local Reg. No. 578
Reg. Dist. No. 510

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

SEP 27 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): 6 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp. 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 618 No. 6th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle):
c. (Last): PARIS

4. DATE OF DEATH (Month) (Day) (Year): Sept. 17 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Aug. 26, 1887
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Leo Marcouiz — BIRTHPLACE: Poland
14. MOTHER'S MAIDEN NAME: Maria (Unk) — BIRTHPLACE: Poland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: John Paris — ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

153.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Ca of colon — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1959, *to* 9-17, 1965, *that I last saw the deceased alive on* 9-17, 1965, *and that death occurred at* 3 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 113 — (Degree or title): MD
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 9-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 20 Sept 65
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county): Pocatello — (State): Idaho

DATE REC'D BY LOCAL REG.: SEP 22 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. FUNERAL DIRECTOR: John P. Gronna — ADDRESS: E292
Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

SEP 28 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3843
Local Reg. No. 595
Reg. Dist. No. 5-10

BIRTH NO.

OCT 18 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 021
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wyoming 56
b. COUNTY: Fremont 057
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Washkie
d. STREET ADDRESS (If rural, give location): RESERVATION

3. NAME OF DECEASED (Type or Print)
a. (First): Irma
b. (Middle): Brown 018
c. (Last)

4. DATE OF DEATH: (Month) Sept., (Day) 20, (Year) 1965

5. SEX: Female

6. COLOR OR RACE: Red 3

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Feb., 15, 1903

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 01

10b. KIND OF BUSINESS OR INDUSTRY: Housewife 01

11. BIRTHPLACE (State or foreign country): Fort Washkie, Wyoming

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hiddo Barney
BIRTHPLACE: Wyoming

14. MOTHER'S MAIDEN NAME: Nanny Unknown
BIRTHPLACE: Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Logan Brown
ADDRESS: Ft. Washakie Wyoming

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

490X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia acut and granulomatous — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized granulomatous, Inflammation
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 19, 1965, *to* Sept 20, 1965, *that I last saw the deceased alive on* Sept 20, 1965, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Calvin Buhler 069 (Degree or title) MD

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 10-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 9-21,65

24c. NAME OF CEMETERY OR CREMATORY: Sacajawea Cem.

24d. LOCATION (City, town, or county) (State): Fremont Co. Wyoming

DATE REC'D BY LOCAL REG.: OCT 15 1965

REGISTRAR'S SIGNATURE: Lacy Kellogg

25. FUNERAL DIRECTOR: John P. Downard
ADDRESS: Downard Fumeral Home Pocatello Id.

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES: OCT 25 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No. E-292 at..... on.....

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3844
Local Reg. No. 580
Reg. Dist. No. 510

BIRTH NO.

RECEIVED
03
SEP 29 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: BANNOCK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 46 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESIDENCE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 03
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 2403 SOUTH SECOND AVENUE

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	KASIMER	MATTHEW	SKAIGIRIS	SEPT. 21, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED 3	FEBRUARY 20, 1892	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CLERK 29	RAILWAY EXPRESS AGY 17	VALADISLOVIA, RUSSIA	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
FRANCIS SKAIGIRIS	RUSSIA	ELIZABETH UNKNOWN	RUSSIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		714 10 8431	x Mrs. Ella M. Skaigiris	

MEDICAL CERTIFICATION

593X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Glomerulonephritis — INTERVAL BETWEEN ONSET AND DEATH: approx. 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-9-64, 19___, *to* 9-21-65, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
077 LLOYD S CALL, M.D.	Box 852, Pocatello, Idaho	9-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	SEPT. 25, 1965	MOUNTAIN VIEW CEMETERY	POCATELLO, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
SEP 27 1965	Sally Kellogg	Conway Grant CONWAY GRANT MORTUARY	E478

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 29 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 29 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3845
Local Reg. No. 581
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 03
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 224 West Sublette

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	NETTIE	LORETTA	LARSON	Sept. 22, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Feb. 13, 1908	57				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home 01	Kibby, Montana	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gilbert Forge		Carrie Etta Maston	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXX		Mrs. L. Larson	Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

153.8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca of colon — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Ca of colon with metastases	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 20, 1965 *to* 9-22, 1965, *that I last saw the deceased alive on* 9-22, 1965, *and that death occurred at* 2 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. Randall	MD	Pocatello Idaho	9-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 25, 1965	Restlawn Mem. Gardens	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
SEP 27 1965	Lucy Kellogg	F. B. Ashby	E 418

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

OCT 1 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3846
Local Reg. No. 512
Reg. Dist. No. 510

BIRTH NO.

RECEIVED SEP 29 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 030
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) Route #1 South

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ORPHA		BLACKBURN	Sept. 23, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	June 26, 1884	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home 01	Ganntown, Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wiley Simmons	Vermont	India Anna Simpson	Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXX		Thelma Parmise	Pocatello, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion, Hr. — INTERVAL BETWEEN ONSET AND DEATH: Immed

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* 9-25, 1965 *and that death occurred at* 6 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Burton Hollis 583	Coroner	Bannock Co. Idaho	9-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 28, 1965	Restlawn Mem. Gardens	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
SEP 24 1965	Lucy Kellogg	F. B. Manning	E418

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3847
Local Reg. No. 398
Reg. Dist. No. 511

BIRTH NO.

RECEIVED
OCT 13 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: 03 Bannock — 3-12
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 38 Oregon — b. COUNTY: 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Klamath Falls
d. STREET ADDRESS (If rural, give location): 904 E. Main St.

3. NAME OF DECEASED (Type or Print): a. (First) DEWEY — b. (Middle) ROBERT 019 — c. (Last) BJORGE

4. DATE OF DEATH: (Month) Sept. (Day) 24 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: July 7, 1898

9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 84

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Lake Park, Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edward Bjorge — BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Rachel Hanson — BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 540-03-2670

17. INFORMANT'S OWN SIGNATURE: Mrs Penny R Bjorge — ADDRESS: Klamath Falls, Ore.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

903.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): MASSIVE PNEUMONIA RT LUNG — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): ~~Old RT~~ fx RT hip — 11 days

DUE TO (c): Old C.V.A.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 9-13-65

19b. MAJOR FINDINGS OF OPERATION: fx RT femoral neck

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) 03 Pocatello — **(COUNTY)** BANNOCK — **(STATE)** Idaho

21d. TIME OF INJURY (Month) 9 (Day) 13 (Year) 65 (Hour) 3 P.M.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: fell

22. *I hereby certify that I attended the deceased from* 9-13, 1965, *to* 9-24, 1965, *that I last saw the deceased alive on* 9-24, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Gilbert A. Bacon M.D. 016 (Degree or title)

23b. ADDRESS: 1357 East Center St

23c. DATE SIGNED: 10-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 9-25-65

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Klamath Falls, Oregon

DATE REC'D BY LOCAL REG.: OCT 8 1965

REGISTRAR'S SIGNATURE: Lucy Keeney

25. FUNERAL DIRECTOR: John P. Downard — **ADDRESS**: E-292 Downard Funeral Home

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

Certificate of Death

RECEIVED STATE OF IDAHO

OCT 6 1965

Bureau of Vital Statistics

State File No. 3848
Local Reg. No. 57
Reg. Dist. No. 570

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 03
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 785 Grace Drive

3. NAME OF DECEASED (Type or Print) a. (First) VIVIAN b. (Middle) c. (Last) OVERTON

4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Aug. 16, 1879

9. AGE (In years last birthday) 86
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Own Home 01

11. BIRTHPLACE (State or foreign country) Malad, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Reese Thomas

BIRTHPLACE

14. MOTHER'S MAIDEN NAME Mary Elizabeth

BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) XXXX

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Orval W. Overton
ADDRESS Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
a. chronic pyelonephritis
b. right hemiplegia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ~~August~~ 9/18/65, to 9/26/65, 19___, *that I last saw the deceased alive on* 9/18/65, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 220 (Degree or title) M.D.

23b. ADDRESS 1448 East Center Pocatello, Idaho

23c. DATE SIGNED 9/28/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Sept. 29, 1965

24c. NAME OF CEMETERY OR CREMATORY Mountainview Cemetery

24d. LOCATION (City, town, or county) (State) Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REGISTRAR SEP 30 1965

REGISTRAR'S SIGNATURE [signature]

25. EMBALMER [signature]

LICENSE NO. E418

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 7 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 2 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3849
Local Reg. No. 584
Reg. Dist. No. 511

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock 030 OCT 6 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Downey
c. LENGTH OF STAY (In this place) life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Marsh Valley Hospital 020

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 030
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Downey
d. STREET ADDRESS (If rural, give location) Downey, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) Melvin
c. (Last) Pratt

4. DATE OF DEATH (Month) (Day) (Year) Sept 26, 1965

5. SEX Male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH Nov 2, 1904
9. AGE (In years last birthday) 60 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Agriculture 01
11. BIRTHPLACE (State or foreign country) Downey, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George M. Pratt
BIRTHPLACE Bannock, Montana
14. MOTHER'S MAIDEN NAME Alvira Jackson
BIRTHPLACE Cambridge, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs. Vella Bloxham
ADDRESS Downey Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

465X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Embolism of leg

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1964 to Sept, 1965, that I last saw the deceased alive on Sept 2, 1965 and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE 2070 (Degree or title) Eugene Burhetmann
23b. ADDRESS Downey Idaho
23c. DATE SIGNED 9/29/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept 29, 1965
24c. NAME OF CEMETERY OR CREMATORY Downey Cemetery
24d. LOCATION (City, town, or county) (State) Downey, Idaho

DATE REC'D BY LOCAL REG. Sept 30, 1965
REGISTRAR'S SIGNATURE Orissa Salvesen
25. EMBALMER O. Sherwin Webb
LICENSE NO. 316

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: WEBB FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 6 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

2-1012

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 3850
Local Reg. No. 588
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY BANNOCK 03 | OCT 6 1965 3-22
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) POCATELLO
c. LENGTH OF STAY in this place 22 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST ANTHONY HOSP. 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO 03 | b. COUNTY BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) POCATELLO
d. STREET ADDRESS (If rural, give location) 42 ROSEWOOD

3. NAME OF DECEASED (Type or Print) a. (First) LETHA b. (Middle) MAY c. (Last) HOWELL STEVENSON

4. DATE OF DEATH (Month) (Day) (Year) Spetember 29, 1965

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 5
8. DATE OF BIRTH NOVEMBER 24, 1903
9. AGE (In years last birthday) 61 | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 09
10b. KIND OF BUSINESS OR INDUSTRY HOME 01
11. BIRTHPLACE (State or foreign country) RICHMOND, UTAH
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME ORRIN HOWELL BIRTHPLACE CLIFTON, UTAH
14. MOTHER'S MAIDEN NAME CHLOE LEONA MC NEIL BIRTHPLACE SUNSET, ARIZONA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S OWN SIGNATURE Kenneth Stevenson ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1578 Ca of pancreas — INTERVAL BETWEEN ONSET AND DEATH 1y

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1, 1965, *to* 29 Sept, 1965, *that I last saw the deceased alive on* 29 Sept, 1965, *and that death occurred at* 0301 m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD
23b. ADDRESS Pocatello Idaho
23c. DATE SIGNED 9-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 2
24b. DATE OCT. 1, 1965
24c. NAME OF CEMETERY OR CREMATORY FARMINGTON CEMETERY
24d. LOCATION (City, town, or county) (State) FARMINGTON, UTAH

DATE REC'D BY LOCAL REG. OCT 1 1965
REGISTRAR'S SIGNATURE Sally Keeley
25. EMBALMER Conway Grant
LICENSE NO. E 478

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: CONWAY GRANT MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 8 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in Hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 3851
Local Reg. No. 589
Reg. Dist. No. 511

BIRTH NO.

OCT 6 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 031 Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 06
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 163 North Shilling

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Horace 018 c. (Last) Doud

4. DATE OF DEATH: (Month) Sept. (Day) 30, (Year) 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: May 5, 1880

9. AGE (In years last birthday): 85 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired R. R. Conductor

10b. KIND OF BUSINESS OR INDUSTRY: U. P. Railroad

11. BIRTHPLACE (State or foreign country): Canyon City, Colorado

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Edwin A. Doud

BIRTHPLACE: Sparta, New York

14. MOTHER'S MAIDEN NAME: Bertha F. Carlton

BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

16. SOCIAL SECURITY NO.: 712-09-4605

17. INFORMANT'S OWN SIGNATURE: Beatrice K Doud

ADDRESS: Blackfoot, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis + thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-27-65, 19___, *to* 9-30-65, 19___, *that I last saw the deceased alive on* 9-29-65, 19___, *and that death occurred at* 2:35 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: David C. Miller 362 (Degree or title): M. D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 10-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-2-65

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: OCT 4 1965

REGISTRAR'S SIGNATURE: Sally Kellogg

25. EMBALMER: Howard Packham

LICENSE NO.: E-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

OCT 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased,
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3852
Local Reg. No.
Reg. Dist. No. 552

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED SEP 23 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bear Lake 040 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier, Idaho
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 918 Washington Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 040
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier, Idaho
d. STREET ADDRESS (If rural, give location) 918 Washington Street

3. NAME OF DECEASED (Type or Print)
a. (First) Thure
b. (Middle) Axel
c. (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year) Aug. 14, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Mar. 30, 1919
9. AGE (In years last birthday) 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jeweler 75
10b. KIND OF BUSINESS OR INDUSTRY Jewelry Store 81
11. BIRTHPLACE (State or foreign country) Wilton North Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thure A. Johnson — BIRTHPLACE Sweeden
14. MOTHER'S MAIDEN NAME Agnes Asplund — BIRTHPLACE Wilton, NO.DA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) World War II 4
16. SOCIAL SECURITY NO. 398-01-3295
17. INFORMANT'S OWN SIGNATURE Verna M. Johnson — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

795.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) causes undetermined

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) postmortum change

DUE TO (c) autolysis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. none

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE 613 Edward E. Fisher MD (Degree or title) Pathologist
23b. ADDRESS Bannock Mem. Hosp. Pocatello, Idaho
23c. DATE SIGNED 15 Sept 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE Aug. 21 1965
24c. NAME OF CEMETERY OR CREMATORY Mission Cemetery
24d. LOCATION (City, town, or county) (State) Wilton North Dakota

DATE REC'D BY LOCAL REG. 9/22/65
REGISTRAR'S SIGNATURE H. H. King
25. EMBALMER Nile Matthews
LICENSE NO. E359

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 23 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 29 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 7 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3853
Local Reg. No.
Reg. Dist. No. 552

RECEIVED SEP 17 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY (040) Bear Lake (000)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier, Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) (024) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho (040)
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paris, Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Grant	Stucki	Rich	Sept. 1, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Jan. 19, 1918	47				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School Teacher 12	01	Salt Lake City, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Daniel C. Rich	Paris Idaho	Annie Stucki	Paris Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		529-16-6785	Mrs Grant Rich	Paris, Idaho

18. CAUSE OF DEATH (0818)
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Aneurysm of

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bulbar Polio

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 days
22 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9-1-65	Physical Examination	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1942, 19__, *to* 9-1, 1965, *that I last saw the deceased alive on* 9-1, 1965, *and that death occurred at* 7:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. Reed Rich MD	Montpelier Idaho	9-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 4, 1965	Paris Cemetery	Paris, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9/10/65	[signature]	Nile Matthews	E359

FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

SEP 17 1965

SEP 21 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to sign the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 29 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3854
Local Reg. No.
Reg. Dist. No. 552

RECEIVED
SEP 17 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bear Lake 040 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bennington Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At H ome 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 040
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bennington, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Almon
c. (Last): Artimus Crane

4. DATE OF DEATH (Month) (Day) (Year): Sept. 6, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 12, 1889
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming &Stock Raising
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Herriman, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James George Crane 04
BIRTHPLACE: Sugar House, Ut.
14. MOTHER'S MAIDEN NAME: Sarah Jane Butterfield
BIRTHPLACE: Herriman, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-07-4418
17. INFORMANT'S OWN SIGNATURE: Mrs James A.A.Crane
ADDRESS: Bennington, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio Vascular Renal Disease — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-6-65
19b. MAJOR FINDINGS OF OPERATION: Physical Examination
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1940, 19__, *to* 9-6, 1965, *that I last saw the deceased alive on* 9-3, 1965, *and that death occurred at* 800 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alex Rich MD 439
23b. ADDRESS: Montpelier Idaho
23c. DATE SIGNED: 9-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 10, 1965
24c. NAME OF CEMETERY OR CREMATORY: Bennington Cemetery
24d. LOCATION (City, town, or county) (State): Bennington, Idaho

DATE REC'D BY LOCAL REG.: 9/10/65
REGISTRAR'S SIGNATURE: H H King
25. EMBALMER: Nile Matthews
LICENSE NO.: E359

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3855
Local Reg. No.
Reg. Dist. No. 552

RECEIVED OCT 18 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake 040
b. CITY OR TOWN Montpelier, Idaho
c. LENGTH OF STAY (If this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION Bear Lake Memorial Hospital 024

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Wyoming 51 b. COUNTY Lincoln 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cokeville, Wyoming
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Goldie b. (Middle) Rosella c. (Last) Thornock

4. DATE OF DEATH (Month) Sept. (Day) 6, (Year) 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH Sept. 19, ~~1965~~ 1914

9. AGE (In years last birthday) 51 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY 61

11. BIRTHPLACE (State or foreign country) Smithfield, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME August Pearson BIRTHPLACE Sweden

14. MOTHER'S MAIDEN NAME Alfreda Ahlstrom BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Ross Thornock ADDRESS Cokeville, Wyo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

241X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardiac arteriosclerosis, type

DUE TO (c) Asthma + pulmonary hypertension, mild

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Montpelier Bear Lake Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-6, 19__, *to* Sept. 6, 1965, *that I last saw the deceased alive on* Sept. 6, 19__, *and that death occurred at* 4:58 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)

23b. ADDRESS Montpelier Idaho

23c. DATE SIGNED 9-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Sept. 9, 1965

24c. NAME OF CEMETERY OR CREMATORY Cokeville Cemetery

24d. LOCATION (City, town, or county) (State) Cokeville, Wyoming

DATE REC'D BY LOCAL REG. 10/14/65

REGISTRAR'S SIGNATURE

25. EMBALMER

LICENSE NO. E359

FIRM NAME: Matthews mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 4 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Rapp

RECEIVED SEP 20 1965 Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3856
Local Reg. No. 43
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah 058 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 24 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Benewah Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28/ b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle) 025	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Isaac	M.	Cabbage	Sept.	3,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 5	Jan. 14, 1883	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 64	01 Own Farm	LaGrange, Tenn.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alexander Buchanan Cabbage	Tenn.	Martha Cabbage	Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-40-6646	Martha Purdy (326)	Coeur d'Alene, Ida.

18. CAUSE OF DEATH 434.4

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac decompensation
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-2, 1965, *to* 9-3, 1965, *that I last saw the deceased alive on* 9-3, 1965, *and that death occurred at* 2:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Eugene A. Rapp M.D.	St. Maries Idaho	9-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 7, 1965	Restlawn Mem. Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 13, 1965	Wanda Dimico	Bill Duff	E-439

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel-Coeur d' Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3857
Local Reg. No. 24
Reg. Dist. No. 130

BIRTH NO.

RECEIVED SEP 20 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Benewah 3-01
b. CITY OR TOWN St. Maries
c. LENGTH OF STAY (in this place) One day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Benewah Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 580 b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harrison
d. STREET ADDRESS (If rural, give location) Box 752

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Allen 025 c. (Last) Harris

4. DATE OF DEATH (Month) (Day) (Year) September 9 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 7

8. DATE OF BIRTH February 1, 1883

9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 04

10b. KIND OF BUSINESS OR INDUSTRY Rancher 01

11. BIRTHPLACE (State or foreign country) Nebraska

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Matthew Harris BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Isabell Vert BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 518-40-6288

17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS Spokane Wn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion 4201 — INTERVAL BETWEEN ONSET AND DEATH 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-8, 1965, *to* 9-9, 1965, *that I last saw the deceased alive on* 9-8, 1965, *and that death occurred at* 6:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE W. D. Thurston 533 (Degree or title) MD

23b. ADDRESS St. Maries Idaho

23c. DATE SIGNED 9-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-13-1965

24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

24d. LOCATION (City, town, or county) St. Maries (State) Idaho

DATE REC'D BY LOCAL REG. Sept. 14, 1965

REGISTRAR'S SIGNATURE Wanda Olmes

25. EMBALMER Gerald Browning

LICENSE NO. E-477

FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3858
Local Reg. No. 41
Reg. Dist. No. 130

BIRTH NO.

RECEIVED
Bureau of Vital Statistics
OCT 11 1965

1. PLACE OF DEATH
a. COUNTY Benewah 058 3-02
b. CITY OR TOWN St. Maries
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Benewah Community Hospital 023

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 050 b. COUNTY Benewah
c. CITY OR TOWN St. Maries
d. STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) M. c. (Last) Booth

4. DATE OF DEATH: (Month) (Day) (Year) September 12 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: May 15, 1880
9. AGE (In years last birthday): 85 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 002
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Robert M. Booth BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Saphronia Perkins BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO. 518-10-9409
17. INFORMANT'S OWN SIGNATURE: U. P. A. Records ADDRESS: St Maries Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-9, 1965, *to* 9-12, 1965, *that I last saw the deceased alive on* 9-12, 1965, *and that death occurred at* 6:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: U. P. A. Records 428 (Degree or title) M.D.
23b. ADDRESS: St. Maries Idaho
23c. DATE SIGNED: 9-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-15-1965
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State): St. Maries Idaho

DATE REC'D BY LOCAL REG.: 10-4-65
REGISTRAR'S SIGNATURE: Wanda Dennis
25. EMBALMER: Gerald E. Browning
LICENSE NO.: E-477

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3859
Local Reg. No. 45
Reg. Dist. No. 130

RECEIVED OCT 11 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Benewah 050
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
c. LENGTH OF STAY (in this place) 32 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 209 19th. Street (DD)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 050
b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
d. STREET ADDRESS (If rural, give location) 209 19th. Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Edna	Isebell	Miller	September 16 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never Married	January 26, 1905	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None (DD)	None (DD)	Idaho	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lewis M. Miller	Illinois	Odessa Karns	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Edna E Miller	St. Maries Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 72 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9-13, 1965, *to* 9-16, 1965, *that I last saw the deceased alive on* 9-16, 1965, *and that death occurred at* 11:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. D. Thurston 533 MD	St. Maries Idaho	9-18-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-18-1965	Woodlawn Cemetery	St. Maries Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-21-65	Wanda Dimiss	Derald E Browning	E-477

FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3860
Local Reg. No. 42
Reg. Dist. No. 130

REC Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 050 BENEWAH — OCT 11 1965 — 3-03 — Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST MARIES
c. LENGTH OF STAY (in this place) 3 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BENEWAH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO 050 b. COUNTY BENEWAH
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) PLUMMER
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GEORGE	EDWARD	WAY SR.	SEPT.	24	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED 3	JULY 5, 1892	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER - RETIRED	GRAIN & CATTLE 01 FARM	MITCHELL, SO. DAKOTA	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
04 WILLIS EDWARD WAY	DONT KNOW	MARY JANES	DONT KNOW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	W W I	511-03-9865	Cressie Way	PLUMMER, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

332X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 21 Sept, 1965, *to* 24 Sept, 1965, *that I last saw the deceased alive on* 24 Sept, 1965, *and that death occurred at* 7:25A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. Sullivan M.D.	St Maries, Idaho	24 Sept 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	SEPT. 27 1965	PLUMMER CEMETERY	PLUMMER IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-28-65	Wanda Simms	JAEGER FUNERAL HOME - Howard R. Jaeger	ROSALIA, WASH.

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

DEC 10 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 21 1993

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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State File No. 3861
Local Reg. No. 49
Reg. Dist. No. 130

Certificate of Death

BIRTH NO.

RECEIVED STATE OF IDAHO

OCT 18 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Benewah 050
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
c. LENGTH OF STAY (If not in this place) Two Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 248 South 23rd. Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 050
b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
d. STREET ADDRESS (If rural, give location) 248 South 23rd. Street

3. NAME OF DECEASED (Type or Print)
a. (First) Caroline
b. (Middle) Cleo
c. (Last) Fields

4. DATE OF DEATH (Month) (Day) (Year) September 29 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 27, 1904
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Domestic 01
11. BIRTHPLACE (State or foreign country): Washington
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Raleigh McNeal — BIRTHPLACE: Washington
14. MOTHER'S MAIDEN NAME: Alta Jemima Thompson — BIRTHPLACE: Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Leslie Fields — ADDRESS: St. Maries Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart disease — 20 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-9, 1963, *to* 9-29, 1965, *that I last saw the deceased alive on* 9-29, 1965, *and that death occurred at* 2:55 pm., *from the causes and on the date stated above.*

23a. SIGNATURE: Bruce E Rabuck MD 427 (Degree or title)
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 10-11-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-2-1965
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county): St. Maries (State) Idaho

DATE REC'D BY LOCAL REG.: 10-12-65
REGISTRAR'S SIGNATURE: Wanda Dimiso
25. EMBALMER: Gerald E Browning — LICENSE NO. E-477

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3862
Local Reg. No. 114
Reg. Dist. No. 600

BIRTH NO.

RECEIVED
OCT 4 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Railroad yards

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 06
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Donald	Russell	Lybarger	August 21 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	Not Known 7	November 16, 1910	54		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 06	Painter-Jockey 03	Pheonix (Florence) Arizona	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown		Unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Unknown	Not Available	Papers found in personel effects and through investigati	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION 8027

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severed neck — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ran over by Train
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 06 (COUNTY) (STATE)
accident	B Blackfoot	Bingham Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
8 21 65 2:45 p.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Ran over by train

22. *I hereby certify that I attended the deceased* August 21 19 65 *that I last saw the deceased* [illegible] *, and that death occurred at* 2:45 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Earl Storey 583	Coroner, Bingham county	Blackfoot, Idaho	Sept 2, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Sept 1, 1965	Grove City Cemetery	Blackfoot Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
SEP 16 1965	Dorothy J. Jones	C. Dean Hill	E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3863
Local Reg. No. 117
Reg. Dist. No. 600

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Bingham 061 — OCT 4 1965 — Bureau of Vital Statistics — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot — c. LENGTH OF STAY (in this place): minutes

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 061 — b. COUNTY: Bingham — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot — d. STREET ADDRESS (If rural, give location): 590 South Fisher

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EDWARD	CLARENCE 029	SHOEMAKER	August 27, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	married 2	March 17, 1897	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming 04	Agriculture 0	Salt Lake City, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clarence C. Shoemaker	Michigan	Alice Henderson	Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	World War I	519-42-9693	Mrs Ed Shoemaker	Blackfoot, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Sclerosis — 5 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Arthritis, Emphysema — ?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19 52, *to* Aug 27, 19 65, *that I last saw the deceased alive on* Aug 27, 1965, *and that death occurred at* 3:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
404	M.D.	Blackfoot, Idaho	Sept 2,65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Aug 31,65	Grove City Cemetery	Blackfoot Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
SEP 16 1965	Dorothy L. Jones	[illegible] Hill	E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 6 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 4 - 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 1 1984

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3864
Local Reg. No. 115
Reg. Dist. No. 600

BIRTH NO.

OCT 4 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
LENGTH OF STAY (in this place) 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bingham county nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 060
b. COUNTY Bingham 2-03
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aberdeen
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) HOBERT
b. (Middle) O.
c. (Last) OLDFIED

4. DATE OF DEATH (Month) (Day) (Year) August 31 1965

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH Dec 16, 1885
9. AGE (In years last birthday) 79
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Landscape gardener 11
10b. KIND OF BUSINESS OR INDUSTRY Landscaping 07
11. BIRTHPLACE (State or foreign country) Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME BIRTHPLACE William Oldfield, Nottingham, England
14. MOTHER'S MAIDEN NAME BIRTHPLACE Alice Louise Haven Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 528-12-8314
17. INFORMANT'S OWN SIGNATURE Harold O. Oldfield ADDRESS Aberdeen, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH 2 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* Aug 31, 19 65, *that I last saw the deceased alive on* August 31, 1965, *and that death occurred at* 7:15p m., *from the causes and on the date stated above.*

23a. SIGNATURE L. Wells MD (Degree or title) M.D.
23b. ADDRESS Blackfoot, Idaho
23c. DATE SIGNED Sept 2, 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept 3, 1965
24c. NAME OF CEMETERY OR CREMATORY Aberdeen Cemetery
24d. LOCATION (City, town, or county) (State) Aberdeen, Idaho

DATE REC'D BY LOCAL REG. SEP 16 1965
REGISTRAR'S SIGNATURE Dorothy L. Jones
25. EMBALMER L. Dean Hill
LICENSE NO. E-466
FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3865
Local Reg. No. 112
Reg. Dist. No. 600

Certificate of Death

RECEIVED OCT 4 1965 061 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF (in this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 061
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): B lackfoot
d. STREET ADDRESS (If rural, give location): Grand Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): Lawrence
b. (Middle): David 029
c. (Last): Spaulding

4. DATE OF DEATH (Month) (Day) (Year): Sept. 1, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: July 11, 1898
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheepherder 06
10b. KIND OF BUSINESS OR INDUSTRY: Livestock 05
11. BIRTHPLACE (State or foreign country): Norwich, Michiga n
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Howard D. Spaulding — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Ora — BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: 522-03-7895
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uremia dehydration

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* Sept. 1, 1965, *that I last saw the deceased alive on* Sept. 1, 1965, *and that death occurred at* 5:20p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. E. Miller 360 (Degree or title)
23b. ADDRESS: Blackfoot, Idaho.
23c. DATE SIGNED: Sept. 7, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 3, 1965
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: SEP 16 1965
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: C. Dean Hill — LICENSE NO. E 466
FIRM NAME: Sandberg-Hill Funeral Home, Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 16 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3866
Local Reg. No. 116
Reg. Dist. No. 600

RECEIVED OCT 4 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham ob
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital 29

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho ob
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 790½ South Stout

3. NAME OF DECEASED (Type or Print): a. (First) Louis b. (Middle) F. c. (Last) Haller

4. DATE OF DEATH (Month) (Day) (Year): September 1, 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2

8. DATE OF BIRTH: May 7, 1906

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager

10b. KIND OF BUSINESS OR INDUSTRY: Boyle Hardware

11. BIRTHPLACE (State or foreign country): Bladen, Nebraska

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles J. Haller — BIRTHPLACE: Chicago

14. MOTHER'S MAIDEN NAME: Ellen Branigan — BIRTHPLACE: Dix, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 528-10-4501

17. INFORMANT'S OWN SIGNATURE: Clark Haller — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Ant. Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Post Coronary Occlusion — 2 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mild Uremia Poisoning

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 29, 1965, *to* Sept 1, 1965, *that I last saw the deceased alive on* Sept 1, 1965 *and that death occurred at* 7:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE: 36 A E Miller Jr. (Degree or title): M.D.

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: Sept 2,65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Sept 3,65

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: SEP 16 1965

REGISTRAR'S SIGNATURE: Dorothy J. Jones

25. EMBALMER: A. Dean Hill — LICENSE NO.: E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 5 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

65-8935

Certificate of Death

STATE OF IDAHO

State File No. 3867
Local Reg. No. 113
Reg. Dist. No. 600

BIRTH NO.

RECEIVED
OCT 4 1965
Bureau of Vital Statistics

1. PLACE OF DEATH

a. COUNTY 06 Bingham

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot,

c. LENGTH OF STAY (in this place) 3 hours

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Idaho 060

b. COUNTY Bingham

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ft. Hall Reservation

d. STREET ADDRESS (If rural, give location) Marshall Road

3. NAME OF DECEASED (Type or Print)

a. (First) (Infant)

b. (Middle) 029 Samuel

c. (Last) Baker

4. DATE OF DEATH (Month) (Day) (Year) Sept. 6, 1965

5. SEX male

6. COLOR OR RACE Am. Indian 3

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant 4

8. DATE OF BIRTH Sept. 6, 1965

9. AGE (In years last birthday) 0 | IF UNDER 1 YEAR Months 0 Days 0 | IF UNDER 24 HRS. Hours 3 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 02

10b. KIND OF BUSINESS OR INDUSTRY 60

11. BIRTHPLACE (State or foreign country) Blackfoot, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Not given

BIRTHPLACE

14. MOTHER'S MAIDEN NAME Eleanor Baker

BIRTHPLACE Ft. Hall, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Eleanor Baker

ADDRESS Ft. Hall, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 776X Prematurity

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Birth, 19___, to Death, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 10:25P *m., from the causes and on the date stated above.*

23a. SIGNATURE 183 W. Coates (Degree or title) M.D.

23b. ADDRESS 625 West Pacific Blackfoot, Idaho

23c. DATE SIGNED ~~Oct~~ 9-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9/9/65

24c. NAME OF CEMETERY OR CREMATORY The Cedars Cemetery

24d. LOCATION (City, town, or county) (State) Bort Hall Res., Bannock, Idaho

DATE REC'D BY LOCAL REG. Sept. 14, 1965

REGISTRAR'S SIGNATURE Dorothy L. Jones

25. EMBALMER Howard Packham

LICENSE NO. E-338

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Howard Packham Mortuary

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

65-8934
BIRTH NO.

Certificate of Death
STATE OF IDAHO

State File No. 3868
Local Reg. No. 118
Reg. Dist. No. 600

1. PLACE OF DEATH
a. COUNTY 061 Bingham — OCT 4 1965 — Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
c. If DEAD ON ARRIVAL, STAY (in this place) 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 060
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fort Hall Reservation
d. STREET ADDRESS (If rural, give location) Marshall Road

3. NAME OF DECEASED (Type or Print)
a. (First) (Infant)
b. (Middle) 029
c. (Last) Stacey Baker

4. DATE OF DEATH (Month) Sept. (Day) 6, (Year) 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	Am. Indian 3	infant 1	Sept. 6, 1965	0	0	0	0	25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none 02	00	Blackfoot, Idaho (In car)	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Not given		Eleanor Baker	Ft. Hall, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Eleanor Baker	Ft. Hall, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Prematurity 7766	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Birth, 19___, *to* Death, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 7:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	625 W. Pacific Blackfoot, Idaho	9-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/9/65	The Cedars Cemetery	Ft. Hall Res. Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 14, 1965	Dorothy J. Jones	Howard Packham	E-338

Federal Security Agency
United States Public Health Service
Form DH-65021

FIRM NAME: Howard Packham Mortuary

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3869
Local Reg. No. 119
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 06 | OCT 4 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY in this place: D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060 b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ft. Hall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	DALE	WAYNE	VALLELY	September 13 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	Am. Indian 2	never married	Oct 6, 1947	17				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 06	03	Pocatello, Idaho	U.S.A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lloyd Vallely	Covelo, Calif.	Lillian Calico	Ft. Hall, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			Lillian C Vallely	Ft. Hall, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured Aorta
DUE TO (c) Car Accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 060 (COUNTY) (STATE)
accident	highway 43	Bingham Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Sept 13, 1965 4:30a.	WHILE AT WORK [ ] NOT WHILE AT WORK [X]	Car Accident

22. *I hereby certify that I attended the deceased from* September 3, 65 *to* [illegible] *and that death occurred at* 4:30a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Bingham County Acting Coroner	Blackfoot, Idaho	Sept 16, 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept 16, 65	Good Shepherd cemetery	Ft. Hall Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 21, 1965	Dorothy L. Jones	C. Dean Hill	E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 16 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3870
Local Reg. No. 120
Reg. Dist. No. 600

Certificate of Death

STATE OF IDAHO

BIRTH NO.

OCT 4 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham County Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ft. Hall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): LARS
b. (Middle): 304
c. (Last): NORQUIST

4. DATE OF DEATH (Month) (Day) (Year): September 17, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced 4
8. DATE OF BIRTH: December 25, 1868
9. AGE (In years last birthday): 97 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 01
11. BIRTHPLACE (State or foreign country): Nore, Eksharad, Sweden
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Warren N Norquist — ADDRESS: Minneapolis, Minn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cardiac Decompensation — 3 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* Sept 17, 1965, *that I last saw the deceased alive on* Sept 17, 1965, *and that death occurred at* 11:a. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 404 — (Degree or title): M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: Sept 20, 65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Sept 20, 65
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: Sept. 21, 1965
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: C. Dean Hill — LICENSE NO.: E-466

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Sandberg-Hill Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3871
Local Reg. No. 121
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 061 — DEATH OCT 4 1965 — Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot — c. LENGTH OF STAY (in this place): 16 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham County Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060 — b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Springfield
d. STREET ADDRESS (If rural, give location): Springfield

3. NAME OF DECEASED (Type or Print): a. (First) Margaret — b. (Middle) Melissa 029 — c. (Last) Chandler

4. DATE OF DEATH: (Month) Sept. (Day) 18, (Year) 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed 2	Feb. 15, 1871	94		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own Home 01
11. BIRTHPLACE (State or foreign country): Millville, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Alonzo Whitney — BIRTHPLACE: Palmyra, Ohio
14. MOTHER'S MAIDEN NAME: Fannie Maria Wall — BIRTHPLACE: Horsley, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Sam A. Chandler — ADDRESS: Springfield, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Causes Incident to Age — INTERVAL BETWEEN ONSET AND DEATH: 1 yr
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Melena Senilis
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-12, 1965, *to* 9-18, 1965, *that I last saw the deceased alive on* 9-18, 1965, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. McAllen 360 (Degree or title) M.D.
23b. ADDRESS: 9 Airport Road, Blackfoot, Idaho
23c. DATE SIGNED: 9-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-21-65
24c. NAME OF CEMETERY OR CREMATORY: Springfield Cemetery
24d. LOCATION (City, town, or county) (State): Springfield, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Sept 22, 1965
REGISTRAR'S SIGNATURE: Dorothy D. Jones
25. EMBALMER: Howard Packham — LICENSE NO.: E-338
FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 7 1965 Bureau of Vital Statistics

State File No. 3872
Local Reg. No. 37
Reg. Dist. No. 4-10

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine 070
b. CITY OR TOWN Hailey
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Blaine County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 070
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Lulu b. (Middle) Gay c. (Last) Fuld

4. DATE OF DEATH (Month) (Day) (Year) Sept. 20 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Sept. 19, 1880
9. AGE (In years last birthday) 85
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Stanberry, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Elva C. Floyd
BIRTHPLACE Kty.
14. MOTHER'S MAIDEN NAME
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S OWN SIGNATURE & ADDRESS Joseph W Fuld Hailey. Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction 420.1 — INTERVAL BETWEEN ONSET AND DEATH 6 HRS.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1965, *to* 20 Sept, 1965, *that I last saw the deceased alive on* Sept 20, 1965, *and that death occurred at* 3:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE 402 Allen M. Parker MD (Degree or title)
23b. ADDRESS Hailey Idaho
23c. DATE SIGNED 9-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/22/65
24c. NAME OF CEMETERY OR CREMATORY Hailey Cemetery
24d. LOCATION (City, town, or county) (State) Hailey, Idaho

DATE REC'D BY LOCAL REG. Oct. 3-65
REGISTRAR'S SIGNATURE Robert H. Wright Jr
25. EMBALMER Keith Bird
LICENSE NO. E 373
FIRM NAME: Bird Funeral Home, Hailey, Ida

Federal Security Agency
United States Public Health Service
Form DH-63021 Rev. 1-62

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 5 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3873
Local Reg. No. 325
Reg. Dist. No. 410

BIRTH NO.

RECEIVED OCT 18 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blaine County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Blanche b. (Middle) Mary c. (Last) McCrea

4. DATE OF DEATH: (Month) Sept. (Day) 29, (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 3, 1902

9. AGE (In years last birthday): 63 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Oldham, England

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Leach — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Unk — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: Doris B. Kalmicht — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 8 Hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 07, 1965, *to* Sept 29, 1965, *that I last saw the deceased alive on* Sept 29, 1965, *and that death occurred at* 5:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Adelbert W. Jacumin (Degree or title): M.D. 402

23b. ADDRESS: Hailey Idaho

23c. DATE SIGNED: 10-4-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/5/65

24c. NAME OF CEMETERY OR CREMATORY: Hailey Cemetery

24d. LOCATION (City, town, or county) (State): Hailey, Idaho

DATE REC'D BY LOCAL REG.: Oct 15-65

REGISTRAR'S SIGNATURE: Robert H. Wright

25. EMBALMER: Keith Bird — LICENSE NO.: E373

FIRM NAME: Bird Funeral Home, Hailey, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021 Rev. 6-63

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

NOV 15 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 8 1982

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3874
Local Reg. No. 352
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

RECEIVED
OCT 11 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boise 080 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho City
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 080
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle):
c. (Last): MCKIE

4. DATE OF DEATH (Month) (Day) (Year): July 22 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: October 1891
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Kirkcudbright Scotland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John McKie — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Elizabeth Currie — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-38-5910
17. INFORMANT'S OWN SIGNATURE: Joseph McKie — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

782.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph Lansing Coronet 583
23b. ADDRESS: Idaho City
23c. DATE SIGNED: Oct. 6-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 26, 1965
24c. NAME OF CEMETERY OR CREMATORY: Grove City cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: Oct 7-65
REGISTRAR'S SIGNATURE: Mrs E. S. Robinson
25. EMBALMER: Russell A. Relyea — LICENSE NO.: E 412

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Sandberg-Hill Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3875
Local Reg. No. 914
Reg. Dist. No. 110

RECEIVED OCT 11 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonner 09 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
c. LENGTH OF STAY (in this place) 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sandpoint Manor 262

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 09
b. COUNTY Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
d. STREET ADDRESS (If rural, give location) 518 S. Florence

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Jane c. (Last) Mosher

4. DATE OF DEATH (Month) Sept. (Day) 7 (Year) 1965

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 4

8. DATE OF BIRTH Nov. 7, 1885

9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Own Home 01

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Sims BIRTHPLACE Kentucky

14. MOTHER'S MAIDEN NAME Caroline Davis BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-56-8192

17. INFORMANT'S OWN SIGNATURE X Leslie A Mosher ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of the Gall Bladder, Met. INTERVAL BETWEEN ONSET AND DEATH 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) with Jaundice, Chronic Cholecystitis 20 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 6-23-65

19b. MAJOR FINDINGS OF OPERATION Gall Bladder enlarged, thickened & nodular, multiple adhesions to duodenum & omentum

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-8, 1964, *to* 9-7, 1965, *that I last saw the deceased alive on* 9-7, 1965, *and that death occurred at* 5:20 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE John D. Smith (Degree or title) MD

23b. ADDRESS Sandpoint Idaho

23c. DATE SIGNED 9-7-1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Sept. 9, 1965

24c. NAME OF CEMETERY OR CREMATORY Pinecrest

24d. LOCATION (City, town, or county) Sandpoint (State) Idaho

DATE REC'D BY LOCAL REG. Oct. 4, 1965

REGISTRAR'S SIGNATURE Phyllis G. Tibbetts

25. EMBALMER L. G. Monn, Jr.

LICENSE NO. E-405

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3876
Local Reg. No. 113
Reg. Dist. No. 110

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bonner 091 OCT 11 1965 3-05	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: 29 Nevada 555 b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint Bureau of	c. LENGTH OF STAY (in this place): 5 days
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Las Vegas	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First): Mary	b. (Middle): Belle 039	c. (Last): Park	4. DATE OF DEATH (Month) (Day) (Year): Sept. 10 1965
5. SEX: Fe	6. COLOR OR RACE: Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2	8. DATE OF BIRTH: August 17, 1879	9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01	10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01	11. BIRTHPLACE (State or foreign country): Texas	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Willa E. Viley	BIRTHPLACE: Kentucky	14. MOTHER'S MAIDEN NAME: Sally Hall	BIRTHPLACE: Kentucky	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT'S OWN SIGNATURE: John Viley by [signature]	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Thrombosis	1 week
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Generalized arteriosclerosis	10 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Hypertension	20 years

332X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 16, 1965, *to* 9-10, 1965, *that I last saw the deceased alive on* 9-8, 1965, *and that death occurred at* 9:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John W. Smith MD (Degree or title)	23b. ADDRESS: Sandpoint Idaho	23c. DATE SIGNED: 9-20-65	
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3	24b. DATE: Sept. 12, 1965	24c. NAME OF CEMETERY OR CREMATORY: Bunker Mortuary	24d. LOCATION (City, town, or county) (State): Las Vegas Nevada
DATE REC'D BY LOCAL REG.: Oct. 4, 1965	REGISTRAR'S SIGNATURE: Phyllis Y. Pilkette	25. EMBALMER: L. G. Moon, Jr.	LICENSE NO.: E-405

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Moon Funeral H!me

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTLES:

MAR 7 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 15 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 12 1978

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3877
Local Reg. No. 112
Reg. Dist. No. 110

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

OCT 4 1965 4-01

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural T 58N R-3-eby Sec 4
c. LENGTH OF STAY (In this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Smith Mountain 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): ROY
b. (Middle): EDWARD
c. (Last): JOHNSON

4. DATE OF DEATH (Month) (Day) (Year): September 18, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 3, 1916
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumberjack 09
10b. KIND OF BUSINESS OR INDUSTRY: Lumbering
11. BIRTHPLACE (State or foreign country): Santa, Idaho
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: John R. Johnson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Rosa Margaretha Horner — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW II 4
16. SOCIAL SECURITY NO.: 518-03-6899
17. INFORMANT'S OWN SIGNATURE: Mrs Roy E Johnson — ADDRESS: Bonners Ferry Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fracture of Cervicle Vertibre — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Accidental Trauma (Massive)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

910.8

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 09 Smith Mountain
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Smith Mountain (see regional Map) 090 Bonner Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): September 18, 1965 m.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Hit by falling log

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Barry D. Nelson 583 Coroner 4
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 9/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/22/65
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.: Sept. 29, 1965
REGISTRAR'S SIGNATURE: Phyllis G. Tibbetts
25. FUNERAL DIRECTOR: Charles E. Malone — ADDRESS: Bonners Ferry, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

OCT 5 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. APR 12 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Harold W. Gompf Lic. No. 106 at Libby, Mont. on 9-18-65

ADDITIONAL REMARKS by Physician

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3878
Local Reg. No. 111
Reg. Dist. No. 110

BIRTH NO.

OCT 4 1965

Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner 090 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Priest River
c. LENGTH OF STAY (in this place): 1 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hughes Ridge

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hope
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Paul b. (Middle) * c. (Last) Newman

4. DATE OF DEATH (Month) (Day) (Year): Sept 22 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 2	3/22/1913	52		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rock Driller 81	Road Const. 03	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Morgan Newman	Kentucky	Jame Jones	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes WW II 4	531 18 1165	Lloyd M Newman	Spokane, Wn.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Trauma — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple Traumatic Injuries
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 090 (COUNTY) (STATE)
accident	09 Hughes Ridge	Priest Lake Bonner Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Sept. 22 1965 1:50 p.m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Rock Slide Crushing Hime

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Sam D. Nelson Coroner	Sandpoint Idaho	9-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	9/25/65	Riverside Cemetery	Ione, Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 28, 65	Peggie Y. Gillette	C. E. Sherman	QL 155

FIRM NAME: Sherman Funeral Home

Federal Security Agency
United States Public Health Service
Form D-63021

DUTIES:

OCT 5 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 25 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 1 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3879
Local Reg. No. 115
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 09 / OCT 11 1965 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
Bureau of Vital Statistics
c. LENGTH OF STAY (In this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint Manor 262

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 09 b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 216 Olive

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Levi c. (Last) Pratt

4. DATE OF DEATH (Month) (Day) (Year): September 28 1965

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Feb. 25, 1884

9. AGE (In years last birthday): 81 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Labor 06

10b. KIND OF BUSINESS OR INDUSTRY: RCtired 03

11. BIRTHPLACE (State or foreign country): North Dakota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Pratt
BIRTHPLACE: Unobtainable

14. MOTHER'S MAIDEN NAME: Unobtainable
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Donald L Pratt
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 4 8/12

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery Disease — 4 years
DUE TO (c) Arteriosclerotic Vascular Disease — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes — OBESITY 4 years — years.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 5, 1952, *to* Sept 28, 1965, *that I last saw the deceased alive on* Sept 26, 1965, *and that death occurred at* 10:36 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Evelyn Swenson MD

23b. ADDRESS: Sandpoint Idaho

23c. DATE SIGNED: 10/5/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 4, 1965

24c. NAME OF CEMETERY OR CREMATORY: Lakeview

24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Oct. 7 1965

REGISTRAR'S SIGNATURE: Phyllis J. Gilbertson

25. EMBALMER: Barry D. Nelson

LICENSE NO.: E-455

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 7 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3880
Local Reg. No. 239
Reg. Dist. No. 6/6

BIRTH NO. 101 2-06

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 6 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Nursing Home 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 220 b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Newdale, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) FRANCES b. (Middle) HUFF c. (Last) RAWLINS

4. DATE OF DEATH: (Month) (Day) (Year) July 23, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 3

8. DATE OF BIRTH: 25 August 1870

9. AGE (In years last birthday): 94 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Richmond, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thaddius Huff — BIRTHPLACE: Georgia

14. MOTHER'S MAIDEN NAME: Frances Russell — BIRTHPLACE: Winter Quarters, Nebr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Dala Allen — ADDRESS: Newdale, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4210

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* October 1964 *to* July 23, 1965, *that I last saw the deceased alive on* July 21, 1965, *and that death occurred at* 5:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): 521 Idon Hall, M.D.

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 27 July 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 27 July 65

24c. NAME OF CEMETERY OR CREMATORY: Teton-Newdale Cemetery

24d. LOCATION (City, town, or county) (State): Sugar City, Madison, Idaho

DATE REC'D BY LOCAL REG.: Sept. 15-1965

REGISTRAR'S SIGNATURE: Anna Briggs

25. EMBALMER: M. L. Hansen — LICENSE NO.: E-354

FIRM NAME: Hansen Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

OCT 8 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 22 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

44730

Certificate of Death

STATE OF IDAHO

State File No. 3881
Local Reg. No. 213
Reg. Dist. No. 610

BIRTH NO.

RECEIVED
OCT 6 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): ?
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 225 W. 17th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	EDWARD	JOSEPH	BILADEAU	August 5, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Caucasian	Widowed 3	Oct. 26, 1877	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Barber, ret. 44	self- employed 01	Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
no record	no record	no record	no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	518-30-1064	X Archie L. Biladeau	I.F.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uremia	3 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Fractured ribs	4 days
DUE TO (c)	Pneumothorax	4 days
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT XX SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
	Nursing Home 13	13 380	Bonneville,	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		Fell

22. *I hereby certify that I attended the deceased from* Feb. 19, 1962, *to* Aug. 5, 1965, *that I last saw the deceased alive on* 8/5/1965, *and that death occurred at* 9:55 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
294 L.K. Kraatz, M.D.	798 South Blvd. Idaho Falls, Idaho	Aug ,1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	Aug 7, 1965	Cloverdale Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. [illegible]	LICENSE NO.
Sept. 28-1965	Anna Bridges	C. M. Madland	E-468

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 7 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3882
Local Reg. No. 257
Reg. Dist. No. 611

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED OCT 6 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville 108
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, rural
c. LENGTH OF STAY (If not in hospital or institution, give street address or location): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East River Road, 3 miles north 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: New Mexico 33
b. COUNTY: Lea 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hobbs
d. STREET ADDRESS (If rural, give location): 1525 North Coleman

3. NAME OF DECEASED (Type or Print)
a. (First): BILLY
b. (Middle): RALPH
c. (Last): HOOVER

4. DATE OF DEATH (Month) (Day) (Year): August 23 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married 1
8. DATE OF BIRTH: May 26, 1945
9. AGE (In years last birthday): 20 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinists mate 41
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Navy 01
11. BIRTHPLACE (State or foreign country): Overton, Texas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert D. Hoover — BIRTHPLACE: Hominy, Oklahoma
14. MOTHER'S MAIDEN NAME: Alma Ruth Stroud — BIRTHPLACE: Electra, Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): In service at death 821.49
16. SOCIAL SECURITY NO.: 585-03-1206
17. INFORMANT'S OWN SIGNATURE: F.N. Armstrong — ADDRESS: 523 2nd St. Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Drowning — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Head Injuries -Unconscious state
DUE TO (c): Motorcycle Accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: (Increased Weight of lungs at autopsy)
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 06
21c. (CITY, TOWN, OR TOWNSHIP) 01 (COUNTY) (STATE): 13 Idaho Falls — Bonneville — Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8/23/65 4:20 pm
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Motorcycle Accident East River Road 3 mi North

22. *I hereby certify that I attended the deceased from _____, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 5:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Hazel L. McGaffey 342 — HAZEL L. McGAFFEY — (Degree or title): M.D., Coroner
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 8-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Aug. 25, 1965
24c. NAME OF CEMETERY OR CREMATORY: Overton Cemetery
24d. LOCATION (City, town, or county) (State): Overton, Rusk County, Texas

DATE REC'D BY LOCAL REG.: Sept. 23 - 65
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Orland C. Buck
LICENSE NO.: E-250

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 7 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3883
Local Reg. No. 258
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 22 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 101
a. COUNTY: Bonneville 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 755 Winston Pl.

3. NAME OF DECEASED (Type or Print)
a. (First): Verna
b. (Middle): Irene
c. (Last): Pack

4. DATE OF DEATH (Month) (Day) (Year): September 1 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: October 22, 1926
9. AGE (In years last birthday): 39 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Swan Valley, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Oran Jacobson — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Emma Pieper — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 223422
17. INFORMANT'S OWN SIGNATURE: Oran M Jacobson — ADDRESS: Swan Valley

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): placenta previa and lack of contraction of lower uterine segment — 8 mon.
DUE TO (c): Pregnancy — 8 mon.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Pregnancy

19a. DATE OF OPERATION: 1 Sept 65
19b. MAJOR FINDINGS OF OPERATION: Placenta previa
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 March, 1965, *to* 1 Sept, 1965, *that I last saw the deceased alive on* 1 Sept, 1965, *and that death occurred at* 2:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE 262 (Degree or title): Ann O Johnson MD
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 15 Sept. 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/4/65
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Sept 16-1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Ralph M. Wood — Ralph M. Wood — LICENSE NO. 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 1 0 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3884
Local Reg. No. 251
Reg. Dist. No. 610

BIRTH NO.

RECEIVED SEP 22 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville (10) 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Dora	Chapman	Johnson	Sept	1	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	27 Nov 1885	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	01	Liberty Idaho	U.S.A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Alfred Humas	England	Salomia Luanna Aitkens	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	519-01-7526	x Marda Ross	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cardiac failure	2 Days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic heart disease	10 yrs
DUE TO (c)	Diabetes	10 yrs
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1948 19___, *to* Sept 1, 1965, *that I last saw the deceased alive on* Sept 1, 1965, *and that death occurred at* 11:55A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
N E Guyett MD	Idaho Falls, Ida	Sept 7, 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4 Sept, 1965	Basdlt	Shelley, R#1 Bingham Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 18 1965	Anna Rudges	Lloyd M. Nalder	E.275

FIRM NAME: Nalder's Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Dr Hansen

Certificate of Death

STATE OF IDAHO

State File No. 3885
Local Reg. No. 244
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 101 Bonneville SEP 16 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) Idaho Falls, Idaho
c. LENGTH OF STAY in this place
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) LDS Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 16
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 813 Sonja St.

3. NAME OF DECEASED (Type or Print) a. (First) Evelyn b. (Middle) Elizabeth c. (Last) Engstrom

4. DATE OF DEATH (Month) (Day) (Year) Sept 2, 1965

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH March 22, 1921

9. AGE (In years last birthday) 44 IF UNDER 1 YEAR Months 5 Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY 01

11. BIRTHPLACE (State or foreign country) Idaho FAlls, Idaho 16

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Carlson BIRTHPLACE Sweden

14. MOTHER'S MAIDEN NAME Edith Norell BIRTHPLACE Idaho Falls, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Jay L. Wayne ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1577 Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1-7-65

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Pancreas

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1955, *to* Aug, 1965, *that I last saw the deceased alive on* Sept 2, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Raoul Hansen 200 (Degree or title) MD

23b. ADDRESS Idaho Falls Ida

23c. DATE SIGNED 9-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Sept 4, 1965

24c. NAME OF CEMETERY OR CREMATORY Rosehill Cemetery

24d. LOCATION (City, town, or county) Idaho Falls, Idaho (State)

DATE REC'D BY LOCAL REG. Sept. 10-1965

REGISTRAR'S SIGNATURE Anna Rudgren

25. EMBALMER Lee A. Williams LICENSE NO. E-319

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 19 1965

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 3886
Local Reg. No. 260
Reg. Dist. No. 616

BIRTH NO. RECEIVED STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
OCT 6 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls Bureau of Vital Statistics
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 05 California
b. COUNTY: 555 Los Angeles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Los Angeles
d. STREET ADDRESS (If rural, give location): 5529 West 93rd Street

3. NAME OF DECEASED (Type or Print): a. (First) Gerhard; b. (Middle) Arthur 047; c. (Last) Koltermann

4. DATE OF DEATH (Month) (Day) (Year): September 4 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: April 15, 1935

9. AGE (In years last birthday): 30 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumbing 56

10b. KIND OF BUSINESS OR INDUSTRY: Mechanic 05

11. BIRTHPLACE (State or foreign country): Oberachern, Germany

12. CITIZEN OF WHAT COUNTRY?: Germany

13. FATHER'S NAME: Theodor Koltermann — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Frida Horschke — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 558 58 0232

17. INFORMANT'S OWN SIGNATURE: Margot Sander — ADDRESS: Los Angeles, California

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Contusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Severe facial laceration

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): XX

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 06

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13 Near Rexburg, Idaho 330

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 4 1965 m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR?: Auto accident

22. *I hereby certify that I attended the deceased from* Sept 4, 1965, *to* Sept 4, 1965, *that I last saw the deceased alive on* Sept 4, 19 65, *and that death occurred at* 8:25 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): for Hunter MD

23b. ADDRESS: Idaho Falls

23c. DATE SIGNED: 9-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 9/11/65

24c. NAME OF CEMETERY OR CREMATORY: Shrine of Memories

24d. LOCATION (City, town, or county) (State): Salt Lake City Utah

DATE REC'D BY LOCAL REG.: Sept. 22-65

REGISTRAR'S SIGNATURE: Anna Rudges

25. EMBALMER: Ralph M. Wood Ralph M. Wood — LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES: OCT 8 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3887
Local Reg. No. 258
Reg. Dist. No. 616

Certificate of Death

STATE OF IDAHO

BIRTH NO.

OCT 6 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 3-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 434 E. Dillon St.

3. NAME OF DECEASED (Type or Print)
a. (First): HOWARD
b. (Middle): S
c. (Last): CHASE

4. DATE OF DEATH (Month) (Day) (Year): Sept. 5 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Aug. 22, 1909
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Realtor 19
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate 01
11. BIRTHPLACE (State or foreign country): Albert Lea, Minnesota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George B. Chase — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Lillian Olson — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs. Lillian Chase — ADDRESS: Pocatello Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): PNEUMONIA (BRONCHIAL) — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of Stomach — 1 Year
DUE TO (c): Metastatic from stomach cancer.. — 8 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 August, 1965, *to* Sept. 5th, 1965, *that I last saw the deceased alive on* 5 September 1965, *and that death occurred at* 8:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph M Hotle MD 211
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 9 Sept 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 5 Sept '65
24c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah
24d. LOCATION (City, town, or county): Pocatello — (State): Idaho

DATE REC'D BY LOCAL REG.: Sept. 23-65
REGISTRAR'S SIGNATURE: Anna Bredges
25. FUNERAL DIRECTOR: John P. Gorman — ADDRESS: E 292
Downard Funeral Home--Pocatello

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 13 1977

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3888
Local Reg. No. 243
Reg. Dist. No. 611

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Bonneville 101 — SEP 22 1965 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls — c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 26 (Swan Valley)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 33 New Mexico — b. COUNTY: 555 Otero
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Alamogorado
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Mary — b. (Middle) Lee 607 — c. (Last) Shults

4. DATE OF DEATH (Month) (Day) (Year): Sept. 5, 1965

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: July 23, 1886

9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days 12 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): New Mexico

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: George Wolford — BIRTHPLACE: Tenn. (?)

14. MOTHER'S MAIDEN NAME: Ida Alice Rippeteau — BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Russell Dodgen — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Contusions — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Crushing Head Injury
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

816.4

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 06 Highway 26 13
21c. (CITY, TOWN, OR TOWNSHIP) 101 (COUNTY) Near Palisades, Bonneville, (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-5-65 9:15 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Two car collision - Head-on

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Hal N. Davis MD 133 (Degree or title)
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 9/9/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 2
24b. DATE: Sept 8, 1965
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Alamogordo, New Mexico

DATE REC'D BY LOCAL REG.: 9/13/65
REGISTRAR'S SIGNATURE: Anna Rudges
25. EMBALMER: Leo A Williams — LICENSE NO.: E-319.
FIRM NAME:

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 10 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3889
Local Reg. No. 252
Reg. Dist. No. 610

Certificate of Death

RECEIVED
SEP 22 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 10 3-09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital 442

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 170
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dubois
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Leo
b. (Middle): M.
c. (Last): Berry

4. DATE OF DEATH (Month) (Day) (Year): September 5 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: January 8, 1888
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY: Sheep & Cattle 01
11. BIRTHPLACE (State or foreign country): Ida Grove, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lyman D. Berry — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Minnie Sparks — BIRTHPLACE: Masschusetts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 522 18 7693
17. INFORMANT'S OWN SIGNATURE: Mrs Leo Berry — ADDRESS: Dubois

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

201X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hodgins Disease - 6 mo. duration.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 210 John S Hotin M D
23b. ADDRESS: Idaho Falls
23c. DATE SIGNED: 9-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 9/8/65
24c. NAME OF CEMETERY OR CREMATORY: Alliance Cemetery
24d. LOCATION (City, town, or county) (State): Alliance Nebraska

DATE REC'D BY LOCAL REG.: Sept. 16 1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Ralph M. Wood Ralph M. Wood — LICENSE NO. 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 29 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. SEP 27 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3890
Local Reg. No. 233
Reg. Dist. No. 610

RECEIVED
SEP 22 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville (101) 3-01
b. CITY OR TOWN: Idaho Falls
LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital P42

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (16)
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route # 2 Box 238

3. NAME OF DECEASED (Type or Print): a. (First) Wayne; b. (Middle); c. (Last) Boam

4. DATE OF DEATH: (Month) (Day) (Year) September 5 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married (2)

8. DATE OF BIRTH: February 22, 1905

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Potatoes & Bags (06)

10b. KIND OF BUSINESS OR INDUSTRY: Produce Co & Bag Co. (03)

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Rueben G. Boam
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Frances Hiatt
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519 07 2477

17. INFORMANT'S OWN SIGNATURE: Lavry Boam
ADDRESS: Rt 2 Idaho Falls Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Irreversible shock — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured false aneurysm of the aorta — 16 hrs
DUE TO (c) Arteriosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-5-65

19b. MAJOR FINDINGS OF OPERATION: Ruptured false aneurysm of the aorta

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls, Bonneville, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 - 4 65 10 A.M.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Sudden onset of abd & back pain

22. *I hereby certify that I attended the deceased from* 9-4-, 19 65, *to* 9-5, 19 65, *that I last saw the deceased alive on* 9-5, 19 65, *and that death occurred at* 7:20 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Warren R. Sutton MD

23b. ADDRESS: 1555 So. Blvd Idaho Falls

23c. DATE SIGNED: 9/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/8/65

24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Sept. 15-1965

REGISTRAR'S SIGNATURE: Anne Burgess

25. EMBALMER: Ralph M. Wood — Ralph M. Wood

LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended November 5, 1965

Certificate of Death

STATE OF IDAHO

State File No. 3891
Local Reg. No. 246
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville (01) 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 360 South Ridge Ave. 602

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (16) b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 360 South Ridge Ave., Apt 2

3. NAME OF DECEASED (Type or Print): a. (First) Jennie b. (Middle) Margaret c. (Last) Rose

4. DATE OF DEATH (Month) (Day) (Year): September 7, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: August 9, 1896

9. AGE (In years last birthday): 69 | IF UNDER 1 YEAR Months: | Days: | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher 12

10b. KIND OF BUSINESS OR INDUSTRY: Grade School 01

11. BIRTHPLACE (State or foreign country): Ucon, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel John Berrett
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Annie Maughan Storey
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 529 30 0383

17. INFORMANT'S OWN SIGNATURE: Leonard O. Wasden
ADDRESS: Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease 443X

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-7, 19 60, *to* 9-7, 19 65, *that I last saw the deceased alive on* 8-31, 19 65, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: G. C. Waid 546
(Degree or title): M.D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 9-11-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 9-11-65

24c. NAME OF CEMETERY OR CREMATORY: Aultorest Cemetery

24d. LOCATION (City, town, or county) (State): Ogden, Utah

DATE REC'D BY LOCAL REG.: Sept 15, 1965

REGISTRAR'S SIGNATURE: Anna Bridges

25. EMBALMER: Ralph M. Wood

LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

NOV 2 1965

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bonneville }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death) for Margaret Rose (Name on Original Certificate) who died (Was Born or Died) on September 7, 1965 (Date of Event) in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
3. Name of Deceased	Margaret Rose	Jennie Margaret Rose
14. Mother's Maiden Name	Annie Maughan	Annie Maughan Storey

Subscribed and sworn to before me this 2nd day of November, 1965

Ralph M. Hood

Notary Public, residing at Idaho Falls, Idaho

My commission expires November 20, 1966

(Seal)

Signed Mrs Leonard Madsen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

410 East 13th Idaho Falls, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of November, 1965

Ralph M. Hood

Notary Public, residing at Idaho Falls, Idaho

My commission expires November 20, 1965

(Seal)

Signed Jack Madsen

(Signature of Any Credible Person)

273 North Ridge Ave. Idaho Falls, Idaho

(Street Address, City, State)

FORM DH 60-155

10-29-65 kf

Wood Funeral Home

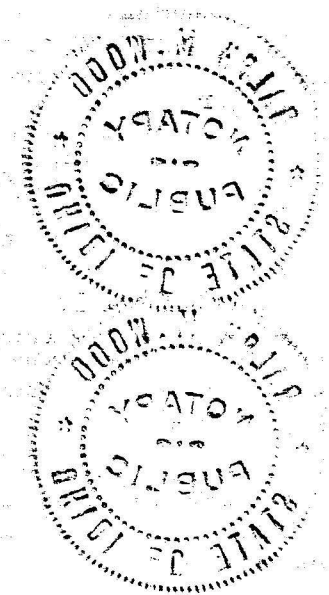

State File No. 3891
Local Reg. No. 246
Reg. Dist. No. 610

Certificate of Death

RECEIVED
SEP 22 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (If not in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 360 South Ridge Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 360 South Ridge Ave Apt. 2

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle):
c. (Last): Rose

4. DATE OF DEATH (Month) (Day) (Year): September 7 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: August 9, 1896
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Grade School
11. BIRTHPLACE (State or foreign country): Ucon, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel John Berrett — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Annie Maughan — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 529 30 0383
17. INFORMANT'S OWN SIGNATURE: Leonard O Hasden — ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-7-, 1960, *to* 9-7, 1965, *that I last saw the deceased alive on* 8-31, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 9/11/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/11/65
24c. NAME OF CEMETERY OR CREMATORY: Aultorest Cemetery
24d. LOCATION (City, town, or county): Ogden (State): Utah

DATE REC'D BY LOCAL REG.: Sept. 15. 1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Ralph M. Wood [signature]
LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 22 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 1 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3892
Local Reg. No. 254
Reg. Dist. No. 610

BIRTH NO.

REC'D SEP 22 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Latter Day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) Route # 5 Box 212

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	Melvin	Hodgson	September 7 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	January 19, 1899	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farming 01	Sugar House, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Moroni Hodgson	USA	Clara Skidmore	USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 34 7520	Mrs W. M. Hodgson	Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 157 Disrupted anastomosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pancreatic drainage
DUE TO (c) Surg. for Ca. Pancreas

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wendell Y. Nielsen MD 390	Idaho Falls	9-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/11/65	Plano Cemetery	Plano Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 14 - 1965	Anna Rudgren	Ralph M. Wood Ralph M Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-6302

DUTIES:

MAR 8 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. APR 1 1975

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3893
Local Reg. No. 247
Reg. Dist. No. 610

Certificate of Death

BIRTH NO.

RECEIVED SEP 22 1965 Bureau of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2020 Sequoia Drive 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 2020 Sequoia Drive

3. NAME OF DECEASED (Type or Print)
a. (First): Maile
b. (Middle):
c. (Last): Davis

4. DATE OF DEATH (Month) (Day) (Year): September 8 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 13, 1925
9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Hilo, Hawaiian Islands
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Hargrave — BIRTHPLACE: USA
14. MOTHER'S MAIDEN NAME: Helena Goodale — BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 576 18 5223
17. INFORMANT'S OWN SIGNATURE: William S. Davis — ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

976X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gunshot Wound, to head, via right temple (22 caliber).

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (Suicide Note Found)

INTERVAL BETWEEN ONSET AND DEATH: instant

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 3 Idaho Falls 101 Bonneville Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on 583 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hazel L. McGaffey M.D. — Hazel L McGaffey M.D.
23b. ADDRESS: 2525 South Boulevard Ave.
23c. DATE SIGNED: 9/13/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 9/12/65
24c. NAME OF CEMETERY OR CREMATORY: Alta Mes Memorial Park
24d. LOCATION (City, town, or county) (State): Palo Alto California

DATE REC'D BY LOCAL REG.: Sept. 13-1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Ralph M. Wood — Ralph M. Wood
LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 14 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician Investigations suggest a straight Suicide in This Case.

W. R. McDaffey, MD

State File No. 3894
Local Reg. No. 248
Reg. Dist. No. 611

RECEIVED
SEP 22 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneiville 100 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Swan Valley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 100
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Swan Valley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle):
c. (Last): Kopp

4. DATE OF DEATH (Month) (Day) (Year): September 9 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: September 8, 1881
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher & Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Sheep & Cattle 01
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Christian Kopp — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Louise — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Harriet Kopp — ADDRESS: Swan Valley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

177X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Inanition — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cancer of the Prostate — 2 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1963, *to* Sept, 1965, *that I last saw the deceased alive on* Sept 5, 1965, *and that death occurred at* 12 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 219 R Head MD
23b. ADDRESS: Driggs Ed
23c. DATE SIGNED: 9-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/13/65
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county): Idaho Falls — (State): Idaho

DATE REC'D BY LOCAL REG.: Sept. 16-1965
REGISTRAR'S SIGNATURE: Anne A. Bridges
25. EMBALMER: Ralph M. Wood — Ralph M. Wood
LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 1 0 1970

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3895
Local Reg. No. 271
Reg. Dist. No. 610

BIRTH NO. 65-10090

RECEIVED OCT 13 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 670 - 8th Street

3. NAME OF DECEASED (Type or Print)
a. (First): JOHNATHAN
b. (Middle): EDMUND
c. (Last): BROWNING

4. DATE OF DEATH (Month) (Day) (Year): September 10, 1965

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: Sept. 9, 1965
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 7 / Min. 58

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY: Infant 02
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: J. Ed Browning, Jr.
BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Frances A. Marcon
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: J. E. Browning Jr.
ADDRESS: I.F.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 7:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Philip W. Leamon (MD) 303
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 9-22-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 11, 1965
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Oct. 2-1965
REGISTRAR'S SIGNATURE: Anna Bredger
25. EMBALMER: R. W. Madland
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

Leavitt M.D.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3896 3896
Local Reg. No. 238
Reg. Dist. No. 610

BIRTH NO. 65-9050

RECEIVED OCT 6 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 220
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location): Box 682

3. NAME OF DECEASED (Type or Print)
a. (First): JEFFREY
b. (Middle): ALLAN
c. (Last): CHEATHAM

4. DATE OF DEATH (Month) (Day) (Year): September 10, 1965

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: Sept. 8, 1965
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 2; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant 02
10b. KIND OF BUSINESS OR INDUSTRY: infant 00
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry A. Cheatham
BIRTHPLACE: Oklahoma
14. MOTHER'S MAIDEN NAME: Ethel Horning
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Henry A. Cheatham
ADDRESS: Ashton, Idaho

18. CAUSE OF DEATH 762.5
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fetal Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8 Sept *19*65*, to* 10 Sept *, 19*65*, that I last saw the deceased alive on* 10 Sept *, 19*65*, and that death occurred at* 9:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bruce Ferrero 164
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 15 Sept 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Sept. 11, 1965
24c. NAME OF CEMETERY OR CREMATORY: Ashton Cemetery
24d. LOCATION (City, town, or county) (State): Ashton, Idaho

DATE REC'D BY LOCAL REG.: Sept. 23-1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: R. W. Mallard
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

F. Fe[illegible] M.D.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED

State File No. 3897
Local Reg. No. 261
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville (01) OCT 6 1965
b. CITY OR TOWN Idaho Falls, Bureau of Vital Statistics
c. LENGTH OF STAY IN THIS PLACE 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 260 b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby
d. STREET ADDRESS (If rural, give location) 201 E. 1st North

3. NAME OF DECEASED (Type or Print) a. (First) Erna b. (Middle) LaVerne c. (Last) DeRoche Boulter

4. DATE OF DEATH (Month) Sept. (Day) 10 (Year) 1965

5. SEX Female

6. COLOR OR RACE Cauve.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH Sept. 14, 1908

9. AGE (In years last birthday) 56 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY 01

11. BIRTHPLACE (State or foreign country) Annis, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward August DeRoche BIRTHPLACE Roche, Switzerland

14. MOTHER'S MAIDEN NAME Sophia Larsen BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-09-6207

17. INFORMANT'S OWN SIGNATURE Ronald L. Boulter ADDRESS 201 E 1st, North Rigby, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Possible cerebral hemorrhage
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 11-18- *, 19* 58 *to* 9-10-65 *, 19* ____ *, that I last saw the deceased alive on* 9-10-65 *, 19* ____ *, and that death occurred at* 5:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE John S. McMullin (Degree or title) MD

23b. ADDRESS 550 Fourth Street

23c. DATE SIGNED 9-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 9/14/65

24c. NAME OF CEMETERY OR CREMATORY Cedar Butte Cemetery

24d. LOCATION (City, town, or county) Annis Jefferson (State) Idaho

DATE REC'D BY LOCAL REG. Sept. 20-1965

REGISTRAR'S SIGNATURE Linda Burgess

25. EMBALMER Ronald L. Flamm

LICENSE NO. E347

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 3898
Local Reg. No. 261
Reg. Dist. No. 610

BIRTH NO. 65-8943 RECEIVED

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY (01) Bonneville — OCT 6 1965 — 4-01
b. CITY OR TOWN Idaho Falls Bureau of Vital Statistics
c. LENGTH OF STAY (In this place) 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 060
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
d. STREET ADDRESS (If rural, give location) (Rural) Pingree

3. NAME OF DECEASED (Type or Print)
a. (First) JERRY
b. (Middle) WILLIAM
c. (Last) GAY JR.

4. DATE OF DEATH (Month) (Day) (Year) September 11, 1965

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH Sept 11, 1965

9. AGE (In years last birthday) — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours 2 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant 07

10b. KIND OF BUSINESS OR INDUSTRY none 00

11. BIRTHPLACE (State or foreign country) Blackfoot, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Jerry Gay — BIRTHPLACE Pocatello, Idaho

14. MOTHER'S MAIDEN NAME Karen F. Webb — BIRTHPLACE Blackfoot, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE William Jerry Gay — ADDRESS Pingree, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH 1 hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) hypoxia

DUE TO (c) placenta praevia

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Spt 11, *19* 65, *to* Sept 11, *19* 65, *that I last saw the deceased alive on* Sept 11, *19* 65, *and that death occurred at* 10:30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE 234 Walter D Hoge — (Degree or title) M.D.

23b. ADDRESS Blackfoot, Idaho

23c. DATE SIGNED Sept 17, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE September 13, 65

24c. NAME OF CEMETERY OR CREMATORY Riverside-Thomas cemetery

24d. LOCATION (City, town, or county) (State) Bingham county Idaho

DATE REC'D BY LOCAL REG. Sept. 22 '65

REGISTRAR'S SIGNATURE Anna Bredger

25. EMBALMER E. Allan Hill — LICENSE NO. E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3899
Local Reg. No. 363
Reg. Dist. No. 6/0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville 101 OCT 6 1965 5 05
b. CITY OR TOWN Idaho Falls
Bureau of Vital Statistics
LENGTH OF STAY (in this place) Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Latter Day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville 101
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 170 South Emerson Ave

3. NAME OF DECEASED (Type or Print) a. (First) Sterling b. (Middle) W. 042 c. (Last) Jensen

4. DATE OF DEATH (Month) (Day) (Year) September 12 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2
8. DATE OF BIRTH June 24, 1898
9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Realtor 19
10b. KIND OF BUSINESS OR INDUSTRY Real Estate 01
11. BIRTHPLACE (State or foreign country) Goshen, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Nels Jensen BIRTHPLACE Sweden
14. MOTHER'S MAIDEN NAME Carrie Marie Oliverson BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Sterling W Jensen ADDRESS Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH Acute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-23, 1965, *to* 9-12, 1965, *that I last saw the deceased alive on* 9-12, 1965, *and that death occurred at* 10:59 m., *from the causes and on the date stated above.*

23a. SIGNATURE Sterling W Jensen 546 (Degree or title) MD
23b. ADDRESS Idaho Falls, Idaho
23c. DATE SIGNED 9/16/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/15/65
24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
24d. LOCATION (City, town, or county) Idaho Falls (State) Idaho

DATE REC'D BY LOCAL REG. Sept. 22, 1965
REGISTRAR'S SIGNATURE Emma Bridges
25. EMBALMER Ralph M. Wood Ralph M. Wood LICENSE NO. 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-69021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: OCT 8 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3900
Local Reg. No. 279
Reg. Dist. No. 616

RECEIVED
Bureau of Vital Statistics
OCT 13 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville 10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY IN (this place) 35 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 10
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 201 - 9th Street

3. NAME OF DECEASED (Type or Print) a. (First) GERTRUDE b. (Middle) c. (Last) BAESL

4. DATE OF DEATH (Month) (Day) (Year) September 14, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Caucasian	Widowed 2	Nov. 27, 1889	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home 01	Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Frank Brinkmann	Germany	Elizabeth Wieber	Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	518-48-0896	Mrs Leslie Korte	I.F.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Ventricular fibrillation	15 min
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary artery stenosis	10 yrs.
DUE TO (c)	Arteriosclerosis	20 yrs.
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Arterio-sclerosis obliterans	5 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9/13/65	left femoral-popliteal arteriosclerosis obliterans	YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Idaho Falls Bonneville Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-2, 1965, *to* 9-14, 1965, *that I last saw the deceased alive on* 9-14, 1965, *and that death occurred at* 4:35 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
515 Warren A. Sutton MD	1555 So. Blvd Idaho Falls	10-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 18, 1965	Rosehill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 7-1965	Anna Bridges	C. N. Maddock	E-468

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Buck Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3901
Local Reg. No. 265
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Bonneville — 101 — OCT 7 1965 — Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho — 060 — b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley, Idaho
d. STREET ADDRESS (If rural, give location): 302 Byron

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Gerald	Smith	Johnson	9	14	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married 3	June 12 1909	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming Co Employ 64	01	Jameston, Idaho	USA.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Smith Johnson	Hooper Utah	Olive La Vetta Senn	Payson, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II 42-45
16. SOCIAL SECURITY NO.: 519-07-4598
17. INFORMANT'S OWN SIGNATURE: Melvin Ray Johnson — ADDRESS: 736 12th St. Ogden Utah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Head Injury — INTERVAL BETWEEN ONSET AND DEATH: Hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 06
21c. (CITY, TOWN, OR TOWNSHIP) Idaho Falls (COUNTY) 101 (STATE) Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Auto Accident

22. *I hereby certify that I attended the deceased from* 9-17, 1965, *to* _____, 19___, *that I last saw the deceased alive on* 9-14, 1965, *and that death occurred at* 1a *m., from the causes and on the date stated above.*

23a. SIGNATURE: F. L. Hamm 200 — (Degree or title): MD
23b. ADDRESS: Idaho Falls
23c. DATE SIGNED: 9-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 17 Sept 1965
24c. NAME OF CEMETERY OR CREMATORY: Hill Crest
24d. LOCATION (City, town, or county) (State): Shelley, Bingham Idaho

DATE REC'D BY LOCAL REG.: Sept 25 65
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Lloyd McMaken — LICENSE NO.: E 275
FIRM NAME: Nalder's Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 7 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 8 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 3902
Local Reg. No. 266
Reg. Dist. No. 611

BIRTH NO.

RECEIVED STATE OF IDAHO

Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville — OCT 7 1965
b. CITY OR TOWN: Idaho Falls
c. LENGTH OF STAY IN THIS PLACE:
d. FULL NAME OF HOSPITAL OR INSTITUTION: Route # 1 Country road East of Lincoln

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 180 Ronglyn Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Beatrice	J.	Aland	September 15 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	January 21, 1909	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home 01	Denton, Texas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Leonard Emmett Turpin	Kentucky	Clara Ella Yerby	Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Owen Aland	Idaho Falls Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe Skull Fractures & Avulsion, Brain. — INTERVAL BETWEEN ONSET AND DEATH: instant death

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Auto-Train Accident

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	On Road East of Idaho Falls	Idaho Falls Bonneville Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
9-15-65 11:55pm		Accidental Car-Train Collision

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hazel I. McGriff M.D.	2525 South Boulevard	9/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/18/65	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 29-1965	Emma Bridges	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

MAR 10 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician Seen + pronounced dead at the site of the accident.
W. L. McDaffee, M.D., Coroner of Bonner's Co.

State File No. 3903
Local Reg. No. 255
Reg. Dist. No. 610

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

OCT 7 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In hospital or place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Greenview Chalet 308

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 807 Jeri Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): JOHN
c. (Last): HUGO, SR.

4. DATE OF DEATH (Month) (Day) (Year): September 16, 1965

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Oct. 19, 1873
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist, ret. 14
10b. KIND OF BUSINESS OR INDUSTRY: Private Practice 84
11. BIRTHPLACE (State or foreign country): Wyanet, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Albert G. Hugo — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Katherine Engel — BIRTHPLACE: France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 500-03-2998
17. INFORMANT'S OWN SIGNATURE: C. J. Hugo Jr. — ADDRESS: Idaho FAlls, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Acute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — Years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-20-63, *to* 9-11, 1965, *that I last saw the deceased alive on* 9-11, 1965, *and that death occurred at* 11:55 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 546 mr
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 9/27/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 2
24b. DATE: Sept. 23, 1965
24c. NAME OF CEMETERY OR CREMATORY: Aultorest Ceematory
24d. LOCATION (City, town, or county) (State): Ogden, Utah

DATE REC'D BY LOCAL REG.: Oct 2-65
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: R. W. Madland
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 17 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3904
Local Reg. No. 256
Reg. Dist. No. 616

RECEIVED OCT 20 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville (10)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 34 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho (10)
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 144 E. 14th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ANTHONY	HOWARD	PRICE	Sepetmber 17, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Caucasian	Married 2	Jan. 27, 1903	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Meat Cutter 63	Meat 01	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Price	California	Lola Hites	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	519-09-2589	Mrs. Anthony Price	Idaho Falls,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

540.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Gastric ulcer hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Metastatic carcinoma Colon

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5/14/65	Ca transverse colon + large gastric ulcer	YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-25 *, 19*65*, to* 9-17 *, 19*65*, that I last saw the deceased alive on* 9-17 *, 19*65*, and that death occurred at* 8:50 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	256 OXFORD IDAHO FALLS	10-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 2	Sept. 20, 1965	Gooding Cemetery	Godding, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 14-'65	Anna Rudges	[signature]	E-468

FIRM NAME: Buck Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 29 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 8 1970

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

CARR, M.D.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3905
Local Reg. No. 267
Reg. Dist. No. 610

BIRTH NO. 65-9077

RECEIVED OCT 7 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Days Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville 101
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 2463 Central Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Patty
b. (Middle): Jo 042
c. (Last): Hansen

4. DATE OF DEATH: September 17 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1

8. DATE OF BIRTH: September 15, 1965

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months | Days: 2 | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY: None 00

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Keith M. Hansen
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Mabel Murray
BIRTHPLACE: Ida ho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Keith M. Hansen
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intrauterine asphyxia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Placenta previa — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO (c) — INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

761.0

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/15, 1965, *to* 9/17, 1965, *that I last saw the deceased alive on* 9/17, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack R. Carey M D

23b. ADDRESS: Idaho Falls, Ida.

23c. DATE SIGNED: 9/22/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/18/65

24c. NAME OF CEMETERY OR CREMATORY: Ammon Cemetery

24d. LOCATION (City, town, or county) (State): Ammon Idaho

DATE REC'D BY LOCAL REG.: Sept 28-1965

REGISTRAR'S SIGNATURE: Irma A Rudgin

25. EMBALMER: Ralph M. Wood Ralph M. Wood

LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3906
Local Reg. No. 285
Reg. Dist. No. 610

RECEIVED OCT 20 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville 10 2-01
b. CITY OR TOWN Idaho Falls (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place) 6 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Nursing Home, 840 E. Elva

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 03 b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 340 S. Arthur

3. NAME OF DECEASED (Type or Print) a. (First) FLORENCE b. (Middle) ELIZABETH c. (Last) DALY

4. DATE OF DEATH (Month) (Day) (Year) Sept. 18, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Oct. 23, 1882
9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home 01
11. BIRTHPLACE (State or foreign country) Boston, Mass.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James A. Grant BIRTHPLACE Canada
14. MOTHER'S MAIDEN NAME Flora J. McInnis BIRTHPLACE Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE C. N. VanWieck ADDRESS Pocatello, Ida.

18. CAUSE OF DEATH 153.8
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of colon metastatic — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 16, 1965, *to* Sept 18, 1965, *that I last saw the deceased alive on* 9/18, 1965, *and that death occurred at* 4:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Robert T. Holmes MD
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 22-65
24c. NAME OF CEMETERY OR CREMATORY Mountainview Cem.
24d. LOCATION (City, town, or county) (State) Pocatello, Idaho

DATE REC'D BY LOCAL REG. Oct. 15 - 1965
REGISTRAR'S SIGNATURE Anna Bridges

25. FUNERAL DIRECTOR ADDRESS Downard Funeral Home, Pocatello, Idaho
John P. Downard

Federal Security Agency
United States Public Health Service
Form DPH-48021
E-292

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

Certificate of Death

STATE OF IDAHO

State File No. 3907
Local Reg. No. 324
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville 101 OCT 6 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
Bureau of Vital Statistics
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Latter day Saints Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 101 b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 1596 Calkins

3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) Alice 042 c. (Last) Weeks

4. DATE OF DEATH (Month) (Day) (Year) September 18 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH June 1, 1882
9. AGE (In years last birthday) 83 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home 01
11. BIRTHPLACE (State or foreign country) Clifton, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James R. Daniels BIRTHPLACE Ohio
14. MOTHER'S MAIDEN NAME Leda Howell BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Betty Woolsonover ADDRESS Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

156.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Biliary obstruction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) probable Carcinoma
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1961, to Sept 18, 1965, that I last saw the deceased alive on Sept 17, 1965, and that death occurred at 4.00 P m., from the causes and on the date stated above.

23a. SIGNATURE Byron T Weeks (Degree or title) M D
23b. ADDRESS 1585 S. Boulevard
23c. DATE SIGNED 9/21/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/22/65
24c. NAME OF CEMETERY OR CREMATORY Fielding Memorial Park
24d. LOCATION (City, town, or county) Idaho Falls (State) Idaho

DATE REC'D BY LOCAL REG. Sept 23 65
REGISTRAR'S SIGNATURE Anna Bridges
25. EMBALMER Ralph M. Wood Ralph M Wood LICENSE NO. 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAY 19 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3908
Local Reg. No. 278
Reg. Dist. No. 610

RECEIVED
OCT 13 1965
Bureau of Vital Statistics

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY 101 Bonneville 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) LDS Hospital Dor.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 101
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) George apts

3. NAME OF DECEASED (Type or Print)
a. (First) Paul
b. (Middle) Hogan 047
c. (Last) Watts

4. DATE OF DEATH (Month) (Day) (Year) Sept-19, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH March 19, 1965

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months 6 | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child 02

10b. KIND OF BUSINESS OR INDUSTRY 00

11. BIRTHPLACE (State or foreign country) Las Vegas, Nevada

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Theris Barlow Watts — BIRTHPLACE Ogden-Utah

14. MOTHER'S MAIDEN NAME Dee Hogan — BIRTHPLACE St. Louis, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Theris B. Watts — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

5088

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Tracheobronchitis & laryngitis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Staphalococcus aureus — 24-36 hours
DUE TO (c) Agammaglobulinemia, congenital

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Idaho Falls, Bonneville Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9/18/65/error m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 342 Hazel L. McGaffey, M.D. Hazel L. McGaffey M.D.

23b. ADDRESS 2525 South Boulevard

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 2.

24b. DATE Sept 20-65

24c. NAME OF CEMETERY OR CREMATORY Ogden City Cemetery

24d. LOCATION (City, town, or county) (State) Ogden-Utah

DATE REC'D BY LOCAL REG. Oct 4 1965

REGISTRAR'S SIGNATURE Emma Bridges

25. EMBALMER Leo A. Williams

LICENSE NO. E-319

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3909
Local Reg. No. 268
Reg. Dist. No. 6-10

RECEIVED OCT 7 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville 101 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Rest Home 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 331 b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Edith	Mary	Park Sommer	Sept. 20, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	April 24, 1892	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	01	Hibbard, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James F. Park	Cottonwood, Utah	Mariah Ann Carson	Fairfield, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-42-9820	Dale T. Sommer	3329 So. Hyway Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wroston A. Baker M.D. 018	Idaho Falls	9-22-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/22/65	Rexburg	Rexburg Madison Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 25 '65	Anna Budge	Kenneth O. Flamm	E347

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3910
Local Reg. No. 270
Reg. Dist. No. 610

BIRTH NO.

RECEIVED

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 — OCT 7 1965 — 4-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this hospital or institution): 1 Hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hosp 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 260 — b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Menan
d. STREET ADDRESS (If rural, give location): 1 Mi. West of Menan

3. NAME OF DECEASED (Type or Print): a. (First) HOPE — b. (Middle) BEUS — c. (Last)

4. DATE OF DEATH: (Month) Sept. (Day) 21, (Year) 1965

5. SEX: F. M.

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Mar. 12, 1906

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 59

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker 01

10b. KIND OF BUSINESS OR INDUSTRY: X 01

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: George Sterling Spencer. Utah

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Fanny Elizabeth Ostler. Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.: 518-48-3702

17. INFORMANT'S OWN SIGNATURE: Rulon E. Beus — ADDRESS: Menan, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3½ hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) — **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* June, 1963, *to* 9/21, 1965, *that I last saw the deceased alive on* 9/21, 1965, *and that death occurred at* 6:20P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edson Hall M. D. — **23b. ADDRESS**: Rigby, Idaho — **23c. DATE SIGNED**: 9/25/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 27 SEP 65 — **24c. NAME OF CEMETERY OR CREMATORY**: Little Butte — **24d. LOCATION** (City, town, or county) (State): Annis, Jefferson, Idaho

DATE REC'D BY LOCAL REG.: Sept. 27-1965 — **REGISTRAR'S SIGNATURE**: Anna Budge — **25. FUNERAL DIRECTOR** — **ADDRESS**: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DEC 2 1986

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 17 1988

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of A. B. Eckersell Lic. No. E236 at Rigby on 9/21/65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

65-9103

BIRTH NO.

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 7 1965 Bureau of Vital Statistics

State File No. 3911
Local Reg. No. 269
Reg. Dist. No. 610

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 1hr.53min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1905 Bittern Drive

3. NAME OF DECEASED (Type or Print)
a. (First): Janet
b. (Middle): 042
c. (Last): Summers

4. DATE OF DEATH (Month) (Day) (Year): September 21 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: September 21, 1965
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 1 / Min. 53

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY: None 00
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: R. Gene Summers
BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Lucille Backlund
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: R. Gene Summers
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 25, 1965, *to* Sept 25, 1965, *that I last saw the deceased alive on* Sept 24, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Milton T. Rees 432 M.D.
23b. ADDRESS: 148 N. Cornua Idaho Falls Ida
23c. DATE SIGNED: 9-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/25/65
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county): Shelley (State): Idaho

DATE REC'D BY LOCAL REG.: Sept. 29-1965
REGISTRAR'S SIGNATURE: Anna Bredgee
25. EMBALMER: Ralph M. Wood Ralph M. Wood
LICENSE NO.: 413

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Wood Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 3912
Local Reg. No. 272
Reg. Dist. No. 610

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

OCT 7 1965
Bureau of Vital Statistics

1. PLACE OF DEATH 101
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (If not in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 100
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho FAlls, rural
d. STREET ADDRESS (If rural, give location): Rt. # 3

3. NAME OF DECEASED (Type or Print)
a. (First): THEODORE
b. (Middle): JOHN
c. (Last): SEYFERT

4. DATE OF DEATH (Month) (Day) (Year): September 21, 1965

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 12, 1899
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: self-employed 01
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John D. Seyfert — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Lena Funke — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 519-52-8975
17. INFORMANT'S OWN SIGNATURE: Laura Seyfert — ADDRESS: Idaho Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Sclerosis
DUE TO (c) Cor Pulmonale

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 4:00 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE: Wendell L. Nielsen MD 390 (Degree or title)
23b. ADDRESS: Idaho Falls
23c. DATE SIGNED: 9-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 24, 1965
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho FAlls, Idaho

DATE REC'D BY LOCAL REG.: Oct. 2-1965
REGISTRAR'S SIGNATURE: Anna Biedzes
25. EMBALMER: R. W. Maddard
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

Nielsen, Mrs

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

65-9113

BIRTH NO.

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3913
Local Reg. No. 280
Reg. Dist. No. 6 16

1. PLACE OF DEATH
a. COUNTY: Bonneville (10) OCT 13 1965
b. CITY OR TOWN: Idaho Falls
c. LENGTH OF STAY (In this place): 2 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION: Latter Day Saints Hospital (042)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (10) b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route # 2 Box 145 A

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Angela	Mary	Stringham	September 23 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never Married	September 23, 1965				2	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None (02)	None (00)	Idaho Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert L. Stringham	Idaho	Mary Jean Cook	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Robert L. Stringham	Idaho Falls, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Premature Premature (765)	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Premature rupture membranes	
DUE TO (c)	@ 5 min gestation	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W Davis MD (134)	Idaho Falls Ida	9-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial (0)	9/28/65	Ucon Cemetery	Ucon Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 6-1965	Anna Burdge	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-6302

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3914
Local Reg. No. 273
Reg. Dist. No. 610

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville (01) OCT 7 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L. D. S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 060 b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) R#1 Shelley
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Brent b. (Middle) Leroy c. (Last) Madsen

4. DATE OF DEATH (Month) Sept (Day) 23 (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child
8. DATE OF BIRTH 23 July 1958
9. AGE (In years last birthday) 7 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School 03
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Blackfoot, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME L. Leroy Madsen — BIRTHPLACE Blackfoot Idaho
14. MOTHER'S MAIDEN NAME Bertha Mae McInelly — BIRTHPLACE Shelley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Leroy Madsen — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Crushing injury to chest with hemothorax and injury to chest and heart — 1 hr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

812.4

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE XX (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 04 Street
21c. (CITY, TOWN, OR TOWNSHIP) 13 Shelley — 060 (COUNTY) Bingham — (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-23-65 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Hit by automobile on road

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE John S. Hatch (Degree or title) MD 210
23b. ADDRESS 825 S. Blvd. Idaho Falls Idaho
23c. DATE SIGNED 9.30.65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 27 Sept. 1965
24c. NAME OF CEMETERY OR CREMATORY Hill Crest
24d. LOCATION (City, town, or county) Shelley, Bingham — (State) Idaho

DATE REC'D BY LOCAL REG. Oct. 2-65
REGISTRAR'S SIGNATURE Anna Bridges
25. EMBALMER [signature]
LICENSE NO. E275

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Nalder's Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 22 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3915
Local Reg. No. 216
Reg. Dist. No. 6/6

BIRTH NO.

RECEIVED OCT 20 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville 10/ 3-08
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16/
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 650 Whittier

3. NAME OF DECEASED (Type or Print)
a. (First): Roland
b. (Middle): E. 042
c. (Last): Cleveland

4. DATE OF DEATH (Month) (Day) (Year): September 24 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 16, 1916
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Projectionist 93
10b. KIND OF BUSINESS OR INDUSTRY: Motion Pictures 14
11. BIRTHPLACE (State or foreign country): Rigby, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert E. Cleveland — BIRTHPLACE: South Carolina
14. MOTHER'S MAIDEN NAME: Mary Alice Walton — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 01 9650
17. INFORMANT'S OWN SIGNATURE: Mrs. Roland Cleveland — ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 5411 Perforated Duodenal ulcer — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9/16/65
19b. MAJOR FINDINGS OF OPERATION: Perforated duodenal ulcer & peritonitis
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 16, 1965 *to* Sept. 24, 1965, *that I last saw the deceased alive on* Sept 24, 1965, *and that death occurred at* 3:20 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lawrence Bridges M.D.
23b. ADDRESS: 544-4th St. Idaho Falls
23c. DATE SIGNED: 10/5/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/27/65
24c. NAME OF CEMETERY OR CREMATORY: Ammon Cemetery
24d. LOCATION (City, town, or county) (State): Ammon Idaho

DATE REC'D BY LOCAL REG.: Oct-13-65
REGISTRAR'S SIGNATURE: Lenna Bridges
25. EMBALMER: Ralph M. Wood — Ralph M Wood
LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES: OCT 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. FEB 25 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

65-9122

BIRTH NO.

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3916
Local Reg. No. 277
Reg. Dist. No. 616

OCT 13 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 4-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 2 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1222 Mojave

3. NAME OF DECEASED (Type or Print)
a. (First): Kristine
b. (Middle): 042
c. (Last): Greaves

4. DATE OF DEATH (Month) (Day) (Year): September 26 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: September 26, 1965
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 2 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY: None 00
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Gordon B. Greaves
BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Kerma Hodges
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Gordon B. Greaves
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

773.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardio respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: acute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9.26, 1965, *to* _____, 19__, *that I last saw the deceased alive on* 9.26, 1965, *and that death occurred at* 10:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lyman B. Knudson MD. 287
23b. ADDRESS: 1748 Jeppson Idaho Falls
23c. DATE SIGNED: 9.28.65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 9/30/65
24c. NAME OF CEMETERY OR CREMATORY: Preston Cemetery
24d. LOCATION (City, town, or county) (State): Preston Idaho

DATE REC'D BY LOCAL REG.: Oct. 6-1965
REGISTRAR'S SIGNATURE: Anne A Bridges
25. EMBALMER: Ralph M. Wood
LICENSE NO.: 413

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Wood Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 3917
Local Reg. No. 274
Reg. Dist. No. 610

BIRTH NO.

RECEIVED
OCT 7 1965
Bureau of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 44 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville 101
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 872 E. 13th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	FILIA	MARTINEZ	CORDOVA	September 26, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	Caucasian	Married 2	May 10, 1918	48		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	own home 01	New Mexico	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph J. Martinez	New Mexico	Teodorita Medina	New Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	520-24-5296	x Lola Cordova	I.F.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mitral stenosis
DUE TO (c) Rheumatic Heart Disease — 20 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 5, 1962, *to* Sept 26, 1965, *that I last saw the deceased alive on* Sept 25, 1965, *and that death occurred at* 2:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Bryant Weeks MD 556	1585 So. Boulevard Idaho Falls	Sept 27, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 29, 1965	Fielding Mem. Park	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 2-'65	Anna Burgess	R. H. Mallard	E-468

FIRM NAME: Buck Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 5 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

weeks, M.D.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3918
Local Reg. No. 293
Reg. Dist. No. 610

RECEIVED OCT 1 3 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Nursing Home 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 112 West College

3. NAME OF DECEASED (Type or Print): a. (First) Lillian b. (Middle) F. c. (Last) Havemann

4. DATE OF DEATH (Month) (Day) (Year): September 26 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: June 20, 1886

9. AGE (In years last birthday): 80 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 0

10b. KIND OF BUSINESS OR INDUSTRY: Own Home 0

11. BIRTHPLACE (State or foreign country): Manitowac, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: August Pasewalk
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Christine Goulon
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Marshall R. Havemann
ADDRESS: Idaho f all

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 7944 ? Stroke —
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Causes Incidental to Age
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Severe Rheumatism —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* Sept 25, 1965, *that I last saw the deceased alive on* Sept 25, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 208 Harvey A. Hatch MD
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 4 Oct. 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/29/65
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Oct. 8-1965
REGISTRAR'S SIGNATURE: Lena Burgess

25. EMBALMER: Ralph M. Wood Ralph M. Wood
LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3919
Local Reg. No. 287
Reg. Dist. No. 610

RECEIVED OCT 13 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville (101)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (at this place): 1 Yr. 3 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Greenview Chalet Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (16)
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 840 East Elva

3. NAME OF DECEASED (Type or Print): a. (First) Peter b. (Middle) H c. (Last) Jensen

4. DATE OF DEATH (Month) (Day) (Year): September 28 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: January 30, 1884

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (54)

10b. KIND OF BUSINESS OR INDUSTRY: Farming (01)

11. BIRTHPLACE (State or foreign country): Goshen, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Nels Jensen
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Karen Marie Halverson
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518 42 8416

17. INFORMANT'S OWN SIGNATURE: Vernol A. Jensen
ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic Carcinoma — months
DUE TO (c) Primary Carcinoma of Prostate — 4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph M. Ruth M.D.

23b. ADDRESS: Idaho Falls Idaho

23c. DATE SIGNED: 28 Sept 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/1/65

24c. NAME OF CEMETERY OR CREMATORY: Ucon Cemetery

24d. LOCATION (City, town, or county) (State): Ucon Idaho

DATE REC'D BY LOCAL REG.: Oct 6-1965

REGISTRAR'S SIGNATURE: Emma Burdge

25. EMBALMER: Ralph M. Wood Ralph M. Wood

LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3920
Local Reg. No. 282
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED OCT 13 1965

1. PLACE OF DEATH 101

a. COUNTY: Bonneville

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho FAlls — Bureau of Vital Statistics

c. LENGTH OF STAY (In this place): 39 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 100

b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. STREET ADDRESS (If rural, give location): Rt. # 4 Box 164

3. NAME OF DECEASED (Type or Print)

a. (First): CARL

b. (Middle): ARVID

c. (Last): LUNDBERG

4. DATE OF DEATH (Month) (Day) (Year): September 29, 1965

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1

8. DATE OF BIRTH: May 31, 1887

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed 01

11. BIRTHPLACE (State or foreign country): Vastergotland, Sweden

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: unknown — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): W.W. I 3

16. SOCIAL SECURITY NO.: 517-14-5570

17. INFORMANT'S OWN SIGNATURE: x Ann Abelson — ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerotic H D with

DUE TO (c): Heart failure

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 12:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 210 John S Hatch MD

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1

24b. DATE: Oct. 4, 1965

24c. NAME OF CEMETERY OR CREMATORY: New Sweden Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Oct. 7-1965

REGISTRAR'S SIGNATURE: [signature]

25. EMBALMER: R. W. Madland

LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: DEC 31 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3921
Local Reg. No. 287
Reg. Dist. No. 610

BIRTH NO.

RECEIVED OCT 20 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls 002
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2140 North Holmes Ave 602

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 268
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Terreton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Robert	John	Richins	September 29 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	March 20, 1928	37				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farming 01	LaBelle, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alma John Richins	Utah	Stella Lundquist	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	1952 - 1955 6	529 36 7849	Lola Joy Richins	Terreton, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion 420.1 — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Adult mumps with bilateral Orchitis — 2 weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* DOA *19____, to ____, 19____, that I last saw the deceased alive on ____, 19____ and that death occurred at* 8:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W E Stoddard MD	Idaho Falls Idaho	10 Oct 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/4/65	Moreland Cemetery	Moreland Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 15 - 1965	Anna Burgess	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

OCT 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 2 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 6 1981

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3922
Local Reg. No. 51-65
Reg. Dist. No. 100

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

SEP 27 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Boundary 110 3-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): P. O. Box #586

3. NAME OF DECEASED (Type or Print)
a. (First): EUGENE
b. (Middle): STARR
c. (Last): COLE, JR.

4. DATE OF DEATH (Month) (Day) (Year): September 6, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 2/22/12
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elevator Owner 74
10b. KIND OF BUSINESS OR INDUSTRY: Retail Grain 44
11. BIRTHPLACE (State or foreign country): Champaign, Illinois
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Eugene Starr Cole, Sr. — BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Loretta Boyd — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW II 4 825.4
16. SOCIAL SECURITY NO.: 533-03-2324
17. INFORMANT'S OWN SIGNATURE: Anne P. Cole — ADDRESS: Bonners Ferry Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bronchopneumonia — 4 days
DUE TO (c): Crushed chest - multiple rib fx — 5 days 9/1/65

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Multiple contusions and lacerations — 5 days

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 06
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 13
21c. (CITY, TOWN, OR TOWNSHIP) 110 **(COUNTY)** Bonners Ferry Boundary **(STATE)** Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 1 65 unk
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Missed road detour

22. *I hereby certify that I attended the deceased from* 9/1, 1965, *to* 9/6, 1965, *that I last saw the deceased alive on* 9/6, 1965, *and that death occurred at* 4 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 103 MD
23b. ADDRESS: Bonners Ferry Ida
23c. DATE SIGNED: 9/18/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/10/65
24c. NAME OF CEMETERY OR CREMATORY: Fairmount Memorial Park
24d. LOCATION (City, town, or county): Spokane **(State)** Washington

DATE REC'D BY LOCAL REG.: 9/21/65
REGISTRAR'S SIGNATURE: Twyla Stone
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Bonners Ferry, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

SEP 28 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Charles O. Malone Lic. No. E-453 at Bonners Ferry on 9/6/65

ADDITIONAL REMARKS by Physician

State File No. 3923
Local Reg. No. 50-65
Reg. Dist. No. 100

Certificate of Death

RECEIVED
SEP 22 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 110
a. COUNTY: Boundary 2-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (In this place): 2½ mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): Community Restorium

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): JANET
c. (Last): SHELLEY

4. DATE OF DEATH (Month) (Day) (Year): September 7, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: ~~September 3, 1877~~
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Homemaking 01
11. BIRTHPLACE (State or foreign country): Brownton, Minnesota
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: William N. Arnold — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Katherine Baker — BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-58-7473
17. INFORMANT'S OWN SIGNATURE: Grace E. Avery Gdn — ADDRESS: Bonnners Ferry, Idaho

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Renal failure — INTERVAL BETWEEN ONSET AND DEATH: 75 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): CVA
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1960, *to* 9/7, 1965, *that I last saw the deceased alive on* 9/7, 1965, *and that death occurred at* 5P *m., from the causes and on the date stated above.*

23a. SIGNATURE 153 (Degree or title): [signature] MD
23b. ADDRESS: Bonners Ferry Idaho
23c. DATE SIGNED: 9/15/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/13/65
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Bonners Ferry, Idaho

DATE REC'D BY LOCAL REG.: Sept. 18, 1965
REGISTRAR'S SIGNATURE: Twyla Stone
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Bonners Ferry, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Charles O. Malone Lic. No. E-453 at Bonners Ferry on 9/7/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 3924
Local Reg. No. 52-65
Reg. Dist. No. 100

BIRTH NO.

RECEIVED
SEP 27 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Boundary 110 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): P. O. Box #44

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ORPHA	VIRGINIA	EAST	September 14, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 2	July 27, 1891	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Homemaking 01	Lucerne, Kansas	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Homer L. Sheldon	Ohio	Margaret V. Morgan	West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	Mrs Jean Winchester	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart Dis; unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Perforated duodenal ulcer — 3 wks
Bronchopneumonia — 2 wks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9/8/65	Perforated Duodenal Ulcer	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8/13, 1965, *to* 9/14, 1965, *that I last saw the deceased alive on* 9/14, 1965, *and that death occurred at* 1:42 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	103 MD	Bonners Ferry Idaho	9/18/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/18/65	Grandview Cemetery	Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9/21/65	Virgyla Stone	[signature]	Bonners Ferry, Idah

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Charles O. Malone Lic. No. E-453 at Bonners Ferry on 9/14/65

ADDITIONAL REMARKS by Physician

State File No. 3925
Local Reg. No. 55-65
Reg. Dist. No. 100

Certificate of Death

RECEIVED OCT 18 1965

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 110 5-30
a. COUNTY Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
c. LENGTH OF STAY (in this place) ½ hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai River at Bonners Ferry

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 110
b. COUNTY Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. STREET ADDRESS (If rural, give location) Kootenai Indian Mission

3. NAME OF DECEASED (Type or Print)
a. (First) ISAAC
b. (Middle) FRANCIS 000
c. (Last) ADAMS

4. DATE OF DEATH (Month) (Day) (Year) September 16, 1965

5. SEX Male
6. COLOR OR RACE Indian 3
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH September 21, 1927
9. AGE (In years last birthday) 38 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 064
10b. KIND OF BUSINESS OR INDUSTRY Farm 02
11. BIRTHPLACE (State or foreign country) St. Eugene Mission, B. C.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Louie Adams — BIRTHPLACE Idaho
14. MOTHER'S MAIDEN NAME Elizabeth David — BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes 1 — (If yes, give war or dates of service) WW II 4
16. SOCIAL SECURITY NO. 519-22-9249
17. INFORMANT'S OWN SIGNATURE Basil White — ADDRESS Bonners Ferry Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

929.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyixiation by drowning — INTERVAL BETWEEN ONSET AND DEATH ½ hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 18
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Kootenai River
21c. (CITY, TOWN, OR TOWNSHIP) 110 (COUNTY) (STATE) 13 Bonners Ferry Boundary Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9/16/65 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell in River

22. *I hereby certify that I attended the deceased from* INVESTIGATION ONLY *, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE C. M. Callahan 583 (Degree or title) Coroner 4
23b. ADDRESS Bonners Ferry, Idaho
23c. DATE SIGNED 10/13/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1
24b. DATE 10/11/65
24c. NAME OF CEMETERY OR CREMATORY St. Michael's Mission
24d. LOCATION (City, town, or county) (State) Bonners Ferry Idaho

DATE REC'D BY LOCAL REG. 10/14/65
REGISTRAR'S SIGNATURE Twyla Stone
25. FUNERAL DIRECTOR [signature] — ADDRESS Bonners Ferry, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

OCT 22 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Charles O. Malone Lic. No. E-453 at Bonners Ferry on 11/9/65

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3926
Local Reg. No. 53-65
Reg. Dist. No. 100

BIRTH NO.

RECEIVED SEP 27 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Boundary 110 3-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
LENGTH OF STAY (in this place) 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 110 b. COUNTY Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. STREET ADDRESS (If rural, give location) P. O. Box #124

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ELLEN c. (Last) JOSEPHINE MORTON
4. DATE OF DEATH (Month) (Day) (Year) September 16, 1965
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH 9/14/1880
9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Homemaking 01
11. BIRTHPLACE (State or foreign country) Magnolia, Illinois
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Simon Hauger BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Martha Bouton BIRTHPLACE Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-22-9436
17. INFORMANT'S OWN SIGNATURE Mrs. Donald Hanby ADDRESS Naples, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1992 Toxemia — INTERVAL BETWEEN ONSET AND DEATH 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinomatosis
DUE TO (c) Anaplastic Ca. primary origin [illegible] — 4 mo +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senile atherosclerosis

19a. DATE OF OPERATION 5/19/65
19b. MAJOR FINDINGS OF OPERATION abdominal herniorrhaphy - biopsy omental node Anaplastic Ca.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/2 1965, to 9/16, 1965, *that I last saw the deceased alive on* 9/16, 1965, *and that death occurred at* 3:07 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Fred W. Dunn 150 (Degree or title) M.D.
23b. ADDRESS Bonners Ferry Idaho
23c. DATE SIGNED 9/18/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/18/65
24c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery
24d. LOCATION (City, town, or county) Bonners Ferry (State) Idaho

DATE REC'D BY LOCAL REG. 9/21/65
REGISTRAR'S SIGNATURE Virgyla Stone
25. FUNERAL DIRECTOR [signature]
ADDRESS Bonners Ferry, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

MAR 5 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Charles O. Malone Lic. No. E-453 at Bonners Ferry on 9/16/65

ADDITIONAL REMARKS by Physician At time of hemorrhaging 5/19/65 - the omentum was found to be studded c enlarged lymph nodes - Biopsy of node reveals anaplastic Ca -

Certificate of Death

STATE OF IDAHO

State File No. 3927
Local Reg. No. 54-65
Reg. Dist. No. 100

BIRTH NO.

RECEIVED OCT 11 1965 Bureau of V.S.

1. PLACE OF DEATH
a. COUNTY: Boundary (110)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): (600)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonners Ferry General ~~039~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 27 Montana 555
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print): a. (First) Jesse b. (Middle) D. (047) c. (Last) Ellis

4. DATE OF DEATH (Month) (Day) (Year): 9/30/65

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Jan. 26, 1890

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver (13)

10b. KIND OF BUSINESS OR INDUSTRY: City (01)

11. BIRTHPLACE (State or foreign country): Sedalia, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James W. Ellis
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Bertha Stienbrink
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: X Leland Ellis
ADDRESS: Box 206 Troy, Mont.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastrointestinal bleeding (541.0)
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Active duodenal ulcer — Hours
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic pulmonary emphysema

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 30, 1965, *to* Sept. 30, 1965, *that I last saw the deceased alive on* Sept. 30, 1965, *and that death occurred at* 5:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John R. Herman (669) (Degree or title): M.D.
23b. ADDRESS: P.O. Box 119 Bonners Ferry, Idaho
23c. DATE SIGNED: Oct. 1, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct. 4, 1965
24c. NAME OF CEMETERY OR CREMATORY: Milner Lake Cemetery
24d. LOCATION (City, town, or county) (State): Troy, Montana

DATE REC'D BY LOCAL REG.: 10/8/65
REGISTRAR'S SIGNATURE: Georgia Stone
25. FUNERAL DIRECTOR: Gompf Funeral Homes
ADDRESS: Libby, Montana

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

OCT 14 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS ~~COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for~~ less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Charles O. Malone Lic. No. E-453 at Bonners Ferry, Ida on 9/30/65

ADDITIONAL REMARKS by Physician

Certificate of Death

State File No. 3928
Local Reg. No. 2
Reg. Dist. No. 670

STATE OF IDAHO

BIRTH NO.

RECEIVED
SEP 20 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Butte 120
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
c. LENGTH OF STAY (In this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 100
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R#4 Idaho Falls, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Wallace	Davies	Sept	2	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male.	White	Married 3	8 Dec 1893	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer & 04	Carpenter 01	Escalante Utah	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John William Davies	Old Fort Utah	Sarah Ellen Mc Inelly	PineValley, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		76-162-066	James William Davies	Moss Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. carcinoma 7 ling — 10 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 2, 1965, *to* Sept 2, 1965, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 9:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J Reinhardt 434	Arco, Idaho	9/4/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7 Sept 1965	HillCrest	Shelley, Bingham Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-10-65	Betty J. Marvel	L M Nalder	E275

FIRM NAME: Nalder Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: OCT 24 2000 SEP 30 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3929
Local Reg. No. 2
Reg. Dist. No. 670

RECEIVED
SEP 20 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Butte 120 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 152 Grand Ave. 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 120 b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
d. STREET ADDRESS (If rural, give location): N. Water Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Eleanor	Katherine	Spellman	September 11, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	August 15, 1921	44				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	None 01	Weiser, Idaho	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Gelskey	New London, Minn.	Helen Johnson	Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Mrs Helen Gelskey	Gooding, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* As Coroner only-Did not see alive, 19, to , 19, *that I last saw the deceased alive on* , 19, *and that death occurred at* 6:45p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. S. Marvel 583 4 Butte Co. Coroner	Box # 3 Arco, Idaho	9-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-15-65	Hillcrest Cemetery	Arco, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-15-65	Betty J. Marvel	C. S. Marvel	E-457

FIRM NAME: Marvel Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 21 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 27 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3930
Local Reg. No. 6
Reg. Dist. No. 670

RECEIVED

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Butte 120 OCT 12 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco Bureau
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lost Rivers Hospital 264

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 190
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Vernon
b. (Middle): Cummings
c. (Last): Anderson

4. DATE OF DEATH (Month) (Day) (Year): September 18, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: August 15, 1902
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Crew Foreman 27
10b. KIND OF BUSINESS OR INDUSTRY: Village 60 Employee
11. BIRTHPLACE (State or foreign country): Port Angeles, Wash.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Andrew B. Anderson — BIRTHPLACE: Spring Green, Wisc.
14. MOTHER'S MAIDEN NAME: Ella Cummings — BIRTHPLACE: Spring Green, Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-10-6993
17. INFORMANT'S OWN SIGNATURE: X Donald L. Anderson — ADDRESS: Mackay, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 420.1 Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1960, *to* 9-18, 1965, *that I last saw the deceased alive on* 9-18, 1965, *and that death occurred at* 9:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. Baxter Ard 0311 (Degree or title)
23b. ADDRESS: Arco, Ida
23c. DATE SIGNED: 10-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 2
24b. DATE: 9/21/65
24c. NAME OF CEMETERY OR CREMATORY: Mt. View Crematory
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Oct. 6, 1965
REGISTRAR'S SIGNATURE: Betty J. Marvel
25. EMBALMER: E. W. Marvel
LICENSE NO.: E-457

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Marvel Mem. Chapel, Arco

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 3931
Local Reg. No. 3
Reg. Dist. No. 670

BIRTH NO.

1. PLACE OF DEATH 120
a. COUNTY Butte OCT 1 2 1965 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Arco
c. LENGTH OF STAY (If in hospital) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lost River Hospital 264

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 44 Texas 555
b. COUNTY Maverick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Eagle Pass
d. STREET ADDRESS (If rural, give location) 1692 Roosevelt Street

3. NAME OF DECEASED (Type or Print)
a. (First) CONRADO
b. (Middle) (NMN)
c. (Last) Ramon

4. DATE OF DEATH (Month) (Day) (Year) September 21 1965

5. SEX: Male
6. COLOR OR RACE: Mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married 1
8. DATE OF BIRTH: June 21, 1952
9. AGE (In years last birthday): 13 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 0377
10b. KIND OF BUSINESS OR INDUSTRY: Public schools 01
11. BIRTHPLACE (State or foreign country): Mexico
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jesus F. Ramon — BIRTHPLACE: Mexico
14. MOTHER'S MAIDEN NAME: Consuelo Martinez — BIRTHPLACE: Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Jesus Ramon — ADDRESS: Eagle Pass, Texas

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ruptured viscus — 2 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 66 State highway
21c. (CITY, TOWN, OR TOWNSHIP) 120 (COUNTY) (STATE): 13 near Arco Butte Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 19 1965 11 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? thrown from car in auto accident

22. *I hereby certify that I attended the deceased from* 9/19, 1965, *to* 9/21, 1965, *that I last saw the deceased alive on* 9/21, 1965, *and that death occurred at* 6 30/a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J C Remesal 434 (Degree or title) M. D.
23b. ADDRESS: Arco, Idaho
23c. DATE SIGNED: 9/24/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Sept. 21, 1965
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Sept 25, 1965
REGISTRAR'S SIGNATURE: Betty J. Marvel
25. EMBALMER: Orland C. Buck — LICENSE NO. E-250

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Kearns

RECEIVED
SEP 30 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3932
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Camas 130 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fairfield, Idaho 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 130
b. COUNTY: Camas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Corral
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Walter
b. (Middle): Gardner
c. (Last): Rowland

4. DATE OF DEATH (Month) (Day) (Year): Sept. 25 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Aug. 21, 1905
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY: Rancher 01
11. BIRTHPLACE (State or foreign country): Soldier, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas Rowland — BIRTHPLACE: Colorado
14. MOTHER'S MAIDEN NAME: Mary Gardner — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-09-9564
17. INFORMANT'S OWN SIGNATURE: Robert J Rowland — ADDRESS: Connor Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Previous attack of Coronary Heart Disease — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to 25 Sept, 1965, that I last saw the deceased alive on 25 Sept, 1965, and that death occurred at 2:55 p.m., from the causes and on the date stated above.*

23a. SIGNATURE: Marion J Kerns 279 (Degree or title): M D
23b. ADDRESS: Fairfield, Idaho
23c. DATE SIGNED: 28 Sept 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 29, 1965
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: Sept. 28, 1965
REGISTRAR'S SIGNATURE: Estelle Vaught
25. EMBALMER: Robert L. Meyer — LICENSE NO.: E-424

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 12 1979

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3933
Local Reg. No. 187
Reg. Dist. No. 363

Certificate of Death

STATE OF IDAHO

RECEIVED
AUG 30 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 3-14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Mounted Route

3. NAME OF DECEASED (Type or Print)
a. (First): LYLE
b. (Middle): MARKHAM
c. (Last): CRAWFORD

4. DATE OF DEATH (Month) (Day) (Year): August 18, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Oct. 25, 1912
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): service mgr. 74
10b. KIND OF BUSINESS OR INDUSTRY: automotive 07
11. BIRTHPLACE (State or foreign country): Ottowa, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Warren B. Crawford — BIRTHPLACE: Lawrence, Kansas
14. MOTHER'S MAIDEN NAME: Ethel Marie West — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 519-01-5056
17. INFORMANT'S OWN SIGNATURE: Mtd. Rt. Lafayette Crawford — ADDRESS: Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction 420.1 — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 12:30 *pm., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 326 Joseph B. Morrison MD
23b. ADDRESS: 324 17th Ave. South, Nampa
23c. DATE SIGNED: 8-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Aug. 21'65
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county): Boise — (State): Idaho

DATE REC'D BY LOCAL REG.: Aug 29 1965
REGISTRAR'S SIGNATURE: Jane [illegible]
25. EMBALMER: [illegible] Reed
LICENSE NO.: E-440

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 30 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 7 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 23 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3934
Local Reg. No. 88
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED OCT 6 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1211 Dearborn St.

3. NAME OF DECEASED (Type or Print)
a. (First): Josephine
b. (Middle): S.
c. (Last): Mumford

4. DATE OF DEATH (Month) (Day) (Year): August 19, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 10, 1872
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Knoxville, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Bernardus Steunenberg — BIRTHPLACE: Holland
14. MOTHER'S MAIDEN NAME: Cornelia Keppel — BIRTHPLACE: Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 24h.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: (R) Femoral neck Fx

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1963, *to* Aug 19, 1965, *that I last saw the deceased alive on* Aug 19, 1965, *and that death occurred at* 9:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Jensen M.D. 258
23b. ADDRESS: Robert H. Jensen, M.D. 222 EAST LOGAN CALDWELL, IDAHO
23c. DATE SIGNED: 9-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 23, 1965
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Sept 30, 1965
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: Merville D. Davis
LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 5 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 24 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3935
Local Reg. No. 87
Reg. Dist. No. 360

BIRTH NO.

RECEIVED SEP 28 1965 Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 141 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital 95

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 370
b. COUNTY Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Homedale
d. STREET ADDRESS (If rural, give location) City

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Edward		Schutz	Aug. 29, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	March 19, 1887	78	5	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired farmer 04	01	Bachs, Switzerland	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Heinrich Schutz	Bachs, Switzerland	Elizabeth Weidman	Bachs, Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-40-1182	X Martha Schutz	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: Indef

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Secondary Carcinoma liver

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug 14, 1965, to Aug 29, 1965, *that I last saw the deceased alive on* Aug 28, 1965, *and that death occurred at* 1:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 570	MD	Homedale Ida	9-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Aug. 31, 1965	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9/25/65	Freda D. Hunt, Deputy	Leonard C. Flahiff	E 481

FIRM NAME: Homedale's Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 3936
Local Reg. No. 64
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

RECEIVED
SEP 8 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 141 000
b. CITY OR TOWN Caldwell
c. LENGTH OF STAY (in this place) ?
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 370
b. COUNTY Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Homedale
d. STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print)
a. (First) Gertrude
b. (Middle) (NMI)
c. (Last) Shippee

4. DATE OF DEATH (Month) (Day) (Year) Sept. 1, 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Oct. 23, 1882

9. AGE (In years last birthday) 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Home 0

11. BIRTHPLACE (State or foreign country) Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Albert Stearns
BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Unknown
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) ------

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE x Margery Nihart Nyssa Oregon
ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 1 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 2, 19 65, *to* Sept 1, 19 65, *that I last saw the deceased alive on* Sept 1, 19 65, *and that death occurred at* 11:17 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 510 MD

23b. ADDRESS

23c. DATE SIGNED 9-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Sept. 4, 1965

24c. NAME OF CEMETERY OR CREMATORY Wilder Cemetery

24d. LOCATION (City, town, or county) Wilder (State) Idaho

DATE REC'D BY LOCAL REG. 9-7-1965

REGISTRAR'S SIGNATURE Vera Dakan

25. EMBALMER Merville D Davis

LICENSE NO. E-399

FIRM NAME Peckham-Dakan-Davis Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 20 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3937
Local Reg. No. 79
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 141 Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 500
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 148 COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa--Rural
d. STREET ADDRESS (If rural, give location) Route # 5

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM
b. (Middle) JOHN 057
c. (Last) HOLLENBECK

4. DATE OF DEATH (Month) Sept. (Day) 2, (Year) 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Feb. 7, 1902	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Station Att. 11
10b. KIND OF BUSINESS OR INDUSTRY 088 Service Station
11. BIRTHPLACE (State or foreign country) Marysville, Washington
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME BIRTHPLACE Anthony Hollenbeck, Philadelphia, Penn.
14. MOTHER'S MAIDEN NAME BIRTHPLACE Bessie Brooks, Philadelphia, Penn.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE + Nettie Hollenbeck ADDRESS Nampa, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12-1-64, 19__, *to* 9-2-65, 19__, *that I last saw the deceased alive on* 9-2-65, 19__, *and that death occurred at* 2:10P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hyle Stones SOS M. D.	222 East Elm--Caldwell, Idaho	9-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 4, 1965	Hillcrest Cametery	Canyon County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 18-1965	Freda D Hunt, Deputy	Jon W. Sinigiani	E 496

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

SEP 21 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 31 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
SEP 20 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3938
Local Reg. No. 176
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 2009 Linden St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Augusta	(NMI)	Mohr	Sept. 3, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 2	May 2, 1887	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	01	Rush County, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
August E. Seltmann	Germany	Amelia Wilhemina	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	446-26-6450	X E E Mohr	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 260X Acidosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes mellitus
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute Pancreatitis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9-3-65, 19____, *to* 9-3-65, 19____, *that I last saw the deceased alive on* 9-3-65, 19____, *and that death occurred at* 11:05P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
178 MD	222 East Elm—Caldwell, Idaho	9-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 8, 1965	Hillcrest Memorial Cemetery	Caldwell Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 15, 1965	Freda G. Hunt, Deputy	Merville D. Davis	E-399

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3939
Local Reg. No. 208
Reg. Dist. No. 363

BIRTH NO. RECEIVED

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon — SEP 24 1965 — 142 — 000
b. CITY OR TOWN: Nampa — c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital — 050

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho — 140 — b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. # 4

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Fredrick		Hoffman	Sept. 5, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	April 17, 1887	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired 91	03	Ogallala, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles A. Hoffman	Unknown	Lusie E. Russell	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	540-28-8436	+ Mrs George A Bye	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

6837

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 Mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Renal Insufficiency — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Bladder — 1 year

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Harold Brayton MD 2062 (Degree or title)	Nampa Idaho	9-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 9, 1965	Kohlerlawn Cemetery	Nampa. Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sep 20-65	Jane Steele	Merville D Davis	E-399

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan-Davis, Caldwell

DUTIES:

OCT 22 1965

APR 7 1978

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3940
Local Reg. No. 70
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

RECEIVED
SEP 13 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1920 Blaine St.

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): E.
c. (Last): Smylie

4. DATE OF DEATH (Month) (Day) (Year): Sept. 5, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 31, 1888
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 1, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91
10b. KIND OF BUSINESS OR INDUSTRY: 03
11. BIRTHPLACE (State or foreign country): Alta, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Rev. Robert Smylie — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Jemima Eddy — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Jean S. Stremarley — ADDRESS: Naperville, Ill.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC TAMPONADE — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) RUPTURE of MYOCARDIUM — 5 min
DUE TO (c) MYOCARDIAL INFARCT — 10 hrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/5, 1965, *to* 9/5, 1965, *that I last saw the deceased alive on* 9/5, 1965, *and that death occurred at* 4 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Donald D Price MD — P. 424 (Degree or title)
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 9/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 8, 1965
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Sept 9-1965
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: Merville D Davis — LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 15 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3941
Local Reg. No. 197
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 20 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 142
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 616 14th Ave. So.

3. NAME OF DECEASED (Type or Print)
a. (First) Flora
b. (Middle) May
c. (Last) Hilborn

4. DATE OF DEATH (Month) Sept. (Day) 5, (Year) 1965

5. SEX F
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widdwed 2
8. DATE OF BIRTH Oct. 11, 187[illegible]
9. AGE (In years last birthday) 90 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher 12
10b. KIND OF BUSINESS OR INDUSTRY Education 01
11. BIRTHPLACE (State or foreign country) Minnesota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jacob Brock — BIRTHPLACE New York
14. MOTHER'S MAIDEN NAME Anna White — BIRTHPLACE Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Ada M. Hilborn — ADDRESS 616-14 Ave S.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 1 wk.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Light Cerebro-Vascular Accident 1 wk.

331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1951, *to* Sept 5, 1965, *that I last saw the deceased alive on* Sept 5, 1965, *and that death occurred at* 3:50 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE J R Manzum MD 322 (Degree or title)
23b. ADDRESS Nampa, Idaho
23c. DATE SIGNED 9/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 7, 1965
24c. NAME OF CEMETERY OR CREMATORY Cloverdale Mem. Park
24d. LOCATION (City, town, or county) (State) Boise, Ada, Idaho

DATE REC'D BY LOCAL REG. Sept 17 1965
REGISTRAR'S SIGNATURE Jane Steck
25. EMBALMER Larry J. Krausch — LICENSE NO. E-447

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3942
Local Reg. No. 198
Reg. Dist. No. 362

BIRTH NO.

RECEIVED SEP 20 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY CANYON 145 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) SAMARITAN HOSPITAL 049

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO 140 b. COUNTY CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL NAMPA
d. STREET ADDRESS (If rural, give location) ROUTE 5

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
PRISCILLA	N.	MORFIN	SEPT. 5, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	SPANISH	NEVER MARRIED	FEB. 11, 1947	18				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
STUDENT 77	HIGH SCHOOL 62	YUMA, ARIZONA	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
ISAAC MORFIN	NEW MEXICO	RITA CEBABA	NEW MEXICO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		518-52-8817	Isaac Morfin	NAMPA, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture & Brain damage — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Sub dural Hemorrhage - Edema of brain	YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 140 (COUNTY)	(STATE)
Accident	Parker Highway	13 Nampa Canyon	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
9-4-65 530 A.m.		Struck by Car

22. *I hereby certify that I attended the deceased from* 9-4-, 1965, *to* 9-5-, 1965, *that I last saw the deceased alive on* 9-5-, 1965, *and that death occurred at* 8:25 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
559 Gerald E. Meeske MD	Nampa Idaho	9-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	9-9-65	KOHLER LAWN CEMETERY	NAMPA, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 17 1965	June Stark	W. B. Shepherd	473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 21 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3943
Local Reg. No. 78
Reg. Dist. No. 360

RECEIVED
SEP 20 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 14
b. CITY OR TOWN Caldwell
c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 14
b. COUNTY Canyon
c. CITY OR TOWN Caldwell
d. STREET ADDRESS (If rural, give location) 722 N. Kimball

d. FULL NAME OF HOSPITAL OR INSTITUTION Caldwell Memorial Hospital

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	RUSSELL	BARNETT 057	GIBBONS	9	6	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	August 1, 1883	82	1	5	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter 23
10b. KIND OF BUSINESS OR INDUSTRY Painting 01
11. BIRTHPLACE (State or foreign country) Chilicothe, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME BIRTHPLACE Daniel L. Gibbons, Chilicothe, Mo.
14. MOTHER'S MAIDEN NAME BIRTHPLACE Eleanor Williams, Chilicothe, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-18-9012
17. INFORMANT'S OWN SIGNATURE Russell James Gibbons ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	420.1 acute myocardial infarction	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Dis	10 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-28-57, 19___, *to* 9-6-65, 19___, *that I last saw the deceased alive on* 9-6-65, 19___, *and that death occurred at* 8:17 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
250 W. Auffer MD	222 East Elm--Caldwell, Idaho	9/6/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/9/1965	Hillcrest Cemetery	Weiser Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 15 1965	Freda D. Hunt, Deputy	L. Dee Thomason	E-388

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3944
Local Reg. No. 73
Reg. Dist. No. 361

BIRTH NO.

RECEIVED SEP 14 1965

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder, Idaho
d. STREET ADDRESS (If rural, give location): Rt. 1 Wilder

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	JESS	WALLING	MADDEN		9	7	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	Never Married	Jan. 1902	63	2	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Heavy Equipment Op	Retired	Caldwell, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Merritt K Madden	Caldwell, Idaho	Emma Fuller Howard	Co., Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	552-22-6099	x Mary M. Brammer	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Emphysema — 1 yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Mar 7, 1965, *to* Aug 7, 1965, *that I last saw the deceased alive on* Aug 9, 1965, *and that death occurred at* 6 a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 570 MD		[illegible]	9-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	9/965	Mountain View	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 13, 1965	Freda D. Hunt, Deputy	Lucy M. Flahiff	E393

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 3945
Local Reg. No. 201
Reg. Dist. No. 362

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON 142 SEP 24 1965 3-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (If not in this place): 5 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SAMARITAN HOSPITAL 049

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 142
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 523 DIAMOND

3. NAME OF DECEASED (Type or Print)
a. (First): ROY
b. (Middle): HOWARD
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 7, 1965

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 3
8. DATE OF BIRTH: MARCH 3, 1890
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 70
10b. KIND OF BUSINESS OR INDUSTRY: U.P. RAILROAD 00
11. BIRTHPLACE (State or foreign country): FORT COLLINS, COLORADO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: SLYVESTER HOWARD — BIRTHPLACE: INDIANA
14. MOTHER'S MAIDEN NAME: SARAH ELLEN FIELDS — BIRTHPLACE: INDIANA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 712-05-109
17. INFORMANT'S OWN SIGNATURE: X Eleanor T. Howard — ADDRESS: NAMPA, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebrovascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1953, *to* Sept, 1965, *that I last saw the deceased alive on* Sept 6, 1965, *and that death occurred at* 2:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Brayden O'Brien 115 M
23b. ADDRESS: NAMPA, IDAHO
23c. DATE SIGNED: 9-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9-11-65
24c. NAME OF CEMETERY OR CREMATORY: HILLCREST MEM. GARDENS
24d. LOCATION (City, town, or county) (State): CANYON, IDAHO

DATE REC'D BY LOCAL REG.: Sept 20, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: M. B. Shepherd — LICENSE NO. 473
FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 24 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 8 1972

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3946
Local Reg. No. 77
Reg. Dist. No. 360

Certificate of Death

BIRTH NO.

RECEIVED SEP 20 1965 Bureau of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 48 Washington 555
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): 320 Est Liberty

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): K.
c. (Last): Franklin

4. DATE OF DEATH (Month) (Day) (Year): Sept. 8, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 18, 1881
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91
10b. KIND OF BUSINESS OR INDUSTRY: 03
11. BIRTHPLACE (State or foreign country): Carthage, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William M. Franklin — BIRTHPLACE: Alabama
14. MOTHER'S MAIDEN NAME: Eliza Jane Kirk — BIRTHPLACE: N. Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-10-4690
17. INFORMANT'S OWN SIGNATURE: X Delphia Evans — ADDRESS: Rt. 1 Parma Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1 Month

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: aortic stenosis — unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-30-65, 19__, *to* 9-8-65, 19__, *that I last saw the deceased alive on* 9-8-65, 19__, *and that death occurred at* 1:40 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Hubler 250 M
23b. ADDRESS: 222 East Elm--Caldwell, Idaho
23c. DATE SIGNED: 9-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 10, 1965
24c. NAME OF CEMETERY OR CREMATORY: Parma Cemetery
24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: Sept 15, 1965
REGISTRAR'S SIGNATURE: Freda G. Hunt Deputy
25. EMBALMER: Merville D. Davis
LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan-Davis, Caldwell

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3947
Local Reg. No. 75
Reg. Dist. No. 360

BIRTH NO.

RECEIVED SEP 14 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Oregon b. COUNTY Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Vale
d. STREET ADDRESS (If rural, give location) City

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Walla	Walla	Creasman	Sept. 9, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Jan. 9, 1890	75	8			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Motor Grader operator	Constuction	Riley, Oregon	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Creasman	Unknown	Mary Beckleheimer	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		540-28-2426	Naomi Jelsna	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		V

22. *I hereby certify that I attended the deceased from* 10-28-65, 19___, *to* 9-9-65, 19___, *that I last saw the deceased alive on* 9-9-65, 19___, *and that death occurred at* 1:00P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. D. Fuhrman 250	222 East Elm—Caldwell, Idaho	9-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 13, 1965	Valley View	Vale Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 13-65	Reba P. Hunt, Deputy	Leonard C. Flahiff	E-481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

JAN 4 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3948
Local Reg. No. 199
Reg. Dist. No. 362

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

SEP 24 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa, Idaho
d. STREET ADDRESS (If rural, give location): 2303 3rd St. So.

3. NAME OF DECEASED (Type or Print)
a. (First) Mary Maude Pearl Spence
b. (Middle) 049
c. (Last)

4. DATE OF DEATH (Month) Sept. (Day) 10 (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 30, 1881
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: home 01
11. BIRTHPLACE (State or foreign country): Perry, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jonas A. Tyner — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Phoebe Elizabeth Gardner — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-24-7935
17. INFORMANT'S OWN SIGNATURE: + Mary E. Martin, Route 6 — ADDRESS: Nampa

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 293X Primary Anemia — INTERVAL BETWEEN ONSET AND DEATH: Yes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hiatus Hernia, Diverticulosis — Yes

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 6-24, 1957, *to* 9-10-, 1965, *that I last saw the deceased alive on* 9-9-, 1965, *and that death occurred at* 11:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald E Wreche MD 559
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 9-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 14 Sept 65
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Ada, Idaho

DATE REC'D BY LOCAL REG.: Sept. 18, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Tony J. Krouch — LICENSE NO. E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 18 1986

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3949
Local Reg. No. 202
Reg. Dist. No. 362

BIRTH NO.

RECEIVED
SEP 24 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: CANYON 142 2-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place): 5½ Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MIDLAND MANOR 301

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 142
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 1655 GARRITY BLVD.

3. NAME OF DECEASED (Type or Print): a. (First) ENID b. (Middle) AMANDA c. (Last) MORGAN

4. DATE OF DEATH: (Month) (Day) (Year): SEPT. 11, 1965

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 3

8. DATE OF BIRTH: DEC. 18, 1882

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOME-MAKER 801

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME 01

11. BIRTHPLACE (State or foreign country): FREEMONT, UTAH

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: CHARLES HOALST
BIRTHPLACE: DENMARK

14. MOTHER'S MAIDEN NAME: RUTH GREGGS
BIRTHPLACE: NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S OWN SIGNATURE: Mrs Bob Nicholson
ADDRESS: CALDWELL, IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 465X Pulmonary Embolism
INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__ *to* Sept 11, 19 65 *that I last saw the deceased alive on* 10 Sept, 19 65, *and that death occurred at* 7:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 326 (Degree or title): MD

23b. ADDRESS: NAMPA, IDAHO

23c. DATE SIGNED: 9-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 9-14-65

24c. NAME OF CEMETERY OR CREMATORY: KOHLERLAWN CEMETERY

24d. LOCATION (City, town, or county) (State): NAMPA, IDAHO

DATE REC'D BY LOCAL REG.: Sept. 20 1965

REGISTRAR'S SIGNATURE: Jane Steele

25. EMBALMER: H. B. Shepherd

LICENSE NO.: 473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 24 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 3950
Local Reg. No. 203
Reg. Dist. No. 363

BIRTH NO. RECEIVED STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon 142 SEP 24 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa Bureau of Vital Statistics
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Midland Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): 4624 Gage St.

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): A. 301
c. (Last): Miller

4. DATE OF DEATH (Month) (Day) (Year): Sept. 12 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 15, 1883
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Section Foreman 70
10b. KIND OF BUSINESS OR INDUSTRY: Railroad 01
11. BIRTHPLACE (State or foreign country): Decatur, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alexander Miller — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Sarah E. Davis — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Vincent D. Hartley — ADDRESS: Boise, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Occlusion acute & chronic — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jun 58, 19__, *to* Sept, 1965, *that I last saw the deceased alive on* Aug 3, 1965, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Graydon O. Cross 115 (Degree or title) Mr.
23b. ADDRESS Nampa Ida
23c. DATE SIGNED 9-18-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 16, 1965
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Ada, Idaho

DATE REC'D BY LOCAL REG.: Sept 22 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Jon W. Sinigiano
LICENSE NO.: E-496

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 4 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

SEP 28 1965

STATE OF IDAHO

State File No. 3951
Local Reg. No. 82
Reg. Dist. No. 360

BIRTH NO.

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141 007
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 2614 Cherry

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle): BENJAMIN
c. (Last): SHOEMAKER

4. DATE OF DEATH (Month) 9 (Day) 12 (Year) 65

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 25, 1912
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months 1, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Field Rep For Kellogg Mills 19
10b. KIND OF BUSINESS OR INDUSTRY: 19
11. BIRTHPLACE (State or foreign country): Dakota, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edwin B. Shoemaker — BIRTHPLACE: Dakota, Ill.
14. MOTHER'S MAIDEN NAME: Cora Reedy Stephenson — BIRTHPLACE: Co. Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): W W 2 4
16. SOCIAL SECURITY NO.: 357-03-7170
17. INFORMANT'S OWN SIGNATURE: Gary R. Shoemaker — ADDRESS: Bonnedale, Ida

420.1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute Coronary — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ASHD — 3 yr.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1962, *to* Sept, 1965, *that I last saw the deceased alive on* 8 Sept, 1965, *and that death occurred at* 11 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Hal E. Reynolds 437 — (Degree or title): MD
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: 9/15/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 9/14/65
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Near Nampa, Idaho

DATE REC'D BY LOCAL REG.: 9-25-65
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: Leonard C. Flahiff
LICENSE NO.: E-481

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Flahiff Funeral Chapel

SEP 29 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3952
Local Reg. No. 204
Reg. Dist. No. 362

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 142 Canyon SEP 24 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Samaritan Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 140
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural---Nampa
d. STREET ADDRESS (If rural, give location) Route 2

3. NAME OF DECEASED (Type or Print)
a. (First) Charles
b. (Middle) Walter 049
c. (Last) Shryack

4. DATE OF DEATH (Month) (Day) (Year) September 13,1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Nov. 13,1881.
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 04
10b. KIND OF BUSINESS OR INDUSTRY Farm 01
11. BIRTHPLACE (State or foreign country) Veiana, Ohio.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Robert C. Shryack — BIRTHPLACE Platsburg,Ohio
14. MOTHER'S MAIDEN NAME Clara Troxell — BIRTHPLACE Knighton, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-42-2384
17. INFORMANT'S OWN SIGNATURE Mrs C W Shryack — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 334X Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO (b)~~ Cerebro-arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Urinary Retention

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 5, 1965, *to* Sept 13, 1965, *that I last saw the deceased alive on* Sept 13, 1965, *and that death occurred at* 1:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE J. Manzum MD 322 (Degree or title)
23b. ADDRESS Nampa, Idaho
23c. DATE SIGNED 9/17/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 16,1965
24c. NAME OF CEMETERY OR CREMATORY Clovedale Memorial Park
24d. LOCATION (City, town, or county) (State) Boise, Ada, Idaho

DATE REC'D BY LOCAL REG. Sept 22, 1965
REGISTRAR'S SIGNATURE [signature]
25. EMBALMER Larry J. Krouch — LICENSE NO. E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 5 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3953
Local Reg. No. 206
Reg. Dist. No. 363

RECEIVED SEP 28 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 14 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) | LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho State School & Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First): Linda
b. (Middle): Suzanne 052
c. (Last): Andrews

4. DATE OF DEATH (Month) (Day) (Year): Sept. 14 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: 5-29-52
9. AGE (In years last birthday): 17 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lawrence Thomas Andrews — BIRTHPLACE: Boise, Idaho
14. MOTHER'S MAIDEN NAME: Bessie Fern Miller — BIRTHPLACE: Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ** (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ***
17. INFORMANT'S OWN SIGNATURE: Evelyn Fox — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Cornelia de Lange c̄ brain cyst — birth

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-1-, 19 63, *to* 9-14, 19 65, *that I last saw the deceased alive on* 9-14, 19 65, *and that death occurred at* 6:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 345 Cannon Intyre M.D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 9-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: SEPT. 17, 1965
24c. NAME OF CEMETERY OR CREMATORY: MORRIS HILL
24d. LOCATION (City, town, or county) (State): BOISE, IDAHO

DATE REC'D BY LOCAL REG.: Sept. 24, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. FUNERAL DIRECTOR: ALDEN-WAGGONER — ADDRESS: BOISE, IDAHO

M. B. Shepherd E 475

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

SEP 29 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

State File No. 3954
Local Reg. No. 80
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 28 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1214 Clevland Blvd

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Lillian	L	Garber	Sept. 15, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Dec. 12, 1870	94	9	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00	00	Woodford County, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Brown	Virginia	Martha Rae	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	No	X A C Garber	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 493X Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan, *1964, to* Sept 65, *1965, that I last saw the deceased alive on* Sept 15, *1965, and that death occurred at* 6 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Caldwell Ida.	9/17/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 17, 1965	Canyon Hill Cemetery	Caldwell Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 20-1965	Freda G Hunt Deputy	James R. Dakan	E-485

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3955
Local Reg. No. 208
Reg. Dist. No. 363

Certificate of Death

STATE OF IDAHO

BIRTH NO. RECEIVED

SEP 28 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Park View Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): J.
b. (Middle): Will 296
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): Sept. 15,1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 10,1869
9. AGE (In years last birthday): 96 — IF UNDER 1 YEAR: Months 6, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Pleasant Plain,Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Eli Jones — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Rebecca Pickard — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-44-3830
17. INFORMANT'S OWN SIGNATURE: Lois M. Couzens — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): CVA — 5 yrs.
DUE TO (c): Arteriosclerosis — unb.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: cystitis - chronic

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1965, *to* Sept, 1965, *that I last saw the deceased alive on* 31 Aug, 1965, *and that death occurred at* 10:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lee S. Williams 624
23b. ADDRESS: 925 E 1st Meridian
23c. DATE SIGNED: 20 Sept 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 18,1965
24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery
24d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: Sept 24, 1965
REGISTRAR'S SIGNATURE: Janet Steck
25. EMBALMER: Merville D Davis — LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis,Caldwell,Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 13 1967

MAY 7 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3956
Local Reg. No. 203
Reg. Dist. No. 363

Certificate of Death

RECEIVED
SEP 24 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 140 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural--Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): AmalgamatedSugar Factor y 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1417 Everett

3. NAME OF DECEASED (Type or Print)
a. (First): Glen
b. (Middle): J.
c. (Last): Osborn

4. DATE OF DEATH (Month) (Day) (Year): Sept. 17, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 26,1909
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pulp Warehouse Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Amalgamated Sugar 07
11. BIRTHPLACE (State or foreign country): Elwood, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George H. Osborne 29 — BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Mary E. Russell — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: 505-07-0884
17. INFORMANT'S OWN SIGNATURE: Mrs. Dulce Osborn — ADDRESS: Caldwell, Ida. 3

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary occlusion 420.1

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Inspection only, *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D. Coroner 583 4
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 9-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 20, 1965
24c. NAME OF CEMETERY OR CREMATORY: Nyssa Cemetery
24d. LOCATION (City, town, or county) (State): Nyssa, Malheur, Oregon

DATE REC'D BY LOCAL REG.: Sept. 22, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Larry S. Kroush — LICENSE NO. E-447

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: SEP 27 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Simpson

Certificate of Death

STATE OF IDAHO

State File No. 3957
Local Reg. No. 83
Reg. Dist. No. 360

BIRTH NO.

RECEIVED SEP 28 1965

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell Bur a
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wilcox Rest Home 323

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route # 6

3. NAME OF DECEASED (Type or Print)
a. (First): Bruno
b. (Middle): M.
c. (Last): Heinzig

4. DATE OF DEATH (Month) (Day) (Year): Sept. 18, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: January 29, 1887
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 7, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Fred Heinzig — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Lena Martin — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-44-3421A
17. INFORMANT'S OWN SIGNATURE: Anna Heinzig — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 332X Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral Thrombosis — 4 days
DUE TO (c) Arteriosclerotic C.V.D. — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 28, 1963, *to* 18 Sept, 1965, *that I last saw the deceased alive on* 18 Sept, 1965, *and that death occurred at* 12:25 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. Simpson M.D. 473
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 23 Sept 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 21, 1965
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 9-25-65
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: Leonard C. Flahiff
LICENSE NO.: E 481

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 28 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3958
Local Reg. No. 207
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON 142 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place): 1 MONTH
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 16 b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL CALDWELL
d. STREET ADDRESS (If rural, give location): ROUTE 6

3. NAME OF DECEASED (Type or Print): a. (First) DOROTHY b. (Middle) N. c. (Last) HANSON

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 19, 1965

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 2

8. DATE OF BIRTH: AUG. 20, 1905

9. AGE (In years last birthday): 60 | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE 01

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME 01

11. BIRTHPLACE (State or foreign country): DEWEY COUNTY, OKLAHOMA

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JAKE LINK — BIRTHPLACE: NO RECORD

14. MOTHER'S MAIDEN NAME: AGNES CAVANDER — BIRTHPLACE: NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO

16. SOCIAL SECURITY NO. (If yes, give war or dates of service): 518-26-9464

17. INFORMANT'S OWN SIGNATURE: Dorothy N Hanson — ADDRESS: CALDWELL, IDA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

203X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Multiple myeloma — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-16- , 19 65 *to* 9-19- , 19 65 *that I last saw the deceased alive on* 9-19- , 19 65 *and that death occurred at* 5:50A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert Calder 217 MD

23b. ADDRESS: NAMPA, IDAHO

23c. DATE SIGNED: 9-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 9-22-65

24c. NAME OF CEMETERY OR CREMATORY: KUNA CEMETERY

24d. LOCATION (City, town, or county) (State): KUNA, IDAHO

DATE REC'D BY LOCAL REG.: Sept 24 1965

REGISTRAR'S SIGNATURE: Jane Stuck

25. EMBALMER: W. B. Shepherd

LICENSE NO.: 473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

OCT 1 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 6 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3959
Local Reg. No. 94
Reg. Dist. No. 360

BIRTH NO.

RECEIVED
OCT 7 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: 141 Canyon

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 140

b. COUNTY: Canyon

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma, Idaho

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): Gerardo

b. (Middle): 051

c. (Last): Calzoda

4. DATE OF DEATH: (Month) 9 (Day) 20 (Year) 65

5. SEX: M

6. COLOR OR RACE: Mexican

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child

8. DATE OF BIRTH: May 8, 1965

9. AGE (In years last birthday): IF UNDER 1 YEAR Months 4 Days 12; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child 02

10b. KIND OF BUSINESS OR INDUSTRY: Child 00

11. BIRTHPLACE (State or foreign country): Nyssa, Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Emilo Calzoda — BIRTHPLACE: Mexico

14. MOTHER'S MAIDEN NAME: Paula Alvarado — BIRTHPLACE: Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Emilio Calzoda — ADDRESS:

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dehydration, Severe — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Staphlococcal Enteritis — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death: Malnutrition Severe

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9/20, 1965, *to* 9/20, 1965, *that I last saw the deceased alive on* 9/20, 1965, *and that death occurred at* 10 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Physician or title): Gerald C. Dauman 037 M.D.

23b. ADDRESS: 189 Ellis Caldwell

23c. DATE SIGNED: 9-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/22/65

24c. NAME OF CEMETERY OR CREMATORY: Parma

24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: Oct 4, 1965

REGISTRAR'S SIGNATURE: Freda G Hunk, Deputy

25. EMBALMER: Lucy M. Flahiff — LICENSE NO.: E393

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3960
Local Reg. No. 209
Reg. Dist. No. 362

BIRTH NO.

RECEIVED OCT 6 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY CANYON 142 2-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
LENGTH OF STAY (in this place) 3½ MONTHS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BLVD. NURSING HOME 284

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO 142 b. COUNTY CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA,
d. STREET ADDRESS (If rural, give location) 516 15th AVE. NORTH

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	RACHEL	JANE	ALLEN	SEPT. 21, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	WIDOWED	MAY 6, 1875	90				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOME-MAKER 01	AT HOME 01	SOMMERSET COUNTY, PENN.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
HARMON HENERY	ENGLAND	NO RECORD	ENGLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	NONE	x Esther M. Allen	NAMPA,

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

433.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Coronary fibrillation

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-21, 1961 *to* 9-21, 1965, *that I last saw the deceased alive on* 9-8, 1965, *and that death occurred at* 11:40 m. P, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C Wesche 560 M.D.	NAMPA, IDAHO	9-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	9-24-65	KOHLER LAWN CEMETERY	NAMPA, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 1, 1965	Jane Steck	[illegible] Shepherd	473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service

FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3961
Local Reg. No. 84
Reg. Dist. No. 360

Certificate of Death

RECEIVED
SEP 30 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 38 Oregon 555
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jordan Valley
d. STREET ADDRESS (If rural, give location): Box 399

3. NAME OF DECEASED (Type or Print)
a. (First): Mona
b. (Middle): B. Gusman
c. (Last): Gusman

4. DATE OF DEATH (Month) (Day) (Year): Sept. 21, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 21, 1884
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Pleaseant Valley, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Philip Clegg — BIRTHPLACE: British Isle
14. MOTHER'S MAIDEN NAME: Margaret Emily Bridson — BIRTHPLACE: British Isles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Frank Gusman — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): (R) CVA — 2 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes Mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept., 1963, *to* Sept. 21, 1965, *that I last saw the deceased alive on* Sept. 20, 1965, *and that death occurred at* 9:30 p m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R H Jensen MD 258
23b. ADDRESS: Robert H. Jensen, M.D. 222 EAST LOGAN CALDWELL, IDAHO
23c. DATE SIGNED: SEP 23 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 24, 1965
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Sept 27-1965
REGISTRAR'S SIGNATURE: Freda G Hunt, Deputy
25. EMBALMER: Merville D Davis
LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3962
Local Reg. No. 98
Reg. Dist. No. 360

RECEIVED OCT 12 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 14 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell, Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 16
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Middleton, Idaho
d. STREET ADDRESS (If rural, give location) Box 96

3. NAME OF DECEASED (Type or Print) a. (First) Lois b. (Middle) Inlea 051 c. (Last) Harshman

4. DATE OF DEATH (Month) 9 (Day) 21 (Year) 65

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH 3/30/1898

9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months 5 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Self 01

11. BIRTHPLACE (State or foreign country) Chadron, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Pascoe Rucker BIRTHPLACE Ohio

14. MOTHER'S MAIDEN NAME Sarah Crayton BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. Yes

17. INFORMANT'S OWN SIGNATURE Harry G. Harshman ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock & cardiac standstill — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hemorrhagic necrosis of small bowel — few hours

DUE TO (c) Incarceration in Left inguinal hernia — many years but acute 1 day

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity — 5 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* July, 1959, *to* Sept. 21, 1965, *that I last saw the deceased alive on* Sept 21, 1965, *and that death occurred at* 4:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS 1201 S. Kimball Caldwell Idaho

23c. DATE SIGNED 5 Oct 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9/25/65

24c. NAME OF CEMETERY OR CREMATORY Middleton

24d. LOCATION (City, town, or county) (State) Middleton, Idaho

DATE REC'D BY LOCAL REG. Oct 7-1965

REGISTRAR'S SIGNATURE Greta D. Hunt, Deputy

25. EMBALMER Leonard C. Flahiff

LICENSE NO. E-481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3963
Local Reg. No. 210
Reg. Dist. No. 362

BIRTH NO.

RECEIVED OCT 6 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1815 First Street South

3. NAME OF DECEASED (Type or Print)
a. (First): FLORENCE
b. (Middle): BIGELOW
c. (Last): ANDERSON

4. DATE OF DEATH (Month) (Day) (Year): September 21.1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Sept. 7, 1905

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home 01

11. BIRTHPLACE (State or foreign country): Santiago Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Bigelow
BIRTHPLACE: no record

14. MOTHER'S MAIDEN NAME: Martha Berry
BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 352-09-5259

17. INFORMANT'S OWN SIGNATURE: Glen A Anderson
ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pericarditis — INTERVAL BETWEEN ONSET AND DEATH: 14 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Lung Abscess — 8 days
DUE TO (c): Pneumonia Lobar Bacterial — 20 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Mitral Stenosis, Rheumatic — 10 yrs
Diabetes Mellitus — 10 mo

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-25, 1964, *to* 9-21, 1965, *that I last saw the deceased alive on* 9-20, 1965, *and that death occurred at* 9:30A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 245 I C Horton MD
23b. ADDRESS: 1223-7 St. So, Nampa
23c. DATE SIGNED: 9-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 9/24/1965
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Crematory
24d. LOCATION (City, town, or county): Boise (State): Idaho

DATE REC'D BY LOCAL REG.: Oct. 1, 1965
REGISTRAR'S SIGNATURE: James Stack
25. EMBALMER: John F Alsip, Jr.
LICENSE NO.: E 361

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALSIP FUNERAL CHAPEL

OCT 8 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 14 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3964
Local Reg. No. 215
Reg. Dist. No. 362

RECEIVED OCT 11 1965 Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 140 050
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural---Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Midby Nursing Home 055

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 704-6th Street North.

3. NAME OF DECEASED (Type or Print)
a. (First): Ellen
b. (Middle): Charlotte
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): Sept. 21, 1965.

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: November 6, 1871
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Johanson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Carlotta — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Enoch T. Johnson — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular thrombosis progressive — INTERVAL BETWEEN ONSET AND DEATH: 7

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

332X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-6, 1962, *to* 9-18, 1965, *that I last saw the deceased alive on* 9-18, 1965, *and that death occurred at* 1:35 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Gaylon O. Cross 115 (Degree or title) MD
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 10-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/24/65
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Memorial Gardens
24d. LOCATION (City, town, or county) (State): Canyon County, Idaho

DATE REC'D BY LOCAL REG.: Oct. 8, 1965
REGISTRAR'S SIGNATURE: Janet Steck
25. EMBALMER: John F. Alsip, Jr.
LICENSE NO.: E 361
FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: OCT 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3965
Local Reg. No. 212
Reg. Dist. No. 362

RECEIVED
OCT 6 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place): 4 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1203 HOLLY STREET 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 142
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 1203 HOLLY STREET

3. NAME OF DECEASED (Type or Print)
a. (First): GLEN
b. (Middle): EARL
c. (Last): LONG

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 22, 1965

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 3
8. DATE OF BIRTH: AUG. 29, 1912
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN 19
10b. KIND OF BUSINESS OR INDUSTRY: 01 INSURANCE
11. BIRTHPLACE (State or foreign country): ADA, OHIO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: C. N. LONG — BIRTHPLACE: OHIO
14. MOTHER'S MAIDEN NAME: HATTIE LENTZ — BIRTHPLACE: NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 293-18-6241
17. INFORMANT'S OWN SIGNATURE: X Will R. Long — ADDRESS: BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 919.0 Gunshot wound chest

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 51 at home
21c. (CITY, TOWN, OR TOWNSHIP) 142 (COUNTY) (STATE): 13 Nampa Canyon Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 22-1965 8:15 am.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Cleaning a gun and accidently fired

22. *I hereby certify that I attended the deceased from* Inspection only, *19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Henry C Wesche M.D. 583 4 (Degree or title): CORONER
23b. ADDRESS: NAMPA, IDAHO
23c. DATE SIGNED: 9-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL 3
24b. DATE: 9-24-65
24c. NAME OF CEMETERY OR CREMATORY: ST. PAUL CEMETERY
24d. LOCATION (City, town, or county) (State): ADA, OHIO

DATE REC'D BY LOCAL REG.: Oct. 1, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: M. B. Shepherd
LICENSE NO.: 473

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SHEPHERD MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 8 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 14 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3966
Local Reg. No. 211
Reg. Dist. No. 362

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY CANYON 142 OCT 6 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA Bureau of Vital Statistics
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MERCY HOSPITAL 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO 142 b. COUNTY CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
d. STREET ADDRESS (If rural, give location) 523 17th AVE. NORTH

3. NAME OF DECEASED (Type or Print) a. (First) JACOB b. (Middle) H. c. (Last) FLISHER

4. DATE OF DEATH (Month) (Day) (Year) SEPT. 22, 1965

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 3
8. DATE OF BIRTH JAN. 22, 1883
9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CARMAN 70
10b. KIND OF BUSINESS OR INDUSTRY U.P. 05 RAIL ROAD
11. BIRTHPLACE (State or foreign country) WAKARUSA, INDIANA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME D.FRANK FLISHER BIRTHPLACE INDIANA
14. MOTHER'S MAIDEN NAME MARY SHANK BIRTHPLACE INDIANA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 712-09-1370
17. INFORMANT'S OWN SIGNATURE Clarence E. Flisher ADDRESS NAMPA,

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH 4-5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-18-, 1965, *to* 9-22, 1965, *that I last saw the deceased alive on* 9-22, 1965, *and that death occurred at* 6:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 217 (Degree or title) Ray M.D.
23b. ADDRESS NAMPA, IDAHO
23c. DATE SIGNED 9/28/65

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 9-25-65
24c. NAME OF CEMETERY OR CREMATORY HILLCREST MEM. GARDENS
24d. LOCATION (City, town, or county) NAMPA, IDAHO (State)

DATE REC'D BY LOCAL REG. Oct. 1, 1965
REGISTRAR'S SIGNATURE Jane Fleck
25. EMBALMER M. B. Shepherd
LICENSE NO. 473

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SHEPHERD MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: OCT 8 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3967 NC
Local Reg. No. 276
Reg. Dist. No. 362

BIRTH NO.

RECEIVED OCT 11 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140 b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa-Rural
d. STREET ADDRESS (If rural, give location): R# 5

3. NAME OF DECEASED (Type or Print): a. (First) Ygnacio b. (Middle) 049 Topete c. (Last) Becerra

4. DATE OF DEATH: (Month) (Day) (Year) September 22, 1965

5. SEX: Male
6. COLOR OR RACE: Mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 31, 1885
9. AGE (In years last birthday): 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farm 02
11. BIRTHPLACE (State or foreign country): Mexico
12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: No Record BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: No Record BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 05 2718
17. INFORMANT'S OWN SIGNATURE: Alsip Funeral Chapel By: Larry J. Brown ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary emphysema
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 57 *to* Sept 65, *that I last saw the deceased alive on* Sept 22 65, *and that death occurred at* 5:40A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 115 (Degree or Title)
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: 10-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/24/65
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): X Canyon Co. Idaho

DATE REC'D BY LOCAL REG.: Oct. 8 1965
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Larry J. Brown LICENSE NO.: E-447
FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3968
Local Reg. No. 86
Reg. Dist. No. 360

BIRTH NO.

RECEIVED
SEP 30 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 141 000
b. CITY OR TOWN Caldwell
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. Memorial Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 140
b. COUNTY Canyon
c. CITY OR TOWN Wilder
d. STREET ADDRESS (If rural, give location) Rt. # 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Norman	Wayne	Ames	Sept. 22, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Child	April 3, 1962	3	5	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00	00	Caldwell, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Donald Le Roy Ames	Idaho	Beverly Kae Dickey	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	No	x Kae Ames	R.R. # 1 Wilder

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4918

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Congenital Mesodermal Distrophy From Birth

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3 Apr, 1962 *to* 22 Sep, 1965, *that I last saw the deceased alive on* 8 Jun, 1965, *and that death occurred at* 12:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles E. Krause 295	M.D	Caldwell Idaho	25 Sep 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 25, 1965	Wilder Cemetery	Wilder, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 28, 1965	Fred D. Hunt, Deputy	Merville D. Davis	E-399

FIRM NAME: Peckham-Dakan-Davis Chapel, Caldwell

Federal Security Agency
United States Public Health Service

Form DH-63021

OCT 5 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3969
Local Reg. No. 85
Reg. Dist. No. 361

Certificate of Death

RECEIVED SEP 30 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 140 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 6 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 321 Aven St.

3. NAME OF DECEASED (Type or Print)
a. (First): Jack
b. (Middle): Devereaux
c. (Last): Carman

4. DATE OF DEATH (Month) (Day) (Year): Sept. 23,1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: April 18,1923
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Forrestry Technection
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Sacramento, California
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Hugh H. Carman 92 — BIRTHPLACE: Neb.
14. MOTHER'S MAIDEN NAME: Audry Brown — BIRTHPLACE: Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): War II 4
16. SOCIAL SECURITY NO.: 519-16-5928
17. INFORMANT'S OWN SIGNATURE: Lavesta G. Carman — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

823.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Drowning, accidental

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 18
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Irrigation canal.
21c. (CITY, TOWN, OR TOWNSHIP) 13 — 140 (COUNTY) Canyon, (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 23-1965 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Car ran off road into Canal.

22. *I hereby certify that I attended the deceased from* Found Dead in Can. *, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wiesbaum Coroner 583
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 9-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 27,1965
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Mem. Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Sept 28, 1965
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: Merville D Davis
LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 5 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3970
Local Reg. No. 213
Reg. Dist. No. 362

Certificate of Death

RECEIVED OCT 6 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (If not in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 515 Lincoln Ave. Nampa

3. NAME OF DECEASED (Type or Print)
a. (First): Floied
b. (Middle): Wesley
c. (Last): Penton

4. DATE OF DEATH (Month) 9 (Day) 23 (Year) 1965

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 25, 1903
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Yard Master 70
10b. KIND OF BUSINESS OR INDUSTRY: Railroad 10
11. BIRTHPLACE (State or foreign country): Mississippi
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: No Record — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 712-05-6392
17. INFORMANT'S OWN SIGNATURE: Luella Penton — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 151X Ca of stomach — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/23, 1965, *to* 9/23, 1965 *that I last saw the deceased alive on* 9/23, 1965, *and that death occurred at* 9 o'p *m., from the causes and on the date stated above.*

23a. SIGNATURE: S. C. Taylor, MD 524 (Degree or title)
23b. ADDRESS: 619 Canyon Nampa Idaho
23c. DATE SIGNED: 9/28/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 27, 1965
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county): Caldwell, Idaho (State)

DATE REC'D BY LOCAL REG.: Oct. 1, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Larry J. Kroush — LICENSE NO. E-447

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 7 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3971
Local Reg. No. 90
Reg. Dist. No. 360

RECEIVED OCT 6 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa-Rural
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLOTTE
b. (Middle): MAY
c. (Last): KORTH

4. DATE OF DEATH (Month) (Day) (Year): September 24, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 1, 1908
9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Orville Yancey
BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Mary Keeler
BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Leyhan M. Korth
ADDRESS: Nampa, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis
INTERVAL BETWEEN ONSET AND DEATH: 14 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis
DUE TO (c) obesity & hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-16, 1965, *to* 9-24, 1965, *that I last saw the deceased alive on* 9-24, 1965, *and that death occurred at* 2:15A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): M.D.
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: 9-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 27, 1965
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Canyon County Idaho

DATE REC'D BY LOCAL REG.: Sept 30-1965
REGISTRAR'S SIGNATURE: Freda D. Hunt, Deputy
25. EMBALMER: E. M. Jernigan
LICENSE NO.: E-496
FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 2 9 1989

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3972
Local Reg. No. 87
Reg. Dist. No. 360

RECEIVED
SEP 30 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Box 326

3. NAME OF DECEASED (Type or Print)
a. (First): Bertha
b. (Middle): S.
c. (Last): Kerrick

4. DATE OF DEATH: (Month) (Day) (Year): Sept. 24, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: April 8, 1893

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): Beaver Dams, New York

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Sayler
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Nettie Phelps
BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Walter E Kerrick
ADDRESS: Parma Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): acute Myocardial infarction
INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 10 Sept, 1965, *to* 24 Sept, 1965 *that I last saw the deceased alive on* 24 Sept 1965 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: W S Keller 250 (Degree or title) MD

23b. ADDRESS: 242 E Elm Caldwell Idaho

23c. DATE SIGNED: 28 Sept 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 27, 1965

24c. NAME OF CEMETERY OR CREMATORY: Parma Cemetery

24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: Sept 29-1965

REGISTRAR'S SIGNATURE: Freda H. Hunt Deputy

25. EMBALMER: James R. Dakan

LICENSE NO.: E-486

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 22 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 31 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

NOV 31 1968

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3973
Local Reg. No. 214
Reg. Dist. No. 362

Certificate of Death

RECEIVED OCT 7 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural--Nampa
c. LENGTH OF STAY (In this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rural-Route #1 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 140
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Route #1 Nampa
d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) J.
c. (Last) Verheyen

4. DATE OF DEATH (Month) Sept. (Day) 24, (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Nov. 23, 1891
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Buinessman 36
10b. KIND OF BUSINESS OR INDUSTRY Oil company 08
11. BIRTHPLACE (State or foreign country) Marysville, Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Verheyen — BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Elizabeth Michaels — BIRTHPLACE Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-09-6578
17. INFORMANT'S OWN SIGNATURE Rev. Wm J. Verheyen — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion & Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Coronary Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-12-, 19 65, *to* 9-24-65, 19 ___, *that I last saw the deceased alive on* 9-24-, 19 65, *and that death occurred at* ___ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J. Salter 454 MD
23b. ADDRESS Nampa
23c. DATE SIGNED 9/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 28, 1965
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State) Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG. Oct. 4, 1965
REGISTRAR'S SIGNATURE Jane Steck
25. EMBALMER Tony J. Krouch
LICENSE NO. E-447

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: OCT 8 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3974
Local Reg. No. 96
Reg. Dist. No. 360

BIRTH NO.

RECEIVED
OCT 7 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN: Caldwell
c. LENGTH OF STAY (in this place): Idaho
d. FULL NAME OF HOSPITAL OR INSTITUTION: Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN: Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 605 Chicago

3. NAME OF DECEASED (Type or Print): a. (First) Dollie b. (Middle) O S c. (Last) Rever

4. DATE OF DEATH: (Month) 9 (Day) 25 (Year) 65

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 23, 1884
9. AGE (In years last birthday): 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): New Maeket, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Maxwell BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Harriet Crepes BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Vern Clements ADDRESS: Box 608 Caldwell Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 157X Cancer of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 7 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 25 July 65
19b. MAJOR FINDINGS OF OPERATION: Ca Pancreas
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-14-65, 19__, *to* 9-25-65, 19__, *that I last saw the deceased alive on* 9-25-65, 19__, *and that death occurred at* 1:54 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 250 W Mueller M.D.
23b. ADDRESS: 222 East Elm--Caldwell, Idaho
23c. DATE SIGNED: 9-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/28/65
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Oct 10-1965
REGISTRAR'S SIGNATURE: Freda D Lent, Deputy
25. EMBALMER: Leonard C. Flahiff
LICENSE NO.: E-481
FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 3975
Local Reg. No. 217
Reg. Dist. No. 362

BIRTH NO.

OCT 11 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 104 22nd Ave. So. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 104 22nd Ave. So.

3. NAME OF DECEASED (Type or Print)
a. (First): Lelia
b. (Middle): E.
c. (Last): Washburn

4. DATE OF DEATH (Month) (Day) (Year): Sept. 26, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 30, 1896
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Thomas — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Launa Hoffman — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-10-8212
17. INFORMANT'S OWN SIGNATURE: X B R Washburn — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction 420.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960, 19__, *to* Sept 26, 1965, *that I last saw the deceased alive on* 26 Sept, 1965, *and that death occurred at* 8:00P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J F Marcusen 326
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL 3
24b. DATE: Sept. 29, 1965
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Bonneville, Idaho

DATE REC'D BY LOCAL REG.: Oct. 8, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Larry J. Krouch — LICENSE NO. E-447
FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 3976
Local Reg. No. 95
Reg. Dist. No. 360

BIRTH NO. 65-9253

RECEIVED OCT 7 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Martin
b. (Middle): Joel 051
c. (Last): Mercado

4. DATE OF DEATH (Month) 9 (Day) 26 (Year) 65

5. SEX: M
6. COLOR OR RACE: Mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: Sept. 24, 1965
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 2 Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY: Infant 00
11. BIRTHPLACE (State or foreign country): Caldwell, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Bernardino Mercado — BIRTHPLACE: Mission, Texas
14. MOTHER'S MAIDEN NAME: Esperanza Salnas — BIRTHPLACE: McAllen, Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x Bernardino Mercado — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 762.5 Bilateral Pulmonary Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 2

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 24, 1965, *to* Sept. 26, 1965, *that I last saw the deceased alive on* Sept. 26, 1965, *and that death occurred at* 9:15 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Oakes H. Haines 343 (Degree or title) M.D.
23b. ADDRESS: Caldwell, Idaho
23c. DATE SIGNED: 10/1/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/27/65
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Oct 4-1965
REGISTRAR'S SIGNATURE: Freda G. Lunk, Deputy
25. EMBALMER: Leonard C. Flahiff — LICENSE NO. E-481
FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3977
Local Reg. No. 93
Reg. Dist. No. 361

BIRTH NO.

RECEIVED OCT 7 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give name of township): Caldwell, Idaho
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): One Mile West of Caldwell

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Keith	Dane	Belcher	9	27	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	Student	Aug 8, 1949	16				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: Student
11. BIRTHPLACE (State or foreign country): Caldwell, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jack Belcher — BIRTHPLACE: North Fork, Neb.
14. MOTHER'S MAIDEN NAME: Janice Cornell — BIRTHPLACE: Paonia, Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-56-1825
17. INFORMANT'S OWN SIGNATURE: x Clark C Belcher — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Compound Skull fracture - Brain trauma
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Train accident
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Laceration scalp - left arm and left ear.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): on railroad bridge 10
21c. (CITY, TOWN, OR TOWNSHIP) 13 (COUNTY) 140 Canyon (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Train but how cubic he was on railroad bridge

22. *I hereby certify that I attended the deceased from* Inspection, 19 only, to _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 5:50 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Henry Chesbrough (Degree or title) 583 Coroner
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 9-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/1/65	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Oct. 4-1965
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: Leonard C. Flahiff
LICENSE NO.: E-481
FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 1 4 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3978
Local Reg. No. 89
Reg. Dist. No. 360

Certificate of Death

RECEIVED
OCT 6 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Notus
d. STREET ADDRESS (If rural, give location): Box 163

3. NAME OF DECEASED (Type or Print)
a. (First): Elta
b. (Middle): B.
c. (Last): Lewis

4. DATE OF DEATH (Month) (Day) (Year): Sept. 27, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: Jan. 8, 1907
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Lady 19
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Notus, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: S. O. Lewis — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Stella Bebb — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-03-8008
17. INFORMANT'S OWN SIGNATURE: X Clyde Lewis — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

153.8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of Colon — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1960
19b. MAJOR FINDINGS OF OPERATION: Ca Colon
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-18-54, 19__, *to* 9-27-65, 19__, *that I last saw the deceased alive on* 9-27-65, 19__, *and that death occurred at* 12:05P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Huller 250 M
23b. ADDRESS: 222 East Elm--Caldwell, Idaho
23c. DATE SIGNED: 9-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept.29,1965
24c. NAME OF CEMETERY OR CREMATORY: Lower Boise Cemetery
24d. LOCATION (City, town, or county) (State): Notus, Idaho

DATE REC'D BY LOCAL REG.: Sept 30, 1965
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: Merville D Davis — LICENSE NO.: E 399

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 8 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3979
Local Reg. No. 91
Reg. Dist. No. 360

BIRTH NO.

RECEIVED
OCT 7 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon 14 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middleton
d. STREET ADDRESS (If rural, give location): Box 65

3. NAME OF DECEASED (Type or Print): a. (First) Perry; b. (Middle) E.; c. (Last) Rutledge

4. DATE OF DEATH: (Month) (Day) (Year): Sept. 28, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Dec. 27, 1893

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months 9 Days 1
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91

10b. KIND OF BUSINESS OR INDUSTRY: 03

11. BIRTHPLACE (State or foreign country): Van Wyck, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James E. Rutledge
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Lovie Landreth
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-01-5773

17. INFORMANT'S OWN SIGNATURE: Glenn Rutledge
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronal artery thrombosis — INTERVAL BETWEEN ONSET AND DEATH: one month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-8, 1965, *to* 9-28, 1965, *that I last saw the deceased alive on* 9-28, 1965, *and that death occurred at* 3:40 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Glenn Rutledge M.D. (Degree or title)
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 10-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 4, 1965
24c. NAME OF CEMETERY OR CREMATORY: Middleton Cemetery
24d. LOCATION (City, town, or county) (State): Middleton, Idaho

DATE REC'D BY LOCAL REG.: 10-4-65
REGISTRAR'S SIGNATURE: Freda D. Hunt, Deputy
25. EMBALMER: Merville D Davis
LICENSE NO.: E-399
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

OCT 2 6 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 1 2 1976

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 1 4 1976

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 3980
Local Reg. No. 92
Reg. Dist. No. 560

BIRTH NO.

RECEIVED STATE OF IDAHO

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 14 OCT 7 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 14
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 2721 College Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Mamie b. (Middle) A. c. (Last) Doner

4. DATE OF DEATH (Month) (Day) (Year) Sept. 29, 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH Jan. 16, 1892

9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months 8 Days 13 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 00

10b. KIND OF BUSINESS OR INDUSTRY 00

11. BIRTHPLACE (State or foreign country) Hull, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Elza M. McPherson BIRTHPLACE Indiana

14. MOTHER'S MAIDEN NAME Abbie Teagle BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Ben Doner ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1708

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastasis of breast
DUE TO (c) Carcinoma to lymphoma — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION Jan 1963

19b. MAJOR FINDINGS OF OPERATION Carcinoma left breast

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January 1963 *to* Sept 1965, *that I last saw the deceased alive on* Sept 1965 *and that death occurred at* 8:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE 473 (Degree or title) M.D.

23b. ADDRESS Caldwell

23c. DATE SIGNED Oct 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct. 1, 1965

24c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery

24d. LOCATION (City, town, or county) Caldwell, Idaho (State)

DATE REC'D BY LOCAL REG. 10-4-65

REGISTRAR'S SIGNATURE Freda D. Hunt, Deputy

25. EMBALMER Merville Davis LICENSE NO. E-399

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3981
Local Reg. No. 218
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 11 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 142 Canyon 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa, Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Carter Rest Home 053

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 142
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa, Idaho
d. STREET ADDRESS (If rural, give location) Cart 903 11th Ave South

3. NAME OF DECEASED (Type or Print)
a. (First) Edwin
b. (Middle) J.
c. (Last) Baker

4. DATE OF DEATH (Month) 9 (Day) 29 (Year) 65

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Sept 23, 1918
9. AGE (In years last birthday) 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 00
10b. KIND OF BUSINESS OR INDUSTRY None 00
11. BIRTHPLACE (State or foreign country) Maxwell, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Loyd Ray Baker — BIRTHPLACE Knail, Missouri
14. MOTHER'S MAIDEN NAME Viva Morgan — BIRTHPLACE Jan, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 523-10-9051
17. INFORMANT'S OWN SIGNATURE x Kenneth Ray Baker — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive C-V disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-20-, 1965, *to* 9-29, 1965, *that I last saw the deceased alive on* 9-29, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 454 (Degree or title)
23b. ADDRESS 619 So. Canyon, Nampa, Idaho
23c. DATE SIGNED 10/4/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10/1/65
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill
24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. Oct. 8, 1965
REGISTRAR'S SIGNATURE [signature]
25. EMBALMER Leonard C. Flahiff
LICENSE NO. E-481

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 13 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3982
Local Reg. No. 100
Reg. Dist. No. 361

RECEIVED OCT 12 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. # 2, Caldwell
c. LENGTH OF STAY in this place of death:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, Rt. # 2, Caldwell, Ida.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): RT. # 2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Daniel	H.	Cashman	Sept. 30, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married 2	Aug. 22, 1891	74	1	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer & Stockman 04	01	Edmond, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Richard P. Cashman	Illinois	Almyra Dickson	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-38-4949	X Elizabeth Cashman	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Acute myocardial infarction	Sudden Death
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic Heart Disease	10 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4-19-65, 19___, *to* 9-30-65, 19___, *that I last saw the deceased alive on* 9-30-65, 19___, *and that death occurred at* 9A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Mueller 250 MD	222 East Elm--Caldwell, Idaho	10-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 4, 1965	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 7-1965	Fred G. Hunt, Deputy	James R. Dakan	E-486

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 25 1993

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3983
Local Reg. No. 11
Reg. Dist. No. 520-521

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Caribou 150 — SEP 27 1965 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Soda Springs — c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 150 — b. COUNTY Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Soda Springs
d. STREET ADDRESS (If rural, give location) 88 West Second South

3. NAME OF DECEASED (Type or Print) — a. (First) Chester — b. (Middle) Grant — c. (Last) Norcross

4. DATE OF DEATH (Month) (Day) (Year) August 28, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 2	May 31, 1888	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Auto Mechanic-retired	01	Watertown, Mass.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Abner Norcross 10	Watertown, Mass.	Sarah Smith 2	Maine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			Lenny Norcross	Soda Springs, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.9

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: several years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pericardial effusion — 6 mos
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July, 1965, *to* 28 Aug, 1965, *that I last saw the deceased alive on* 28 Aug, 1965, *and that death occurred at* 4:35 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ramon Tigert 535 MD	Soda Springs Idaho	9-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/1/65	Fairview Cemetery	Soda Springs, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-5-65	Darthel Chenett	Theodore Allen	E360

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH.

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3984
Local Reg. No. 12
Reg. Dist. No. 520-521

RECEIVED SEP 27 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 150 3-05

a. COUNTY: Caribou

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs

c. LENGTH OF STAY (in this place): 5 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 150

b. COUNTY: Caribou

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Central

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First) b. (Middle) 069 c. (Last): Ralph Christensen Harrison

4. DATE OF DEATH (Month) (Day) (Year): August 31, 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: Feb. 26, 1905

9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: farming 01

11. BIRTHPLACE (State or foreign country): Bancroft, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME BIRTHPLACE: Ralph Harrison

14. MOTHER'S MAIDEN NAME BIRTHPLACE: Dorothy Christensen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE ADDRESS: x Idella S Harrison Central, Idaho

18. CAUSE OF DEATH 420.1

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1959, *to* 8-31, 1965, *that I last saw the deceased alive on* 8-31, 1965, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE 535 (Degree or title): Russell Tigert MD

23b. ADDRESS: Soda Springs Idaho

23c. DATE SIGNED: 9-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/4/65

24c. NAME OF CEMETERY OR CREMATORY: Central Cemetery

24d. LOCATION (City, town, or county) (State): Central, Caribou, Idaho

DATE REC'D BY LOCAL REG.: 9-23-65

REGISTRAR'S SIGNATURE: Darhl Cheirrett

25. EMBALMER: Theodore S Allen

LICENSE NO.: E370

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 21 1976

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 10 1992

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 28 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3985
Local Reg. No. 14
Reg. Dist. No. 20-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou 150
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 319 Rose Ave. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 150
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
d. STREET ADDRESS (If rural, give location): 319 Rose Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Walter	LeRoy	Findlay	Sept. 14, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 3	May 3, 1897	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Custodian 17	High School 07	Lanark, Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Walter Findlay	Salt Lake City, Ut	Laura Smedley	Delaware

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Marguerite Findlay	Soda Springs, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 20 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan, 1960, *to* Sept 14, 1965, *that I last saw the deceased alive on* Sept 14, 1965, *and that death occurred at* 2:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Allen H. Sisk MD	Soda Springs, Ida	9-25-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	9/18/65	Ovid Cemetery	Ovid, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-28-65	Darl Clennett	Theodore Allen	E370

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Allen Funeral Home

SEP 29 1965

JUL 26 1991

JUL 21 1993

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, the nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3986
Local Reg. No. 16
Reg. Dist. No. 520-521

RECEIVED OCT 4 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou 150 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 150
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bancroft
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) 069 c. (Last): Martine Larsen Schenk

4. DATE OF DEATH (Month) (Day) (Year): Sept. 18, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Jan. 18, 1875
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home 01
11. BIRTHPLACE (State or foreign country): Huron, Denmark
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Peter Larsen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Johanna Poulson — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Farley L. Schenk — ADDRESS: Bancroft, Idaho

18. CAUSE OF DEATH 570.2
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): mesenteric thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-17, 1965, *to* 9-18, 1965, *that I last saw the deceased alive on* 9-18, 1965, *and that death occurred at* 1:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE 535 Russell Tigert (Degree or title): MD
23b. ADDRESS: Soda Springs Ida
23c. DATE SIGNED: 9-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/21/65
24c. NAME OF CEMETERY OR CREMATORY: Lund Cemetery
24d. LOCATION (City, town, or county) (State): Lund, Caribou, Idaho

DATE REC'D BY LOCAL REG.: 9-29-65
REGISTRAR'S SIGNATURE: Darhl Cherrett
25. EMBALMER: Theodore A Allen — LICENSE NO. E370

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 1 1979

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3987
Local Reg. No. 13
Reg. Dist. No. 520-521

BIRTH NO.

RECEIVED
SEP 28 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lawrence	LeRoy	Hanson	Sept. 24, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 3	April 21, 1900	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer-retired 04	farming 01	Central, Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert Hanson	Sweden	Hedda Anderson	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-42-8702	Emma Hanson	Grace, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca of Prostate — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan, 19 65, *to* Sept 23, 19 65, *that I last saw the deceased alive on* Sept 23, 19 65, *and that death occurred at* 6:20 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Allen #1534 Light M.D.	Soda Springs, Idaho	9-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/28/65	Central Cemetery	Central, Caribou, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-28-65	Darle Chenett	Theodore Allen	E370

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 29 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 2 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 9 1969

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3988
Local Reg. No. 15
Reg. Dist. No. 520-521

BIRTH NO.

RECEIVED OCT 4 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Caribou 150
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place): 1 hr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital 069

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 211
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Larry b. (Middle) Dean c. (Last) Shaffer

4. DATE OF DEATH (Month) (Day) (Year): Sept 25, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Dec 16, 1940

9. AGE (In years last birthday): 24
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laberor 06

10b. KIND OF BUSINESS OR INDUSTRY: Phosphate Industry 03

11. BIRTHPLACE (State or foreign country): Preston, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dean Shaffer
BIRTHPLACE: Preston, Idaho

14. MOTHER'S MAIDEN NAME: Delma Swainston
BIRTHPLACE: Whitney, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): National Guard 06

16. SOCIAL SECURITY NO.: 518-44-8916

17. INFORMANT'S OWN SIGNATURE: Dean Shaffer
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Basilar Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Fracture upper cervical vert. — 2 hours.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): On Railroad Track

21c. (CITY, TOWN, OR TOWNSHIP) 150 13 Dry Valley (COUNTY) Caribou (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9, 25, 1965 9:30 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Stepped in front of train engine

22. I hereby certify that I attended the deceased from Sept 25, 1965, to Sept 25, 1965, that I last saw the deceased alive on Sept 25, 1965, and that death occurred at 12:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE: Allen N. Tigert 534 (Degree or title): M.D.

23b. ADDRESS: Soda Springs, Idaho

23c. DATE SIGNED: 9-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept 28, 1965

24c. NAME OF CEMETERY OR CREMATORY: Preston Cemetery

24d. LOCATION (City, town, or county) (State): Preston, Idaho

DATE REC'D BY LOCAL REG.: 9-29-65

REGISTRAR'S SIGNATURE: Darle Cherrett

25. EMBALMER: O. Sherwin Webb

LICENSE NO.: 316

FIRM NAME: WEBB FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 2 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3989
Local Reg. No. 1463
Reg. Dist. No. 470

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 14 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 160
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bridge
c. LENGTH OF STAY (in this place): 40 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None- Home, Bridge 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 160
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bridge
d. STREET ADDRESS (If rural, give location): Bridge

3. NAME OF DECEASED (Type or Print)
a. (First): ANNIE
b. (Middle): POPPLETON
c. (Last): GUNNELL

4. DATE OF DEATH (Month) (Day) (Year): Sept. 5-1965

5. SEX: female
6. COLOR OR RACE: cauc
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: April 8-1888
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At Home 01
11. BIRTHPLACE (State or foreign country): Wellsville, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William S. Poppleton- BIRTHPLACE: Wellsville-UT.
14. MOTHER'S MAIDEN NAME: Emma Mitton BIRTHPLACE: Wellsville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: -
17. INFORMANT'S OWN SIGNATURE: W. J. Gunnell ADDRESS: Bridge, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 h

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteria Sclerosis — -
DUE TO (c) Diabetes Mellitus — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Bridge (COUNTY) Cassia (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960, 1964, *to* Sept 5, 1965, *that I last saw the deceased alive on* Sept 4, 1965, *and that death occurred at* 5:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hyla E. Dean 136 M.D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: Sept 9-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/9/65
24c. NAME OF CEMETERY OR CREMATORY: Wellsville Cem.
24d. LOCATION (City, town, or county) (State): Wellsville, Utah

DATE REC'D BY LOCAL REG.: Sept 13, 1965
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: W. Loyal Hall W. Loyal Hall LICENSE NO. E.268

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hall Mortuary-Logan

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3990
Local Reg. No. 1464
Reg. Dist. No. 470

REC SEP 14 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Cassia 161
b. CITY OR TOWN Burley
c. LENGTH OF STAY (in this place) 18 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Cassia Memorial hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 160
b. COUNTY Cassia
c. CITY OR TOWN Oakley
d. STREET ADDRESS City

3. NAME OF DECEASED (Type or Print)
a. (First) Minnie
b. (Middle) Elizabeth 070
c. (Last) Osborn

4. DATE OF DEATH (Month) Sept (Day) 8 (Year) 1965

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 2
8. DATE OF BIRTH Dec 4, 1881
9. AGE (In years last birthday) 83
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY 61
11. BIRTHPLACE (State or foreign country) Mt. View, California
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Arthur S. Thorne
BIRTHPLACE California
14. MOTHER'S MAIDEN NAME Minnie E. Rutherford
BIRTHPLACE Australia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no
(If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 518-30-1814
17. INFORMANT'S OWN SIGNATURE Minnie E. Osborn
ADDRESS Oakley, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolus — INTERVAL BETWEEN ONSET AND DEATH: 8-21-65

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 5 to 10yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-13-65, 19___, *to* 9-8-65, 19___, *that I last saw the deceased alive on* 9-8-65, 19___, *and that death occurred at* 10:55A *m., from the causes and on the date stated above.*

23a. SIGNATURE Eugene W. Holmes 239 (Degree or title) M.D.
23b. ADDRESS Burley, Idaho
23c. DATE SIGNED 9-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept 11, 1965
24c. NAME OF CEMETERY OR CREMATORY Oakley Cemetery
24d. LOCATION (City, town, or county) Oakley (State) Idaho

DATE REC'D BY LOCAL REG. Sept. 13 1965
REGISTRAR'S SIGNATURE Beth N. Pearson
25. EMBALMER George Farnell
LICENSE NO. E-480
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 15 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 16 2007

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3991
Local Reg. No. 1467
Reg. Dist. No. 470

Certificate of Death

RECEIVED
SEP 22 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 161
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 2126 Oakley Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Iva
b. (Middle): Irene
c. (Last): Batterton

4. DATE OF DEATH (Month) (Day) (Year): Sept 10 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Mar 26, 1912
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Almo Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Willard Richardson Weber, Utah — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Nancy Cahoon Dolph — BIRTHPLACE: Almo, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: John Batterton — ADDRESS: Burley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerotic Heart Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Intermittent Coming 10-20 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-9-46 *(Month)*, 19__, *to* 9-10-65, 19__, *that I last saw the deceased alive on* 5-19-65, 19__, *and that death occurred at* 6 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 526 (Degree or title) MD
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 9-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Sept 13, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley Idaho

DATE REC'D BY LOCAL REG.: Sept. 20, 1965
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: George Farmer — LICENSE NO. E-480
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 2 1 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 5 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3992
Local Reg. No. 1465
Reg. Dist. No. 470

Certificate of Death

RECEIVED
SEP 20 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 161
a. COUNTY: Cassia 3-08
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 160
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Verda
b. (Middle): Olive 070
c. (Last): Gill

4. DATE OF DEATH (Month) (Day) (Year): September 11, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Sept. 8, 1902
9. AGE (In years last birthday): 63 — If under 1 year: Months — Days 3 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Louisville, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Joseph Littlefield, BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Mary Lee, BIRTHPLACE: St. George, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: 519-40-6281
17. INFORMANT'S OWN SIGNATURE: Maxine Hunter Oakley, Ida. — ADDRESS

18. CAUSE OF DEATH 422.2
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Rt. Myo Cardial failure — INTERVAL BETWEEN ONSET AND DEATH: 2-3 yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Obstructive Pulmonary Disease — 10-15 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: C.A. left kidney c̄ metastasis to lungs — unknown.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1948, 19__, *to* Sept 11, 1965, *that I last saw the deceased alive on* Sept 10 1965, *and that death occurred at* 12:10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R P Sutton 514 (Degree or title): M D
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 9-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Sept. 14, 1965
24c. NAME OF CEMETERY OR CREMATORY: Oakley Cemetery
24d. LOCATION (City, town, or county) (State): Oakley, Idaho

DATE REC'D BY LOCAL REG.: Sept. 17 1965
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: Ormand F Burch
LICENSE NO.: E-471

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MC CULLOCH FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 24 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3993
Local Reg. No. 1468
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Cassia 16 SEP 2 7 1965
b. CITY OR TOWN Burley
c. LENGTH OF STAY (in this place) Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION Declo Hiway near Burley

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN Paul
d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print)
a. (First) Augustine
b. (Middle)
c. (Last) Ramirez

4. DATE OF DEATH (Month) Sept (Day) 12 (Year) 1965

5. SEX male
6. COLOR OR RACE Spanish
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 27. 1941
9. AGE (In years last birthday) 24 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Foreman
11. BIRTHPLACE (State or foreign country) Durango Mexico
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME German Ramirze BIRTHPLACE Mexico
14. MOTHER'S MAIDEN NAME Lupe Ramirze BIRTHPLACE Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Genevieve Ramirez ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) anopia — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac ~~tap~~ tamponade — minutes
DUE TO (c) Knife wound heart. — minutes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street
21c. (CITY, TOWN, OR TOWNSHIP) 16 13 Burley (COUNTY) Cassia (STATE) Idaho
21d. TIME OF INJURY (Month) Sept (Day) 12, (Year) 65 (Hour) 3 32 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Knifed by companion.

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Leslie L. Fillmore (Degree or title) M.D.
23b. ADDRESS Coroner Box 668 Burley Ida
23c. DATE SIGNED 9-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept 16, 1965
24c. NAME OF CEMETERY OR CREMATORY Paul Cemetery.
24d. LOCATION (City, town, or county) Paul (State) Idaho

DATE REC'D BY LOCAL REG. Sept. 23, 1965
REGISTRAR'S SIGNATURE Beth N. Pearson
25. EMBALMER George Forner
LICENSE NO. E-480
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3994
Local Reg. No. 1470
Reg. Dist. No. 470

RECEIVED OCT 7 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 16
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 112 East Main Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	Albert	Martindale	Sept. 21, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced 4	May 27, 1890	75	3	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	01	St. George, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Albert Martindale,	Utah	Elizabeth Jeane Wright,	Salt Lake City

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes / World I 3	332 518-14-1133	Blaine Martindale	1700 Buston Burley

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 16 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9-5, 1965, *to* 9-21, 1965, *that I last saw the deceased alive on* 9-21, 1965, *and that death occurred at* 11:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richer 383 MD	Burley Idaho	9/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Sept. 24, 1965	Declo Cemetery	Declo, Cassia Co., Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 5, 1965	Beth H. Pearson	Ormand Burch	E-471

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: MC CULLOCH FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 13 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3995
Local Reg. No. 1471
Reg. Dist. No. 470

RECEIVED OCT 7 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley, Idaho
LENGTH OF STAY (in this place): 5½ hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 340
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
d. STREET ADDRESS (If rural, give location): 19 Grove Street

3. NAME OF DECEASED (Type or Print)
a. (First): Alaister
b. (Middle): Donald 070
c. (Last): MacKenzie

4. DATE OF DEATH (Month) (Day) (Year): Sept. 24, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: August 3, 1896

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR — Months: 1 — Days: 21
IF UNDER 24 HRS. — Hours: — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming-Real Est. 87

11. BIRTHPLACE (State or foreign country): Paradise, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Alexander MacKenzie
BIRTHPLACE: Rosskin, Scotland

14. MOTHER'S MAIDEN NAME: Elizabeth Wybrow
BIRTHPLACE: Chatham, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): — — —

16. SOCIAL SECURITY NO.: 518-14-8880

17. INFORMANT'S OWN SIGNATURE: #14 Marie MacKenzie Grove St Paul
ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-24-65, 19___, *to* 9-24-65, 19___, *that I last saw the deceased alive on* 9-24, 19 65, *and that death occurred at* 4:15p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: 1341 Overland Ave. Burley, Idaho

23c. DATE SIGNED: 9-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Sept. 28, 1965

24c. NAME OF CEMETERY OR CREMATORY: Paul Cemetery

24d. LOCATION (City, town, or county) (State): Paul, Minidoka Co., Idaho

DATE REC'D BY LOCAL REG.: Oct. 5, 1965

REGISTRAR'S SIGNATURE: Beth N. Pearson

25. EMBALMER: Ormand J. Burch

LICENSE NO.: E-471

FIRM NAME: MC CULLOCH FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 29 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 3996
Local Reg. No. 1469
Reg. Dist. No. 470

RECEIVED OCT 1 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 160 3-14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 44 Texas 555
b. COUNTY: Cochoran
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Morton
d. STREET ADDRESS (If rural, give location): 201 N.E. 5th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Israel
b. (Middle): Ybarra
c. (Last): Cervantez

4. DATE OF DEATH (Month) (Day) (Year): Sept. 27, 1965

5. SEX: male
6. COLOR OR RACE: mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Feb. 24, 1907
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 02
11. BIRTHPLACE (State or foreign country): Mexico
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jose Cervantez — BIRTHPLACE: Mexico
14. MOTHER'S MAIDEN NAME: Micaela Ybara — BIRTHPLACE: Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 459-09-5595
17. INFORMANT'S OWN SIGNATURE: Mrs. Paul Garcia — ADDRESS: Oakley, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

782.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): anoxia — INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): myocardial failure
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Investigated the death of *19 to 19, that I last saw the deceased alive on _____, 19___, and that death occurred at* about 3 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leslie L Fillmore M.D. 165
23b. ADDRESS: Box 668 Burley Ida
23c. DATE SIGNED: 9-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 9/28/65
24c. NAME OF CEMETERY OR CREMATORY: Morton Cemetery
24d. LOCATION (City, town, or county) (State): Morton, Texas

DATE REC'D BY LOCAL REG.: Sept. 28, 1965
REGISTRAR'S SIGNATURE: Beth N. Pearson
25. EMBALMER: [signature]
LICENSE NO.: E-389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: OCT 4 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 7 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3997
Local Reg. No. 1472
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 160
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley - rural
c. LENGTH OF STAY (in this place): 50 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 625 East 600 South 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 160
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley - rural
d. STREET ADDRESS (If rural, give location): 625 East, 600 South

3. NAME OF DECEASED (Type or Print)
a. (First): Anthon
b. (Middle): F
c. (Last): Andreasen

4. DATE OF DEATH (Month) (Day) (Year): Sept. 29, 1965

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 20, 1876
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months 4, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Copenhagan, Denmark
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Jens Peter Andreasen, BIRTHPLACE: Bornholm, Denmark
14. MOTHER'S MAIDEN NAME: Katherine Mouritsen, BIRTHPLACE: Aarhus, Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Mrs A. F. Andreasen — ADDRESS: R#1 Burley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Arteriosclerosis — —
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Unsuccessful Fracture of left hip 3 yr

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cassia Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fell off steps at home

22. *I hereby certify that I attended the deceased from* _____, 1965, *to* Sept 29, 1965, *that I last saw the deceased alive on* Sept 28, 1965, *and that death occurred at* 2:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hugh E. Dean 136 M.D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: Oct 1-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct. 1, 1965
24c. NAME OF CEMETERY OR CREMATORY: View Cemetery
24d. LOCATION (City, town, or county) (State): Burley, Cassia Co., Idaho

DATE REC'D BY LOCAL REG.: Oct. 5, 1965
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: Ormond F. Burch
LICENSE NO.: E-471

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MC CULLOCH FUNERAL HOME

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 14 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 3998
Local Reg. No. 71
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 1 yr. 1 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North 074

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1138 - 3rd Street

3. NAME OF DECEASED (Type or Print)
a. (First): YUSTENA
b. (Middle): YOUNGMAN
c. (Last): SCHIERMAN

4. DATE OF DEATH (Month) 9 (Day) 8 (Year) 65

5. SEX: female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 5-9-1896
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Phillip Youngman — BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: Anna Marie Halstein — BIRTHPLACE: Russia
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Myrick W. Pullen, Jr. — ADDRESS: Orofino,

18. CAUSE OF DEATH 420.1

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis, generalized — 5 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Fracture, right hip — 34 days

19a. DATE OF OPERATION: 8-12-65
19b. MAJOR FINDINGS OF OPERATION: Fracture right hip
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 01
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home (foster care) 13
21c. (CITY, TOWN, OR TOWNSHIP): Orofino 180 (COUNTY): Clearwater (STATE): Idaho
21d. TIME OF INJURY (Month) 8 (Day) 5 (Year) 65 (Hour) 9:30 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Lost balance, fell

22. *I hereby certify that I attended the deceased from* Nov. 4, 1960, *to* Sept. 8, 1965, *that I last saw the deceased alive on* Sept. 8, 1965, *and that death occurred at* 9:50p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Myrick W. Pullen, Jr. 595 (Degree or title): M.D., Supt.
23b. ADDRESS: Box 672, Orofino, Idaho
23c. DATE SIGNED: 9-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: 9-9-65
24c. NAME OF CEMETERY OR CREMATORY: English F. H.
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: Sept. 9, 1965
REGISTRAR'S SIGNATURE: Ruth Zeller
25. FUNERAL DIRECTOR: Lyle A. Strottmann — ADDRESS: Orofino

Federal Security Agency
United States Public Health Service

Form DRH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Lyle A. Strottmann Lic. No. 476 at Orofino on 9-9-65

ADDITIONAL REMARKS by Physician.....

State File No. 3999
Local Reg. No. 72
Reg. Dist. No. 210

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 23 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater 180 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer
c. LENGTH OF STAY (in this place): 41 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arcadian Nursing Home 075

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 180
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elk River
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ELMER
b. (Middle):
c. (Last): FREDERICK

4. DATE OF DEATH (Month) (Day) (Year): Sept. 10 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Feb. 26, 1886
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad worker 70
10b. KIND OF BUSINESS OR INDUSTRY: Milwaukee RR 10
11. BIRTHPLACE (State or foreign country): Douglas County, Minn.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: F. J. Frederick — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Ida E. Blanchard — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 710-07-1465
17. INFORMANT'S OWN SIGNATURE: X Wilma Pomponio — ADDRESS: Elk River, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

600.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Severe pyelonephritis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: c. 1 mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1965, *to* Sept, 1965, *that I last saw the deceased alive on* 9-8, 1965, *and that death occurred at* 12 10/0 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A Beghtol 038 — **23b. ADDRESS**: Orofino, Ida — **23c. DATE SIGNED**: 9-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9-12-1965
24c. NAME OF CEMETERY OR CREMATORY: Elk River
24d. LOCATION (City, town, or county) (State): Elk River Idaho

DATE REC'D BY LOCAL REG.: Sept. 16, 1965
REGISTRAR'S SIGNATURE: Ruth Zeller
25. EMBALMER: Lyle A. Strottmann — **LICENSE NO.**: 476

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECF

Certificate of Death

STATE OF IDAHO

State File No. 4000
Local Reg. No. 73
Reg. Dist. No. 210

BIRTH NO.

SEP 23 1965

Bureau of Vital Statistics

1. PLACE OF DEATH 180 3-01
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Clearwater Valley Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 180
b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weippe
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	EARL	DEWEY 073	BENNETT	Sept. 12, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 3	Nov. 25, 1902	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
fire warden 32	CTPA OD	Weippe, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Walter Bennett	West Virginia	Susan Stubler	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-03-5872	X Willetta P. Bennett	Weippe

18. CAUSE OF DEATH 1777

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CA prostate c extensive metastasis — INTERVAL BETWEEN ONSET AND DEATH: over 1yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9-11-65, 19___, *to* 9-12-65, 19___, *that I last saw the deceased alive on* 9-12-65, 19___, *and that death occurred at* 11 12 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W Beckstead MD	Orofino, Idaho	9-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	9-16-1965	Weippe	Weippe Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 16, 1965	Ruth Zeller	Lyle C. Gilbertson	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-69021

DUTIES:

SEP 29 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 14 1998

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4001
Local Reg. No. 74
Reg. Dist. No. 210

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

SEP 28 1965
Bureau of Vital Statistics

1. PLACE OF DEATH 180
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): [illegible] yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North 595

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 291
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): GRACE
b. (Middle):
c. (Last): MOSHURE

4. DATE OF DEATH (Month) 9 (Day) 14 (Year) 65

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: 2-20-89
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Montana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edward Moshure — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Janet Dick — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Barbara Bray — ADDRESS: Records, SHN, Orofino, Idaho

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease — 1 year
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes, mild — 3 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 11, 1960, *to* Sept. 14, 1965, *that I last saw the deceased alive on* Sept. 14, 1965, *and that death occurred at* 10:22pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Myrick W. Pulley Jr 595 M. D.
23b. ADDRESS: Box 672, Orofino, Idaho
23c. DATE SIGNED: 9-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 1
24b. DATE: 9-20-1965
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county): Orofino (State): Idaho

DATE REC'D BY LOCAL REG.: Sept. 21, 1965
REGISTRAR'S SIGNATURE: Ruth Zeller
25. FUNERAL DIRECTOR: Lyl A. Strottmann — ADDRESS: Orofino, Idaho
GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Lyle A. Strottmann Lic. No. 476 at Orofino on 9-14-65

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4002
Local Reg. No. 75
Reg. Dist. No. 210

RECEIVED SEP 28 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Clearwater 180 3-02 — b. CITY OR TOWN: Orofino — c. LENGTH OF STAY (in this place): 2 days — d. FULL NAME OF HOSPITAL OR INSTITUTION: Clearwater Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho — b. COUNTY: Clearwater 180 — c. CITY OR TOWN: Weippe — d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOYCE	MAY 873	SNYDER	Sept.	17	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	married 3	Dec. 9, 1933	31		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	home 01	Tenstrike Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Roy D. Cluff	Minnesota	Anne May Shockley	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	+Walter Dean Snyder	Weippe, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia Acute — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coma

DUE TO (c) Diabetes mellitus

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 15, 1965, *to* Sept 17, 1965, *that I last saw the deceased alive on* Sept 17, 1965, *and that death occurred at* 1:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] 340 MD	Orofino, Idaho	20 Sep 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	9-21-1965	L-C Memorial Gardens	Lewiston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 21, 1965	Ruth Zeller	[illegible]	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-69021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: OCT 15 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4003
Local Reg. No. 77
Reg. Dist. No. 210

BIRTH NO.

RECEIVED OCT 4 1965

1-01

1. PLACE OF DEATH
a. COUNTY 180 Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Greer Bureau
c. LENGTH OF STAY (in this place) 13 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Arcadian Nursing Home 075

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 180
b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	FRED	W.	KNUTSON	Sept. 27 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	married 3	Oct, 6, 1880	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
plumber-steamfitter	plumbing 00	Belle Fourche, S. D.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph J. Knutson 56	Norway	Martha Anderson	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-03-2662	X Lowell W. Knutson	Alaska

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ASHD 420.8 — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan, 1964, *to* Sept, 1965, *that I last saw the deceased alive on* 9-10 1965, *and that death occurred at* 12:15 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Beshlar 2nd	Orofino Idaho	9-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	9-29-1965	L-C Memorial Gardens	Lewiston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 28, 1965	Verle Zeller	Fred A. Stegmann	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL, INC.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 5 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 4004
Local Reg. No. 17
Reg. Dist. No. 680

BIRTH NO.

SEP 30 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 190 Custer 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Leslie
c. LENGTH OF STAY (in this place) 2 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 16 miles N. of Leslie 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 120
b. COUNTY Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Darlington
d. STREET ADDRESS (If rural, give location) 3½ miles N. E. of Darlington

3. NAME OF DECEASED (Type or Print)
a. (First) Stella
b. (Middle) Anna Evans
c. (Last) Hall

4. DATE OF DEATH (Month) (Day) (Year) August 20, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH March 15, 1885
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nursing 15
10b. KIND OF BUSINESS OR INDUSTRY Nursing 02
11. BIRTHPLACE (State or foreign country) Sidney, Iowa
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME William Alfred Gray — BIRTHPLACE Marrysville, Mo.
14. MOTHER'S MAIDEN NAME Sarah Ann Steele — BIRTHPLACE Iowa Council Bluffs,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-42-2605
17. INFORMANT'S OWN SIGNATURE Milford Evans — ADDRESS Darlington, Ida.

18. CAUSE OF DEATH 433.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) incidental to old age.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* As Coroner only-Did not see alive *, 19__, to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at* 5:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Arthur A. Wright 583 Justice of the Peace (acting coroner) 4
23b. ADDRESS Mackay, Idaho
23c. DATE SIGNED 9-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-23-65
24c. NAME OF CEMETERY OR CREMATORY Pioneer Cemetery
24d. LOCATION (City, town, or county) (State) Moore, Idaho

DATE REC'D BY LOCAL REG. Sept 29 1965
REGISTRAR'S SIGNATURE Mrs Pauline J. Mulder
25. EMBALMER C. W. Marvel
LICENSE NO. E-457

Federal Security Agency
United States Public Health Service

Bn-63021

FIRM NAME: Marvel Memorial Chapel
Arco, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: OCT 1 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 16 1965

State File No. 4005
Local Reg. No. 48
Reg. Dist. No. 680

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: 190 Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay
c. LENGTH OF STAY (in this place): 11 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 190
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay
d. STREET ADDRESS (If rural, give location): Box 332

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
George	Sylvester	Berntsen	Sept. 8, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	June 6, 1909	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Furnace installer 67	Sheet Metal 02	Logan, Utah	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ole Christian Berntsen	Norway	Marie Hansen	Oslo, Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-10-3858	Luella B. Berntsen	Mackay, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis - Cerebral — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Gunshot wound of head — 4 yrs ago

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 1960, *to* 9-1, 1965, *that I last saw the deceased alive on* 9-9, 1965, *and that death occurred at* 11:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
031 R. Rauer M.D.	Arco, Ida	9-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-Burial	9-13-65	Logan Cemetery	Logan, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-15-65	Mrs Pauline J. Mueller	C. O. Marvel	E-457

Federal Security Agency
United States Public Health Service

Form UH-63021

FIRM NAME: Marvel Memorial Chapel

DUTIES: SEP 27 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4006
Local Reg. No. 53
Reg. Dist. No. 380 391

BIRTH NO. RECEIVED STATE OF IDAHO

SEP 15 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elmore Memorial Hospital 080

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 200
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Mountain Home
d. STREET ADDRESS (If rural, give location): 915 South 5th West

3. NAME OF DECEASED (Type or Print): a. (First) MRS. b. (Middle) IRME c. (Last) JEAN RICKS

4. DATE OF DEATH (Month) (Day) (Year): August 30, 1965

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2

8. DATE OF BIRTH: April 29, 1922

9. AGE (In years last birthday): 43
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: own home 01

11. BIRTHPLACE (State or foreign country): Cowdrey, Colorado

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: W. B. Holden
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Irme Brands
BIRTHPLACE: Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 520-24-2480

17. INFORMANT'S OWN SIGNATURE: Floyd O Ricks Sr
ADDRESS: Mtn. Home, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 260X Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mel. Acidosis — 3 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 29, 1965, *to* Aug 30, 1965, *that I last saw the deceased alive on* Aug 30, 1965, *and that death occurred at* 10:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Floyd O Ricks MD 145 (Degree or title)

23b. ADDRESS: 890 N 6 E Mountain Home

23c. DATE SIGNED: 9/3/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/3/65

24c. NAME OF CEMETERY OR CREMATORY: Mtn. View Cemetery

24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: Sept 9 1965

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR: Arthur Smith
ADDRESS: Mtn. Home, Idaho
Bey Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. APR 13 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

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Certificate of Death

State File No. 4007
Local Reg. No. 54
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED
Bureau of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Elmore 200 — SEP 15 1965 — 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Elmore Memorial Hospital 080

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 200
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
d. STREET ADDRESS (If rural, give location) 1295 East 3rd North

3. NAME OF DECEASED (Type or Print) a. (First) MRS. b. (Middle) VERNA c. (Last) EUNICE CAMPBELL HOLGATE

4. DATE OF DEATH (Month) (Day) (Year) September 3, 1965

5. SEX Female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 2

8. DATE OF BIRTH Oct. 10, 1917

9. AGE (In years last birthday) 47 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY own home 01

11. BIRTHPLACE (State or foreign country) Buhl, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME R. E. Campbell — BIRTHPLACE Illinois

14. MOTHER'S MAIDEN NAME Mrytle A. Winters — BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 544-14-2702

17. INFORMANT'S OWN SIGNATURE R. E. Holgate — ADDRESS Mt. Home

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac Arrest. — INTERVAL BETWEEN ONSET AND DEATH Seconds -

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pneumonia - — 10 Days -

DUE TO (c) Multiple Sclerosis — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

345X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 22, 1964, *to* Sept 3, 1965, *that I last saw the deceased alive on* Sept 1, 1965, *and that death occurred at* 12:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Joseph C. Powers (Degree or title) M.D. — **23b. ADDRESS** 890 N 6th E Mountain Home Ida — **23c. DATE SIGNED** 9/7/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial — **24b. DATE** 9/7/65 — **24c. NAME OF CEMETERY OR CREMATORY** Mountain View Cemetery — **24d. LOCATION** (City, town, or county) (State) Mountain Home, Idaho

DATE REC'D BY LOCAL REG. Sept 9 1965 — REGISTRAR'S SIGNATURE — **25. FUNERAL DIRECTOR** — ADDRESS Mtn. Home, Idaho — Bey Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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State File No. 4008
Local Reg. No. 55
Reg. Dist. No. 380 391

Certificate of Death

STATE OF IDAHO

RECEIVED
SEP 30 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mtn. Home
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elmore Memorial Hospital 660

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 200
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): 570 N 8 E

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): H.
c. (Last): WILSON

4. DATE OF DEATH (Month) (Day) (Year): Sept. 18, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 1, 1879
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber 44
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Holton, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eli H. Wilson — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Mary Alice Hart — BIRTHPLACE: West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-38-4537
17. INFORMANT'S OWN SIGNATURE: T. Anderson — ADDRESS: Mt. Home

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Uremia Basis — INTERVAL BETWEEN ONSET AND DEATH: hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis — year
DUE TO (c): Chronic

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes Mel. 2, Atherosclerotic Heart Disease — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1950, *to* Sept 18, 1965, *that I last saw the deceased alive on* Sept 18, 1965 *and that death occurred at* 10:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Malone Koelsch 389 Mtn. (Degree or title)
23b. ADDRESS: Mountain Home Idaho
23c. DATE SIGNED: Sept 20, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 23, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county): Mtn. Home (State): Idaho

DATE REC'D BY LOCAL REG.: Sept 22 1965
REGISTRAR'S SIGNATURE: T. Anderson
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: Mt. Home
Smith Mortuary

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

SEP 22 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4009
Local Reg. No. 56
Reg. Dist. No. 380 391

RECEIVED
SEP 30 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Atlanta
LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Construction site near Atlanta

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2222 S. Owyhee

3. NAME OF DECEASED (Type or Print)
a. (First): Lloyd
b. (Middle): W.
c. (Last): Webster

4. DATE OF DEATH: Sept. 22, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 11, 1913

9. AGE (In years last birthday): 51
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction-Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Douglas County, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Walter Webster
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Viola Sisco
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 447-03-5809

17. INFORMANT'S OWN SIGNATURE: Donald E Granberg
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Arteriosclerotic heart disease — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see alive, investigation only *I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Arthur Smith, Coroner

23b. ADDRESS: Mountain Home, Idaho

23c. DATE SIGNED: 9/24/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-27-65

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: Sept 28 1965

REGISTRAR'S SIGNATURE: C Anderson

25. EMBALMER: G. W. Waters

LICENSE NO.: E-461

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: OCT 4 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

65-5794 BIRTH NO.

RECEIVED SEP 30 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4010
Local Reg. No. 57
Reg. Dist. No. 380 391

1. PLACE OF DEATH
a. COUNTY: Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home | LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Elmore Memorial Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 13 Idaho b. COUNTY: 200 Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): 1015 East 9th South

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT b. (Middle) RIOLA c. (Last)

4. DATE OF DEATH: (Month) (Day) (Year): September 23, 1965

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: May 25, 1965
9. AGE (In years last birthday) | IF UNDER 1 YEAR Months: 4 Days | IF UNDER 24 HRS. Hours Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Mountain Home AFB, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Michael R. Riola Jr. BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Judith White BIRTHPLACE: New Hampshire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Michael R. Riola Jr. ADDRESS: Mtn. Home Idaho 1015 E. 9th S. St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 491X Broncho-Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see alive - investigation only, 19__, *to* 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* __ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Arthur Smith 583 (Degree or title): Coroner 4
23b. ADDRESS: Mountain Home, Idaho
23c. DATE SIGNED: 9/24/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/23/65
24c. NAME OF CEMETERY OR CREMATORY: Bridgeport, Connecticut
24d. LOCATION (City, town, or county) (State): Bridgeport, Connecticut

DATE REC'D BY LOCAL REG.: Sept 28 1965
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Arthur Smith ADDRESS: Bey Mortuary Mtn. Home, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

DUTIES:

OCT 6 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 0 5 2000

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4011
Local Reg. No. 58
Reg. Dist. No. 380-391

BIRTH NO.

RECEIVED 200 OCT 18 1965 1000 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Elmore emorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 200
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Mountain Home
d. STREET ADDRESS (If rural, give location): North of Mountain Home

3. NAME OF DECEASED (Type or Print): a. (First) WALTER b. (Middle) ROSCOE 500 c. (Last) KUNNECKE

4. DATE OF DEATH: (Month) (Day) (Year): Sept. 27, 1965

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: Sept. 20, 1899

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Silesman 19

10b. KIND OF BUSINESS OR INDUSTRY: Car & Trailer 12

11. BIRTHPLACE (State or foreign country): Mountain Home, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: August Kunnecke
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Bertha Marie Schramm
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-22-4032

17. INFORMANT'S OWN SIGNATURE: Helen E. Kunnecke
ADDRESS: Boise, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c): ASHD

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see alive, investigation only, 19__, to 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Arthur Smith (Degree or title): Coroner 4

23b. ADDRESS: Mountain Home, Idaho

23c. DATE SIGNED: 9/28/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/30/65

24c. NAME OF CEMETERY OR CREMATORY: Mtn. View Cemetery

24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: Oct 8 1965

REGISTRAR'S SIGNATURE: C. Jackson

25. FUNERAL DIRECTOR: Arthur Smith
ADDRESS: Bey Mortuary Mtn. Home, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

Certificate of Death

STATE OF IDAHO

State File No. 4012
Local Reg. No. 6
Reg. Dist. No. 345

BIRTH NO.

SEP 27 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Franklin 211
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Whitney
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home in Whitney 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 210
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Whitney Rural
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): Allabell
b. (Middle): Weaver
c. (Last): Hull

4. DATE OF DEATH: (Month) Aug (Day) 29, (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Aug 1, 1886

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01

11. BIRTHPLACE (State or foreign country): Millville, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Gilbert Weaver
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Mary Ann Gambles
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Roland S. Hull
ADDRESS: Preston Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-24, 1965, *to* 8-24, 1965, *that I last saw the deceased alive on* 8-24, 1965, *and that death occurred at* 6 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. R. Cutler (Degree or title): MD

23b. ADDRESS: Preston Idaho

23c. DATE SIGNED: 8-31-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept 1, 1965

24c. NAME OF CEMETERY OR CREMATORY: Whitney Cemetery

24d. LOCATION (City, town, or county) (State): Whitney, Idaho

DATE REC'D BY LOCAL REG.: 9-1-65

REGISTRAR'S SIGNATURE: Eggie W. Brower

25. EMBALMER: O. Sherwin Webb

LICENSE NO.: 316

FIRM NAME: WEBB FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 16 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

OK Butler

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4013
Local Reg. No. 7
Reg. Dist. No. 5-40

BIRTH NO.

SEP 27 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Franklin 21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 100
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Preston General Hospital 081

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 215
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Whitney
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) Julius; b. (Middle); c. (Last) Cabutti

4. DATE OF DEATH: (Month) Sept (Day) 5, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: Aug 2, 1892

9. AGE (In years last birthday): 73 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): Genoa, Italy

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Natali Cabutti — BIRTHPLACE: Italy

14. MOTHER'S MAIDEN NAME: Christina — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-09-2598

17. INFORMANT'S OWN SIGNATURE: Michael Julius Cabutti — ADDRESS: Whitney Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 434.4 Acute Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Cardiac Myopathy — 1 month

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 3d, 1965, *to* Sept 5, 1965, *that I last saw the deceased alive on* Sept 5, 1965, *and that death occurred at* 1 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. K. Butler (Degree or title): MD — **23b. ADDRESS**: Preston Idaho — **23c. DATE SIGNED**: 9-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept 8, 1965

24c. NAME OF CEMETERY OR CREMATORY: Whitney Cemetery

24d. LOCATION (City, town, or county) (State): Whitney, Idaho

DATE REC'D BY LOCAL REG.: 9-8-1965

REGISTRAR'S SIGNATURE: Eyre W. Brower

25. EMBALMER: Douglas S. Webb — **LICENSE NO.**: 488

FIRM NAME: Webb Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 12 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 27 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4014
Local Reg. No. 8
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin 21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 67 W 2nd S

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 24
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 67 W 2nd S

3. NAME OF DECEASED (Type or Print)
a. (First): Dennis
b. (Middle): Deon
c. (Last): Porter

4. DATE OF DEATH: (Month) Sept. (Day) 16 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: July 11, 1951

9. AGE (In years last birthday): 14
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child 77 0

10b. KIND OF BUSINESS OR INDUSTRY: 02

11. BIRTHPLACE (State or foreign country): Preston, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Tharol G. Porter
BIRTHPLACE: Mapleton, Idaho

14. MOTHER'S MAIDEN NAME: Mae Gregory
BIRTHPLACE: Mapleton, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: x Tharol G. Porter
ADDRESS: Preston Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1969

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Osteogenic Sarcoma — INTERVAL BETWEEN ONSET AND DEATH: 11 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1965, *to* Sept, 1965, *that I last saw the deceased alive on* 9/1, 1965, *and that death occurred at* 5 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leo R. Hawkes M.D. 214

23b. ADDRESS: Preston, Idaho

23c. DATE SIGNED: 9/17/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 20, 1965

24c. NAME OF CEMETERY OR CREMATORY: Preston

24d. LOCATION (City, town, or county) (State): Preston Idaho

DATE REC'D BY LOCAL REG.: 9-20-65

REGISTRAR'S SIGNATURE: Eggie W. Brower

25. EMBALMER: Douglas S. Webb
LICENSE NO.: 488

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Webb Funeral Home

DUTIES: APR 2 1981

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4015
Local Reg. No. 36
Reg. Dist. No. 657

BIRTH NO. RECEIVED

1. PLACE OF DEATH
a. COUNTY Fremont 220 — OCT 1 1965 — 6300
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton — Bureau of Vital Statistics
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ashton Memorial Hospital 083

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 130
b. COUNTY Camas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kilgore
d. STREET ADDRESS (If rural, give location) none given

3. NAME OF DECEASED (Type or Print)
a. (First) ROSCOE
b. (Middle) FRED
c. (Last) GREEN

4. DATE OF DEATH (Month) July (Day) 22 (Year) 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 4

8. DATE OF BIRTH 21 Jan. 1896

9. AGE (In years last birthday) 69
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheepherder 06

10b. KIND OF BUSINESS OR INDUSTRY Sheep 05

11. BIRTHPLACE (State or foreign country) Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Fred Green — BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Josephine Sullivan — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 540-36-7972

17. INFORMANT'S OWN SIGNATURE Family Records Robert Bean — ADDRESS Ashton, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2 Cerebral Hemorrhages — INTERVAL BETWEEN ONSET AND DEATH 5 wks 6 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 15 June, 1965, *to* 22 July, 1965, *that I last saw the deceased alive on* 22 July, 1965, *and that death occurred at* 7:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE 352 W. A. Melcher, M.D. (Degree or title)

23b. ADDRESS Ashton, Idaho

23c. DATE SIGNED 20 Aug. '65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY Rose City Cemetery

24d. LOCATION (City, town, or county) Portland, Multnomah, Oregon (State)

DATE REC'D BY LOCAL REG. 21 Sept 65

REGISTRAR'S SIGNATURE M. L. Hansen

25. EMBALMER Robert A. Bean — LICENSE NO. E-456

FIRM NAME: Bean Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4016
Local Reg. No. 37
Reg. Dist. No. 651

BIRTH NO.

RECEIVED
OCT 1 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendent. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Fremont 220
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marysville
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): His residence 650

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 220
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marysville
d. STREET ADDRESS (If rural, give location): none given

3. NAME OF DECEASED (Type or Print): a. (First) MACK b. (Middle) L. c. (Last) CORNETT

4. DATE OF DEATH: (Month) August (Day) 6 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: 17 Dec. 1887

9. AGE (In years last birthday): 77 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): Elk Creek, Virginia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lemual Cornett — BIRTHPLACE: Virginia

14. MOTHER'S MAIDEN NAME: Ella Southerland — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 520-03-6318

17. INFORMANT'S OWN SIGNATURE: John A Forsythe — ADDRESS: Portland, Oreg

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 Aug, 1965, *to* 6 Aug, 1965, *that I last saw the deceased alive on* 6 Aug, 1965, *and that death occurred at* 7:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. A. Melchin, M.D. 352 — **23b. ADDRESS**: Ashton, Idaho — **23c. DATE SIGNED**: 10 Aug. 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 9 August 1965 — **24c. NAME OF CEMETERY OR CREMATORY**: Pinview Cemetery — **24d. LOCATION** (City, town, or county) (State): Ashton, Fremont Co., Idaho

DATE REC'D BY LOCAL REG.: 21 Sept 65 — REGISTRAR'S SIGNATURE: M. L. Hansen — **25. EMBALMER**: Robert C. Bean — LICENSE NO.: E-456

FIRM NAME: Bean Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

OCT 1 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 17 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4017
Local Reg. No. 34
Reg. Dist. No. 650

RECEIVED SEP 13 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: FREMONT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 39 West Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: FREMONT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location): 39 West Main

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LESLIE	M.	GEORGE	SEPT., 1, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Never Married	21 August 1894	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Paint Operator and Dispatcher	UP&L Co.	Rexburg (Independence) Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas P. George	North Ogden, Utah	Margaret McMillan	South Cottonwood, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	518-07-0188	Ray M. George	Rexburg, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* [illegible], 19[illegible], *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* [illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible]	[illegible]	Box 123 St Anthony	9-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6 Sept 65	Rexburg Cemetery	Rexburg, Madison, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8 Sept 65	M. L. Hansen	M. L. Hansen	E-354

FIRM NAME: Hansen Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 14 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 29 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4018
Local Reg. No. 35
Reg. Dist. No. 651

BIRTH NO.

RECEIVED SEP 20 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 220 Fremont 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) Ashton
LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ashton Memorial Hospital 083

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 220
b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton
d. STREET ADDRESS (If rural, give location) none given

3. NAME OF DECEASED (Type or Print)
a. (First) James
b. (Middle) Albert
c. (Last) Whitmore

4. DATE OF DEATH (Month) (Day) (Year) September 4, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH July 31, 1909
9. AGE (In years last birthday) 56
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Farming 01
11. BIRTHPLACE (State or foreign country) Farnum, Fremont Co., Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Whitmore
BIRTHPLACE Virginia
14. MOTHER'S MAIDEN NAME Viola Simpson
BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-22-0882
17. INFORMANT'S OWN SIGNATURE × Reva W Whitmore
ADDRESS Ashton, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart disease — INTERVAL BETWEEN ONSET AND DEATH 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hyperthyroidism — 2 yrs

434.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1965, *to* Sept 4, 1965, *that I last saw the deceased alive on* Sept 4, 1965, *and that death occurred at* 11:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE 398 (Degree or title)
23b. ADDRESS Ashton Idaho
23c. DATE SIGNED 9-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 8, 1965
24c. NAME OF CEMETERY OR CREMATORY Pine View Cemetery
24d. LOCATION (City, town, or county) (State) Ashton, Fremont Co., Idaho

DATE REC'D BY LOCAL REG. 16 Aug 65
REGISTRAR'S SIGNATURE
25. EMBALMER Robert Q. Bean
LICENSE NO. E-456

FIRM NAME: Robert Bean Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 10 19[illegible]

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4019
Local Reg. No. 38
Reg. Dist. No. 651

BIRTH NO.

RECEIVED OCT 1 1965

1. PLACE OF DEATH
a. COUNTY: Fremont 220
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hosp 083

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 260
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Menan
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print): a. (First) LEON b. (Middle) RULON c. (Last) GREEN

4. DATE OF DEATH: (Month) Sept. (Day) 21, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Dec. 4, 1904

9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming 01

11. BIRTHPLACE (State or foreign country): Menan, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Oscar William Green — BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Christena Jane Poole. — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.: 518-46-0051

17. INFORMANT'S OWN SIGNATURE: Lula M. Green — ADDRESS: Menan, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

541.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bleeding duodenal ulcer — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Chronic glomerulo-nephritis 1 yr

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 20, 1965, *to* Sept 21, 1965, *that I last saw the deceased alive on* Sept 21, 1965, *and that death occurred at* 9:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE: 298 — (Degree or title): M.D. — **23b. ADDRESS**: Ashton, Idaho — **23c. DATE SIGNED**: 9-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 24 SEP 65 — **24c. NAME OF CEMETERY OR CREMATORY**: Little Butte — **24d. LOCATION** (City, town, or county) (State): Annis, Jefferson, Idaho

DATE REC'D BY LOCAL REG.: 9-24-65 — REGISTRAR'S SIGNATURE: M. L. Hansen

25. FUNERAL DIRECTOR: C. B. Beckwith — ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

OCT 6 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 23 1979

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of A. B. Eckersell Lic. No. E236 at Rigby on 9-21-65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 20 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4020
Local Reg. No. 13
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 231 — 2-103
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett — LENGTH OF STAY (in this place): 3days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 236 — b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Route 2 Box 275

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
James	Wilson	Burlile	Sept. 1, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 2	Feb. 22, 1881	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer 04	farm 01	Chillicothe, Ohio	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jerimiah Burlile	Ohio	Sarah Barnhart	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			X Ina Russell	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cond. & Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebrovascular accident — 3 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan, 1965, *to* Sept 1, 1965, *that I last saw the deceased alive on* Sept 1, 1965, *and that death occurred at* 8:10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
429 Ronald P. Rawlinson MD	Emmett Idaho	9/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Sept 4, 1965	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 8, 1965	Jean C Beaty	Glenn W Beatty	E392

FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES: NOV 3 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED

State File No. 4021
Local Reg. No. 14
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gem 23 SEP 20 1965 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 080 b. COUNTY Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Horseshoe Bend
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Marvin c. (Last) Newport
4. DATE OF DEATH (Month) (Day) (Year) Sept. 2, 1965
5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH Nov. 29, 1897
9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months 9 Days 3 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer 04
10b. KIND OF BUSINESS OR INDUSTRY farm 01
11. BIRTHPLACE (State or foreign country) Caldwell, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John B. Newport BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Eldora Stockton BIRTHPLACE Missouri
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 563-14-9555A
17. INFORMANT'S OWN SIGNATURE X Mabel D. Newport ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastro-intestinal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of head of pancreas — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-12 *19* 65, *to* 9-2, *19* 65, *that I last saw the deceased alive on* 9-2, *19* 65, *and that death occurred at* 5:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Hannon E. Halverson M.D
23b. ADDRESS Emmett, Idaho
23c. DATE SIGNED 9-4-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 7, 1965
24c. NAME OF CEMETERY OR CREMATORY Emmett
24d. LOCATION (City, town, or county) Emmett, Idaho (State)

DATE REC'D BY LOCAL REG. Sept 4, 1965
REGISTRAR'S SIGNATURE Jean A Beatty
25. EMBALMER Glenn W Beatty LICENSE NO. E-392
FIRM NAME: THE BEATTY CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: OCT 7 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 03 1997

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4022
Local Reg. No. 13
Reg. Dist. No. 340-341

Certificate of Death

STATE OF IDAHO

RECEIVED
OCT 1 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 231 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 7wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 230
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Mounted Route

3. NAME OF DECEASED (Type or Print)
a. (First): Edith
b. (Middle): Louise
c. (Last): Baisch

4. DATE OF DEATH (Month) (Day) (Year): September 9, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: June 18, 1901
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: home 01
11. BIRTHPLACE (State or foreign country): Grant County, Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Amos Helmick — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Jenny Uptgrove — BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 44 8140
17. INFORMANT'S OWN SIGNATURE: X William Baisch — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

175.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of the ovary — Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-19-65 *19___, to* 9-9-65 *, 19___, that I last saw the deceased alive on* 9-9-65 *, 19___, and that death occurred at* 5:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE 241 (Degree or title): Harmon E. Holverson M.D.
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: 9-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Sept. 14, 1965
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Sept 20, 1965
REGISTRAR'S SIGNATURE: Jean A Beatty
25. EMBALMER: Glenn W Beatty
LICENSE NO.: E392
FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 3 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4023
Local Reg. No. 16
Reg. Dist. No. 340-341

RECEIVED OCT 1 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
c. LENGTH OF STAY (in this place) 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 230
b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location) Mounted Route

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Walter Knox Memorial Hosp.

3. NAME OF DECEASED (Type or Print)
a. (First) Clara
b. (Middle) Viola 685
c. (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year) Sept. 14, 1965

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 2
8. DATE OF BIRTH Feb. 1, 1888
9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY home 01
11. BIRTHPLACE (State or foreign country) Healy Toll Gate, Ada Cty. Ida.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Richard Gilbert — BIRTHPLACE Wyoming
14. MOTHER'S MAIDEN NAME Mathilda Brock — BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 519-12-7591
17. INFORMANT'S OWN SIGNATURE X Omeleta Ashley — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1517 Carcinoma of the stomach — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 8, 1965, *to* Sept 14, 1965, *that I last saw the deceased alive on* Sept 14, 1965, *and that death occurred at* 7:45 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE Wm B. Jewell 260 (Degree or title) M.D.
23b. ADDRESS 107 N. Comm., Emmett, Ida
23c. DATE SIGNED 9-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial burial
24b. DATE Sept. 18, 1965
24c. NAME OF CEMETERY OR CREMATORY Emmett
24d. LOCATION (City, town, or county) Emmett, Idaho (State)

DATE REC'D BY LOCAL REG. Sept. 17, 1965
REGISTRAR'S SIGNATURE Jean A Beatty
25. EMBALMER Clarence W Beatty
LICENSE NO. E-392
FIRM NAME: THE BEATTY CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAR 10 1980

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4024
Local Reg. No. 17
Reg. Dist. No. 340 - 341

BIRTH NO. RECEIVED OCT 1 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem 33 — 3-02
b. CITY OR TOWN: Emmett
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hosp. 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 23
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 607 East 7th

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) James c. (Last) Barker

4. DATE OF DEATH: (Month) (Day) (Year): September 18, 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2

8. DATE OF BIRTH: June 6, 1889

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months 3 Days 12
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: agriculture 01

11. BIRTHPLACE (State or foreign country): Lewisville, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William James Barker — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Esther Barber — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-10-7995

17. INFORMANT'S OWN SIGNATURE: X Mrs Lemond Tyler — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gen Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1963, *to* Sept, 1965, *that I last saw the deceased alive on* Sept. 18, 1965, *and that death occurred at* 10:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wm B. Jewell 260 — (Degree or title): MD

23b. ADDRESS: 107 N. Comm., Emmett, Idaho

23c. DATE SIGNED: 9-22-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Sept. 22, 1965

24c. NAME OF CEMETERY OR CREMATORY: Annis Butte Cemetery

24d. LOCATION (City, town, or county) (State): Lorenzo, Idaho

DATE REC'D BY LOCAL REG.: Sept 22, 1965

REGISTRAR'S SIGNATURE: Jean A Beatty

25. EMBALMER: Walter F. Potter — LICENSE NO.: E-445

FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4025
Local Reg. No. 17
Reg. Dist. No. 340-341

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED OCT 7 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Gem - 23
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Walter Knox Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 23
b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location) 323 East Main

3. NAME OF DECEASED (Type or Print)
a. (First) Valora
b. (Middle) June
c. (Last) Ruda

4. DATE OF DEATH (Month) (Day) (Year) Sept. 29, 1965

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3

8. DATE OF BIRTH Dec. 5, 1915

9. AGE (In years last birthday) 49
IF UNDER 1 YEAR: Months 9 Days 24
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01

10b. KIND OF BUSINESS OR INDUSTRY home 01

11. BIRTHPLACE (State or foreign country) Payette, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jessie L. Smith — BIRTHPLACE Iowa

14. MOTHER'S MAIDEN NAME Austa B. LeVan — BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 521 12 5904

17. INFORMANT'S OWN SIGNATURE X Henry V Ruda — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

33 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1954, *to* Sept, 1965, *that I last saw the deceased alive on* Sept 29, 1965, *and that death occurred at* 12 45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)
260
Wm B. Jewell M.D.

23b. ADDRESS 107 N. Comm., Emmett, Idaho

23c. DATE SIGNED 10-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE Oct. 4, 1965

24c. NAME OF CEMETERY OR CREMATORY Emmett

24d. LOCATION (City, town, or county) (State) Emmett Idaho

DATE REC'D BY LOCAL REG. Oct. 1 1965

REGISTRAR'S SIGNATURE Jean C Beatty

25. EMBALMER Glenn W Beatty — LICENSE NO. E-392

FIRM NAME: THE BEATTY CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 5 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4026
Local Reg. No. 2795
Reg. Dist. No. 4 20

RECEIVED SEP 17 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding 240 2-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (In this place) 10 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idaho State T.B. Hosp 598

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 350 b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Route 7 Lewiston
d. STREET ADDRESS (If rural, give location) Rt. 1 Box 406

3. NAME OF DECEASED (Type or Print) a. (First) Peter b. (Middle) A. c. (Last) Lawrence

4. DATE OF DEATH (Month) (Day) (Year) 9 - 6 - 65

5. SEX male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH 1-15-1913

9. AGE (In years last birthday) 52 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY R.R 02

11. BIRTHPLACE (State or foreign country) Spokane Wash.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Lawrence BIRTHPLACE Wisconsin

14. MOTHER'S MAIDEN NAME Marie Halverson BIRTHPLACE Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 518-01-4152

17. INFORMANT'S OWN SIGNATURE K. Tyler - Hosp. Chart - ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION 722.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Toxic Blood Dyscrasis (Agranulocytosis) — INTERVAL BETWEEN ONSET AND DEATH: 1yr ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatoid arthritis R/ — 15 yrs.
DUE TO (c) Pulmonary Tbc. Stable + R/ — 6 yrs +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-5, 1957, *to* 9-6, 1965, *that I last saw the deceased alive on* 9-4, 1965, *and that death occurred at* 7:02 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) K. A. Tyler 598 M.D.

23b. ADDRESS Idaho State T.B. Hosp.

23c. DATE SIGNED 9-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-8-65

24c. NAME OF CEMETERY OR CREMATORY Lewiston Cemetery

24d. LOCATION (City, town, or county) (State) Lewiston Idaho

DATE REC'D BY LOCAL REG. 9-14-65

REGISTRAR'S SIGNATURE Robert S. Meyer

25. FUNERAL DIRECTOR Robert S. Meyer ADDRESS Gooding. Thompson Chapel L-424

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 7 1969

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

Certificate of Death

STATE OF IDAHO

State File No. 4027
Local Reg. No. 2797
Reg. Dist. No. 420

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding 24 OCT 7 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Hagerman
LENGTH OF STAY (in this place) 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Leland Brooks Farm. 680

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 24 b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Hagerman
d. STREET ADDRESS (If rural, give location) % Leland Brooks Farm.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Simon	Kenton	Deeter	Sept. 11 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	July 27, 1869	96	1	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer and 04	Postal Clerk 01	Pleasant Hill, Ohio	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Cornelius H. Deeter	Miami County Ohio.	Sophrona Ward	Hodking County, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Robert Meyer - Records.	Thompson Chapel

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial Infarction	1 hr
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerosis	15 yrs
DUE TO (c)	Old age	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Prostatic Hypertrophy — Carcinoma of Prostate	5 yrs 1 yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Osteoporosis — 10 yrs	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2/7/57, 19___, *to* death, 19___, *that I last saw the deceased alive on* 4-15, 1965, *and that death occurred at* 7 am m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
24 Harold F. Holsinger MD	Wendell, Ida	9-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-15-1965	Norcatur Cemetery	Norcatur Kansas Kansas.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-4-65	Robert Meyer	Robert L. Meyer	E-424

FIRM NAME: Thompson Chapel Gooding, Idaho

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED — STATE OF IDAHO

State File No. 4028
Local Reg. No. 2799
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: GOODING 240 — OCT 7 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
c. LENGTH OF STAY IN THIS PLACE: 29 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): AMBULANCE IN RT. 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: GOODING 240
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
d. STREET ADDRESS (If rural, give location): RT. 1

Bureau of Vital Statistics

3. NAME OF DECEASED (Type or Print): a. (First) GERALD — b. (Middle) E — c. (Last) TRACY

4. DATE OF DEATH: (Month) (Day) (Year): SEPT. 19, 1965

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 3

8. DATE OF BIRTH: SEPT. 4, 1900

9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER 04

10b. KIND OF BUSINESS OR INDUSTRY: AGG. 01

11. BIRTHPLACE (State or foreign country): ORWELL OHIO

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: RANNY W. TRACY — BIRTHPLACE: OHIO

14. MOTHER'S MAIDEN NAME: EMMA E NORTHWAY — BIRTHPLACE: MINN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-34-2806

17. INFORMANT'S OWN SIGNATURE: Lottie Tracy — ADDRESS: Wendell Idaho RT-1

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 30 min prob.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arterio Sclerotic Heart D. — 5 yr.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Pulmonary Emphysema Cor Pulmonale — 6 yr + 1 yr +

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8 April, 1965, *to* 19 Sept, 1965, *that I last saw the deceased alive on* 16 Sept, 1965, *and that death occurred at* 5:58 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James H. Spafford M.D. — **23b. ADDRESS**: Twin Falls, Idaho — **23c. DATE SIGNED**: 9/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — **24b. DATE**: 9/22/1965 — **24c. NAME OF CEMETERY OR CREMATORY**: WENDELL — **24d. LOCATION** (City, town, or county) (State): CITY IDAHO.

DATE REC'D BY LOCAL REG.: 10-4-65 — REGISTRAR'S SIGNATURE: Helen Meyer — **25. EMBALMER**: J. Farnsworth — LICENSE NO.: 2353

FIRM NAME: Weaver mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4029
Local Reg. No. 2800
Reg. Dist. No. 420

.65-9436 RECEIVED

BIRTH NO.

OCT 7 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
LENGTH OF STAY (in this place) 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding Co. Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240 b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bliss
d. STREET ADDRESS (If rural, give location) Star Route

3. NAME OF DECEASED (Type or Print) a. (First) Pauline b. (Middle) c. (Last) Pearson

4. DATE OF DEATH (Month) (Day) (Year) Sept. 20 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Sept 20, 1965

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 5 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 02

10b. KIND OF BUSINESS OR INDUSTRY None 00

11. BIRTHPLACE (State or foreign country) Gooding Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Beauford K. Pearson BIRTHPLACE Ingham, Neb.

14. MOTHER'S MAIDEN NAME Erma Archibald BIRTHPLACE Trenton, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE X Beauford K Pearson ADDRESS Bliss, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) premature ty

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) placental separation (premature)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-20, 1965, *to* 9-20, 1965, *that I last saw the deceased alive on* 9-20, 1965, *and that death occurred at* 3 9 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Maurice E Scheel MD

23b. ADDRESS Mendell Ida

23c. DATE SIGNED 9-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-25-1965

24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery

24d. LOCATION (City, town, or county) (State) Gooding Idaho.

DATE REC'D BY LOCAL REG. 10-4-65

REGISTRAR'S SIGNATURE Robert S Meyer

25. EMBALMER Robert S Meyer LICENSE NO. E-424

FIRM NAME: Thompson Chapel 737 Main Gooding Idaho

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Sec. Klingler

Certificate of Death

State File No. 4030
Local Reg. No. 2802
Reg. Dist. No. 420

RECEIVED
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding 240 OCT 7 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (In this place): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Co. Mem. Hosp. 090

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 240
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 429 Nebraska St.

3. NAME OF DECEASED (Type or Print)
a. (First): Hannah
b. (Middle): Averett
c. (Last): Bailey

4. DATE OF DEATH (Month) (Day) (Year): Sept. 25 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 12, 1907
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary 25
10b. KIND OF BUSINESS OR INDUSTRY: 06
11. BIRTHPLACE (State or foreign country): Washington, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Geo Henry Averett — BIRTHPLACE: Washington, Utah
14. MOTHER'S MAIDEN NAME: Johannah Stevenson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-36-6606
17. INFORMANT'S OWN SIGNATURE: X August Averett — ADDRESS: Twin Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

170 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized Carcinomatosis secondary to Cancer of Left Breast.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 7, 1965, *to* Sept 25, 1965, *that I last saw the deceased alive on* Sept 25, 1965, *and that death occurred at* 12:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: 285 Marvin [signature] (Degree or title)
23b. ADDRESS: Gooding, Idaho
23c. DATE SIGNED: 9-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 28, 1965
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 10-4-65
REGISTRAR'S SIGNATURE: Robert S. Meyer
25. EMBALMER: Robert S. Meyer
LICENSE NO.: E-424

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Thompson Chapel Gooding, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 4 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 20 1978

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Bodmer

Certificate of Death

STATE OF IDAHO

State File No. 4031
Local Reg. No. 2803
Reg. Dist. No. 420

RECEIVED OCT 7 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding 240 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (If outside place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Co. Mem. Hosp. 090

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 240
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerman
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Walter
b. (Middle):
c. (Last): Gridley

4. DATE OF DEATH (Month) (Day) (Year): Sept. 27 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Jan. 17, 1877
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cattle rancher 51
10b. KIND OF BUSINESS OR INDUSTRY: Rancher 01
11. BIRTHPLACE (State or foreign country): Gridley, California
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charlie Gridley — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Mary Frances Taylor — BIRTHPLACE: California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-44-7662
17. INFORMANT'S OWN SIGNATURE: Edna Raderma — ADDRESS: Hagerman, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia, Bronchial

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 1 Sept, 1965, *to* 27 Sept, 1965, *that I last saw the deceased alive on* 26 Sept, 1965, *and that death occurred at* 5 45/m. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 049 Bernard A. Edmerme
23b. ADDRESS: Gooding Idaho
23c. DATE SIGNED: 28 Sept 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 30 1965
24c. NAME OF CEMETERY OR CREMATORY: Hagerman Cemetery
24d. LOCATION (City, town, or county) (State): Hagerman, Idaho

DATE REC'D BY LOCAL REG.: 10-4-65
REGISTRAR'S SIGNATURE: Robert S. Meyer
25. EMBALMER: Robert S. Meyer — LICENSE NO. E-424

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Thompson Chapel, Gooding, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 28 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Bodmer

Certificate of Death

RECEIVED OCT 7 1965 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 4032
Local Reg. No. 2804
Reg. Dist. No. 420

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
STATUS 000
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding Co. Mem. Hosp. 090

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) 1142 Washington St.

3. NAME OF DECEASED (Type or Print)
a. (First) Fritz
b. (Middle) Verner
c. (Last) Hansten

4. DATE OF DEATH (Month) (Day) (Year) Sept. 30 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH 28 Jan. 1897

9. AGE (In years last birthday) 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Rancher 04

10b. KIND OF BUSINESS OR INDUSTRY Rancher 01

11. BIRTHPLACE (State or foreign country) Norway (Sandefjord)

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Christian Hansten
BIRTHPLACE Norway

14. MOTHER'S MAIDEN NAME Anna Mathea Koostad
BIRTHPLACE Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) W.W. #1

16. SOCIAL SECURITY NO. 518-42-6514

17. INFORMANT'S OWN SIGNATURE X Ethel M. Hansten
ADDRESS Gooding, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH 3 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Sept, 1965 *to* 30 Sept, 19 65, *that I last saw the deceased alive on* 29 Sept, 1965, *and that death occurred at* 5:30 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Howard H. Holmes, MD

23b. ADDRESS Gooding, Idaho

23c. DATE SIGNED 1 Oct 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2 Oct 1965

24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery

24d. LOCATION (City, town, or county) (State) Gooding, Idaho

DATE REC'D BY LOCAL REG. 10-4-65

REGISTRAR'S SIGNATURE Robert S. Meyer

25. EMBALMER Robert S. Meyer

LICENSE NO. E-424

FIRM NAME: Thompson Chapel Gooding, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

OCT 8 1965

OCT 13 1965

AUG 30 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4033
Local Reg. No. 39
Reg. Dist. No. 240

BIRTH NO.

RECEIVED
SEP 15 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Idaho 250 — 3-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Grangeville
c. LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Grangeville General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho 250
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location): 4 miles North West of Grangeville

3. NAME OF DECEASED (Type or Print): a. (First) JAMES; b. (Middle) LOYAL 092; c. (Last) ADKISON

4. DATE OF DEATH (Month) (Day) (Year): Sept 1, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: December 14, 1881

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming 01

11. BIRTHPLACE (State or foreign country): Grangeville, Idaho Rural

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Riley Adkison — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Harriett Stearns Brown — BIRTHPLACE: Elkton, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO. (If yes, give war or dates of service): 530-07-5137

17. INFORMANT'S OWN SIGNATURE: Eunice S. Adkison — ADDRESS: Grangeville, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 9190 Gunshot wound of Head — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rural Grangeville, Id., Id.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 25 1965 2 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Shot self in chin with pistol

22. *I hereby certify that I attended the deceased from* 8/25, 1965, *to* 9/1, 1965, *that I last saw the deceased alive on* 9/1, 1965, *and that death occurred at* 2:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm C Morrison 582 M.D. Coroner — **23b. ADDRESS**: Grangeville Id. — **23c. DATE SIGNED**: 9/3/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 9/4/65 — **24c. NAME OF CEMETERY OR CREMATORY**: Prairieview — **24d. LOCATION** (City, town, or county) (State): Grangeville, Idaho

DATE REC'D BY LOCAL REG.: Sept 9 1965 — REGISTRAR'S SIGNATURE: Irma Cone

25. FUNERAL DIRECTOR: Robert R Hanson E 433 G — ADDRESS: Grangeville, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert R Hansen Lic. No E 433 at Grangeville on 9/1/65

ADDITIONAL REMARKS by Physician

State File No. 4034
Local Reg. No. 40
Reg. Dist. No. 240

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

SEP 15 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho 250 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF [illegible] (If not in hospital or institution, give street address or location): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hosp. 092

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Milton
b. (Middle): Robert
c. (Last): Clements

4. DATE OF DEATH (Month) (Day) (Year): Sept. 5, 1965

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: June 4, 1894
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millwright 09
10b. KIND OF BUSINESS OR INDUSTRY: Lumber 05
11. BIRTHPLACE (State or foreign country): Sun City Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alfred W. Clements — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Gertrude Burgin — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WWI 3
16. SOCIAL SECURITY NO.: 519-30-8883
17. INFORMANT'S OWN SIGNATURE: Flora R Clements — ADDRESS: Kooskia Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary thrombosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to* 5 Sept, 1965, *that I last saw the deceased alive on* 5 Sept, 1965, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Donald Veltman 487 (Degree or title) M.D.
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 7 Sept 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 8, 1965
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Tahoe
24d. LOCATION (City, town, or county) (State): Kooskia Idaho

DATE REC'D BY LOCAL REG.: Sep't. 10, 1965
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Robert R Hansen — ADDRESS: E433 Grangeville
Irenary Funeral Home

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 15 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert R Hansen Lic. No. E433 at Grangeville on 9/5/65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4035
Local Reg. No. 75
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho — 250 OCT 1 1965 — 5:05 — Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia Rural
c. LENGTH OF STAY (in this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Locksaw River - Deadman creek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 38 Oregon 555 b. COUNTY: Clackamus
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Milwaukie
d. STREET ADDRESS (If rural, give location): 4325 S.E. King Rd.

3. NAME OF DECEASED (Type or Print): a. (First) DONALD b. (Middle) KEITH c. (Last) VOYLES

4. DATE OF DEATH: (Month) (Day) (Year): September 6, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: July 3, 1927

9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hair Stylist 06

10b. KIND OF BUSINESS OR INDUSTRY: Beauty Shop 36

11. BIRTHPLACE (State or foreign country): Gillespie, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Voyles — BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Ivern Keiser — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 4 World War #2

16. SOCIAL SECURITY NO.: 328 22 8660

17. INFORMANT'S OWN SIGNATURE: X Ellen B. Voyles — ADDRESS: Vancouver Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Milton H. Wilkes M.D. (Degree or title) — 23b. ADDRESS — 23c. DATE SIGNED: 22 Sept. 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — 24b. DATE: 9/8/65 — 24c. NAME OF CEMETERY OR CREMATORY: Hamilton Funeral Home — 24d. LOCATION (City, town, or county) (State): Vancouver, Wash.

DATE REC'D BY LOCAL REG.: Sept. 27 1965 — REGISTRAR'S SIGNATURE: Irma Cone

25. FUNERAL DIRECTOR: Robert R Hansen — Robert R Hansen — ADDRESS: 433 Grangeville, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES: OCT 1 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert R Hansen Lic. No. E 433 at Grangeville on 9/7/65

ADDITIONAL REMARKS by Physician

2 copies

Certificate of Death

State File No. 4036
Local Reg. No. 16
Reg. Dist. No. 242

BIRTH NO.

RECEIVED
OCT 7 1965
Bureau of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: 250 Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital 093

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Frederick
c. (Last): Wimer

4. DATE OF DEATH (Month) (Day) (Year): Sept 8 65

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: July 1 1905
9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): editor 58
10b. KIND OF BUSINESS OR INDUSTRY: Newspaper 02
11. BIRTHPLACE (State or foreign country): Cottonwood, Idaho
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Frank S. Wimer
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Natalie Rustemeyer
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518 36 1913
17. INFORMANT'S OWN SIGNATURE: Michael G. Wimer
ADDRESS: Cottonwood

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

156.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Metastatic adenocarcinoma to liver
ANTECEDENT CAUSES: Generalized carcinomatosis (Primary source not determined)
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: several months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 6, 1965, *to* Sept. 8, 1965, *that I last saw the deceased alive on* Sept. 8, 1965, *and that death occurred at* 7:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE 399 (Degree or title): W. F. Ore MD
23b. ADDRESS: Cottonwood, Idaho
23c. DATE SIGNED: Sept. 9, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Sept 11 1965
24c. NAME OF CEMETERY OR CREMATORY: Catholic
24d. LOCATION (City, town, or county) (State): Cottonwood Idaho

DATE REC'D BY LOCAL REG.: Sept 10, 1965
REGISTRAR'S SIGNATURE: Wesley F. Ore MD by M
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Cottonwood

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

OCT 8 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Cletus A. Uhlorn Lic. No. E 421 at Cottonwood on Sep 8 65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 24 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4037
Local Reg. No. 43
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville — LENGTH OF STAY (in this place): 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho County Nursing Home 276

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250 — b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kenterville Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Henry		Uhlenkott	Sept 8 65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	widowed 2	June 1 1874	91				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farm 02
11. BIRTHPLACE (State or foreign country): New Munich, Minnesota
12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME: John Uhlenkott
14. MOTHER'S MAIDEN NAME: Gertrude Uhling
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Anthony J. Uhlenkott — ADDRESS: Fenn

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: few days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchial interstitial emphysema

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 26 July, 19 18, *to* 8 Sept, 1965, *that I last saw the deceased alive on* 4 Sept, 1965, *and that death occurred at* 1.40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D J Saltmon 487 M.D	Grangeville, Idaho	13 Sept 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept 11 1965	Catholic	Greencreek, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept 22, 1965	Lina Cone	Uhlenkott	Cottonwood

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Celus Wilson Lic. No. E421 at Cottonwood on 9-8-45

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4038
Local Reg. No. 42
Reg. Dist. No. 240

BIRTH NO.

RECEIVED
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho 250 SEP 21 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): 6 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Grangeville General Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville, Idaho
d. STREET ADDRESS (If rural, give location): 114 North Idaho

3. NAME OF DECEASED (Type or Print): a. (First) SAMUEL b. (Middle) 092 c. (Last) RIEBOLD

4. DATE OF DEATH (Month) (Day) (Year): September 9, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: August 29, 1880
9. AGE (In years last birthday): 85 (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Idaho County Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Riebold — BIRTHPLACE: Hess Germany
14. MOTHER'S MAIDEN NAME: Katherine Longenwalter — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Emery Garner RR 4 — ADDRESS: Grangeville, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

3318

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Hemorrhage

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 Mar, 1965, *to* 9 Sept., 1965, *that I last saw the deceased alive on* 9 Sept., 1965, *and that death occurred at* 7:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Melton Hilton M.D.
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 14 Sept. 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/11/65
24c. NAME OF CEMETERY OR CREMATORY: Fairview
24d. LOCATION (City, town, or county) (State): Grangeville, Rural Idaho

DATE REC'D BY LOCAL REG.: Sept. 17, 1965
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Robert R Hansen E — ADDRESS: Robert R Hansen 443 Grangeville, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

OCT 8 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

9

This body embalmed under direction of Robert R Hansen Lic. No. E 433 at Grangeville on 9/XX/65

ADDITIONAL REMARKS by Physician

State File No. 4039
Local Reg. No. 47
Reg. Dist. No. 240

Certificate of Death

STATE OF IDAHO

RECEIVED
SEP 21 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Idaho 250 3-07	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 250 b. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oragrande; Statistics OF STAY (in this place): Week	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orogrande, Idaho
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home in Orogrande 100	d. STREET ADDRESS (If rural, give location): Orogrande, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) SHERMAN b. (Middle) c. (Last) ROGERS

4. DATE OF DEATH (Month) (Day) (Year): Found 9/9/1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unknown

8. DATE OF BIRTH: May 31, 1906

9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner 07

10b. KIND OF BUSINESS OR INDUSTRY: Minning 01

11. BIRTHPLACE (State or foreign country): Durane, Wisconsin

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): W.W. #2 4 420.1

16. SOCIAL SECURITY NO.: 518 05 6016

17. INFORMANT'S OWN SIGNATURE: Robert R Hansen — ADDRESS: Grangeville, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Inst.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Joseph 583 Montell (Degree or title) Act Coroner 4

23b. ADDRESS: TSCX32 Grangeville Ida

23c. DATE SIGNED: 9/13/1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1

24b. DATE: 9/14/65

24c. NAME OF CEMETERY OR CREMATORY: Prairieview

24d. LOCATION (City, town, or county) (State): Grangeville, Idaho

DATE REC'D BY LOCAL REG.: Sept. 17 1965

REGISTRAR'S SIGNATURE: Irma Cone

25. FUNERAL DIRECTOR: Robert R Hansen — ADDRESS: Robert R Hansen 433 Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 9 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert R Hansen Lic. No. E 433 at Grangeville on 9/9/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 4040
Local Reg. No. 17
Reg. Dist. No. 242

RECEIVED
OCT 7 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250 — 3-20
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood — LENGTH OF STAY (in this place): 20 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital 093

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 310 — b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Reubens
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Charles Forest — b. (Middle) — c. (Last) Webb

4. DATE OF DEATH: (Month) Sept. (Day) 12 (Year) 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: June 8, 1885

9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant, retired 35

10b. KIND OF BUSINESS OR INDUSTRY: Merchandising 01

11. BIRTHPLACE (State or foreign country): Bronaugh Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John W. Webb — BIRTHPLACE: Phelps, Missouri

14. MOTHER'S MAIDEN NAME: Mary A. Whitworth — BIRTHPLACE: Aubville, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 531 16 3684

17. INFORMANT'S OWN SIGNATURE: Claude Webb — ADDRESS: Culdesac, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute myocardial infarction — about 3 wks.
DUE TO (c) arteriosclerotic Heart disease — Approx. 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1961, *to* Sept. 12, 1965, *that I last saw the deceased alive on* Sept. 11, 1965, *and that death occurred at* 2:10A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 399 W D Owen MD — **23b. ADDRESS**: Cottonwood, Idaho — **23c. DATE SIGNED**: Sept. 13, 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem-burial — **24b. DATE**: 9-14-65 — **24c. NAME OF CEMETERY OR CREMATORY**: Reubens Cemetery — **24d. LOCATION** (City, town, or county) (State): Reubens, Idaho

DATE REC'D BY LOCAL REG.: Sept. 13, 1965 — **REGISTRAR'S SIGNATURE**: Wesley F. Owen MD

25. EMBALMER: Robert Larrabee — **LICENSE NO.**: QL802

FIRM NAME: Clovis Mortuary, Craigmont, Idaho

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under it inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 13 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4041
Local Reg. No. 46
Reg. Dist. No. 240

Certificate of Death

RECEIVED
OCT 1 1965
Bureau of Vital

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East End Service Station 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location): 513 East Elm

3. NAME OF DECEASED (Type or Print)
a. (First): LAWREND
b. (Middle): E.
c. (Last): JARVIS

4. DATE OF DEATH (Month) (Day) (Year): September 16, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 23, 1911
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Station Op. 74
10b. KIND OF BUSINESS OR INDUSTRY: Gas & Sporting Goods 04
11. BIRTHPLACE (State or foreign country): Grangeville, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Arthur P Jarvis — BIRTHPLACE: Kirkman, Iowa
14. MOTHER'S MAIDEN NAME: Kathryn L Shumaker — BIRTHPLACE: Northumberland, Penn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 517 01 3007
17. INFORMANT'S OWN SIGNATURE: Helen Jarvis — ADDRESS: Grangeville

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death from Natural Causes — INTERVAL BETWEEN ONSET AND DEATH: inst.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 5 p m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 583 Wm C Morrison MD, Coroner
23b. ADDRESS: Grangeville, Id
23c. DATE SIGNED: Sept 24, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 2
24b. DATE: 9/17/65
24c. NAME OF CEMETERY OR CREMATORY: Smith & Co.
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: Sept. 28, 1965
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Robert R Hansen — ADDRESS: Robert R Hansen E 433 Grangeville, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

OCT 12 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert R Hansen Lic. No. E 433 at Grangeville on 9/16/65

ADDITIONAL REMARKS by Physician

State File No. 4042
Local Reg. No. 44
Reg. Dist. No. 240

RECEIVED
SEP 24 1965
Bureau of Vital Stat

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250 4-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): 2 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital 092

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location): 422 South C Street

3. NAME OF DECEASED (Type or Print)
a. (First): LEWIS
b. (Middle): HULL
c. (Last): BOWMAN

4. DATE OF DEATH (Month) (Day) (Year): Sept 17, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Sept 21, 1891
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Denver, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Francis M Bowman — BIRTHPLACE: Jamestown Virginia
14. MOTHER'S MAIDEN NAME: Mancy Rice — BIRTHPLACE: Mt Idaho, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 10 6716
17. INFORMANT'S OWN SIGNATURE: X — ADDRESS: Grangeville, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myrtle Bowman

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

~~DUE TO~~ (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

DUE TO (B) arteriosclerotic heart disease — years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1965, *to* Sept, 1965, *that I last saw the deceased alive on* Sept. 17, 1965, *and that death occurred at* 7:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 444 J. M.D.
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 9/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/20/65
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho

DATE REC'D BY LOCAL REG.: Sept. 23, 1965
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Robert Hansen E — ADDRESS: Robert R Hansen 433 Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 24 1965

MAY 29 1981

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert R Hansen Lic. No. E 433 at Grangeville on 9/17/65

ADDITIONAL REMARKS by Physician

State File No. 4043
Local Reg. No. 47
Reg. Dist. No. 240

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

OCT 8 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Prairie Lumber Co.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): THOMAS
c. (Last): BOWEN

4. DATE OF DEATH (Month) (Day) (Year): Sept 28, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: November 14, 1905
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heavy Eq. Operator 52
10b. KIND OF BUSINESS OR INDUSTRY: Consturction 01
11. BIRTHPLACE (State or foreign country): Gage, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Arthur Bowen — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Vina Prall — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 520-03-0697
17. INFORMANT'S OWN SIGNATURE: X Mrs Chas. Bowen — ADDRESS: Grangeville, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Possible Heart attack — INTERVAL BETWEEN ONSET AND DEATH: Minute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. or Possible Stroke — minute

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* No, 19__, *to* ____, 19__, *that I last saw the deceased alive on* No, 19__, *and that death occurred at* 11 35 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William H. Greenwood 189 MD
23b. ADDRESS
23c. DATE SIGNED: 10-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/2/65
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho

DATE REC'D BY LOCAL REG.: Oct. 5, 1965
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Robert R Hansen — ADDRESS: E433, Grangeville Ida
Robert R Hansen

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 12 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 23 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert R Hansen Lic. No. E 433 at Grangeville on 9/28/65

ADDITIONAL REMARKS by Physician Apparent Cause of sudden death Cardiac 20 Min Heart attack last Coronary at night Patient was dead when Removed W H Thomas M.D.

Certificate of Death

STATE OF IDAHO

State File No. 4044
Local Reg. No. 10
Reg. Dist. No. 690

RECEIVED SEP 27 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 15 Min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 260
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roberts
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print): a. (First) FRITZ b. (Middle) MONNIER c. (Last)

4. DATE OF DEATH: (Month) (Day) (Year): September 10, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Oct. 23, 1893	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cheese Maker 76	Dairy 04	Marin Switzerland	Swiss

13. FATHER'S NAME BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
No	X	X

17. INFORMANT'S OWN SIGNATURE: Grant L. Young — ADDRESS: Roberts, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Arterio Sclerosis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb. 9, 1965, *to* Sept. 10, 1965, *that I last saw the deceased alive on* July 13, 1965, *and that death occurred at* 2:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Clifford B Rigby M.D.	Rigby Idaho	Sept 12 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 23, 65	Roberts	Roberts, Jefferson, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Sept 12 1965	Mrs A B Eckersell	C. B. Eckersell	Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

RECEIVED SEP 27 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4045
Local Reg. No. 11
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson 260 2-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 3 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lowder Nursing Home 096

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 310 East 17th Street

3. NAME OF DECEASED (Type or Print)
a. (First): URSEL
b. (Middle): HENRY
c. (Last): BIGLER

4. DATE OF DEATH (Month) (Day) (Year): Sept. 12, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 14, 1885
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY: Ranch 01
11. BIRTHPLACE (State or foreign country): Mendon, Utah.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Jacob Henry Bigler — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Harriet Ann Lemmon — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-24-7401
17. INFORMANT'S OWN SIGNATURE: Ruth B. Lowder — ADDRESS: Rigby Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 6 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility — 6 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October, 1964, *to* Sept 12, 1965, *that I last saw the deceased alive on* Sept 11, 1965 *and that death occurred at* 8:34A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 521 Aldon Tall, M.D.
23b. ADDRESS: Rigby, Idaho.
23c. DATE SIGNED: 9/13/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 15 SEP 65
24c. NAME OF CEMETERY OR CREMATORY: Teton City
24d. LOCATION (City, town, or county) (State): Teton City, Madison, Idaho.

DATE REC'D BY LOCAL REG.: Sept 13 1965
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: Bruce A. Eckersell — ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No E404 at Rigby on 9/12/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 4046
Local Reg. No. 42
Reg. Dist. No. 6 40

RECEIVED SEP 27 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Jefferson 260 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark — c. LENGTH OF STAY (in this place): 3 1/2yrs — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carson Nursing Home 097

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 260 — b. COUNTY: Jefferson — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby — d. STREET ADDRESS (If rural, give location): 291 North 2nd West

3. NAME OF DECEASED (Type or Print) — a. (First): BELLE — b. (Middle): TALL — c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): Sept. 15, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: June 10, 1883

9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker 01

10b. KIND OF BUSINESS OR INDUSTRY: Home 01

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Alexander Kinghorn — BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Jane Campbell — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Alton J. Broulim — ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — 6 years

DUE TO (c) Arteriosclerosis — 8 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October, 1937, *to* September 15 1965, *that I last saw the deceased alive on* 9/15, 1965, *and that death occurred at* 9:40 *m., from the causes and on the date stated above.*

23a. SIGNATURE: 521 Addon Tall, — (Degree or title): M.D. — 23b. ADDRESS: Rigby, Idaho. — 23c. DATE SIGNED: 9/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: Sept. 18, 1965 — 24c. NAME OF CEMETERY OR CREMATORY: Pioneer — 24d. LOCATION (City, town, or county) (State): Rigby Jefferson Idaho

DATE REC'D BY LOCAL REG.: Sept 20 1965 — REGISTRAR'S SIGNATURE: Mrs A B Eckersell

25. FUNERAL DIRECTOR: Bruce A. Eckersell — ADDRESS: Rigby, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 6 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho. on 9/15/1965

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 4047
Local Reg. No. 806
Reg. Dist. No. 440

BIRTH NO.

RECEIVED
270
SEP 9 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 270 Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 312 East Ave. "B"

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): Harvey 099
c. (Last): Hartshorn

4. DATE OF DEATH (Month) (Day) (Year): Sept. 4, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Dec. 3, 1869

9. AGE (In years last birthday): 95
IF UNDER 1 YEAR — Months / Days
IF UNDER 24 HRS. — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postmaster (ret) 30

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Post Office 62

11. BIRTHPLACE (State or foreign country): Dundee, Michigan

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Sumner Hartshorn
BIRTHPLACE: Michigan

14. MOTHER'S MAIDEN NAME: Elizabeth Hickok
BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -

17. INFORMANT'S OWN SIGNATURE: X Mrs. Anna Hartshorn
ADDRESS: Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage, 3317
INTERVAL BETWEEN ONSET AND DEATH: 8 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Atherosclerosis
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-27, 1965, *to* 9-4, 1965, *that I last saw the deceased alive on* 9-4, 1965, *and that death occurred at* 11:50p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 336 Reuben C. Matson MD

23b. ADDRESS: Jerome Idaho

23c. DATE SIGNED: 9-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 8, 1965

24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery

24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: Sept. 8, 1965

REGISTRAR'S SIGNATURE: Louella M. Bakerer

25. EMBALMER: W. L. Howe
LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hove Funeral Chapel

OCT 7 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 12 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4048
Local Reg. No. 807
Reg. Dist. No. 440

BIRTH NO.

RECEIVED SEP 23 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Jerome 270 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Benedict's Hospital 049

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY 270 Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. STREET ADDRESS (If rural, give location) 200 East Ave. "D"

3. NAME OF DECEASED (Type or Print) a. (First) BILL b. (Middle) c. (Last) WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year) Sept. 10, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH Jan. 8, 1881

9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Businessman 74

10b. KIND OF BUSINESS OR INDUSTRY Cafe Proprietor 11

11. BIRTHPLACE (State or foreign country) LaCrosse, Wisconsin

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George A. Williams BIRTHPLACE Wales

14. MOTHER'S MAIDEN NAME Not known BIRTHPLACE Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518 32 6139

17. INFORMANT'S OWN SIGNATURE X George L. Williams ADDRESS Jerome, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage - post operative — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of stomach — 6 mos
DUE TO (c) Old age —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Blind - lt eye — 7 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-31, 1965, *to* death, 19__, *that I last saw the deceased alive on* 9-10, 1965, *and that death occurred at* 6:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Harold L. Holsinger M.D. 240

23b. ADDRESS Wendell Idaho

23c. DATE SIGNED 9/21/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Sept. 13, 1965

24c. NAME OF CEMETERY OR CREMATORY Jerome Cemetery

24d. LOCATION (City, town, or county) Jerome, Idaho (State)

DATE REC'D BY LOCAL REG. Sept. 21 1965

REGISTRAR'S SIGNATURE Lucella M. Schierer

25. EMBALMER W. L. Hove

LICENSE NO. E-431

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4049
Local Reg. No. 868
Reg. Dist. No. 440

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED SEP 23 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jerome 270 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF [illegible] this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 240
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerman
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): HARRISON
b. (Middle): 099
c. (Last): LONGSHORE

4. DATE OF DEATH (Month) (Day) (Year): Sept. 17, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 18, 1875
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 01
11. BIRTHPLACE (State or foreign country): Afton, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas Longshore — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Mary Jane Gardner — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 22 8969
17. INFORMANT'S OWN SIGNATURE: Nona Walling — ADDRESS: Hagerman, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 332X Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES — Terminal Bronchial Pneumonia — 6 hrs.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Atherosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-5, 1965, *to* 9-17, 1965, *that I last saw the deceased alive on* 9-17, 1965, *and that death occurred at* 12:10pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reuben C. Matson MD 336
23b. ADDRESS: Jerome Ida
23c. DATE SIGNED: 9-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 20, 1965
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: Sept. 21 1965
REGISTRAR'S SIGNATURE: Lovella M. Scherer
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4050
Local Reg. No. 817
Reg. Dist. No. 440

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

SEP 30 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jerome 270 3-17
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 2½ weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedicts Hospital 099

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 340
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
d. STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print)
a. (First): Tsunematsu
b. (Middle): (Tom)
c. (Last): Onishi

4. DATE OF DEATH (Month) (Day) (Year): Sept. 18, 1965

5. SEX: male
6. COLOR OR RACE: Japanese 5
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Aug. 14, 1881
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 01
11. BIRTHPLACE (State or foreign country): Mukaishima, Hiroshima Japan
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: T. Kiso — BIRTHPLACE: Japan
14. MOTHER'S MAIDEN NAME: M. Abo — BIRTHPLACE: Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 518-42-7040
17. INFORMANT'S OWN SIGNATURE: Jimmy T. Onishi — ADDRESS: Paul, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Embolism, multiple — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): occlusion left iliac vein — 7 days
DUE TO (c): Metastatic Ca of Stomach — 5 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-2-65
19b. MAJOR FINDINGS OF OPERATION: Linitis Plastica of Stomach c retroperitoneal spread
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-1, 1965, *to* 9-18, 1965, *that I last saw the deceased alive on* 9-18, 1965, *and that death occurred at* 4:10 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 386 (Degree or title)
23b. ADDRESS: Box 68 Shoshone Idaho
23c. DATE SIGNED: 9-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 9/18/65
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Sept. 28, 1965
REGISTRAR'S SIGNATURE: Louella M. Deherer
25. EMBALMER: [signature]
LICENSE NO.: E-389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4051
Local Reg. No. 804
Reg. Dist. No. 440

RECEIVED SEP 29 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden
d. STREET ADDRESS (If rural, give location): Box 433

3. NAME OF DECEASED (Type or Print)
a. (First): Curtis
b. (Middle):
c. (Last): Metcalf

4. DATE OF DEATH (Month) (Day) (Year): Sept. 21, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 13, 1880
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rural Mail Carrier
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Post Office 01
11. BIRTHPLACE (State or foreign country): Waterville, Wisc.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Metcalf 30
BIRTHPLACE: Grant Co., Wisc.
14. MOTHER'S MAIDEN NAME: Addie Wakefield
BIRTHPLACE: Pippin Co., Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519 01 6906
17. INFORMANT'S OWN SIGNATURE: X Mrs Maude Metcalf
ADDRESS: Box 433, Eden, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

450.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Generalized Arteriosclerosis — 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1946, *to* Sept 21, 1965, *that I last saw the deceased alive on* Sept 16, 1965, *and that death occurred at* 5:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Willard M. Peterson 47
23b. ADDRESS: 5 Yr Main South Twin Falls, Idaho
23c. DATE SIGNED: Sept. 21 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/23/65
24c. NAME OF CEMETERY OR CREMATORY: Hazelton Cemetery
24d. LOCATION (City, town, or county) (State): Hazelton, Idaho

DATE REC'D BY LOCAL REG.: Sept. 21 1965
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel

DUTIES: OCT 26 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4052
Local Reg. No. 870
Reg. Dist. No. 440

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 29 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 100

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270 b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden
d. STREET ADDRESS (If rural, give location): Box 214

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Lloyd
c. (Last): Strain

4. DATE OF DEATH (Month) (Day) (Year): Sept. 22, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 28, 1929
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm laborer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 02
11. BIRTHPLACE (State or foreign country): Bentley Ridge, Arkansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jess Strain — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Della Standish — BIRTHPLACE: Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 432 50 2214
17. INFORMANT'S OWN SIGNATURE: X Jessie L. Strain — ADDRESS: Eden, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 976X Gun shot wound thru heart — INTERVAL BETWEEN ONSET AND DEATH: none

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Suicide 01
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home in Eden
21c. (CITY, TOWN, OR TOWNSHIP) 270 (COUNTY) (STATE): 13 Eden Jerome Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Self inflicted

22. *I hereby certify that I attended the deceased from* Nov, 1963 *to* 22 Sep, 1965, *that I last saw the deceased alive on* 8-26, 1965, *and that death occurred at* 9:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE: L. M. Ucker, M.D. 583 (Degree or title): Coroner 4
23b. ADDRESS: Jerome, Ida
23c. DATE SIGNED: 24 Sep 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Transportation
24b. DATE: 9/25/65
24c. NAME OF CEMETERY OR CREMATORY: Thacker Cemetery
24d. LOCATION (City, town, or county) (State): Clark Ridge, Arkansas

DATE REC'D BY LOCAL REG.: Sept. 22, 1965
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 4 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 12 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4053
Local Reg. No. 812
Reg. Dist. No. 446

BIRTH NO.

SEP 30 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 213 North Cedar 1002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 270 Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 213 North Cedar

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Henry	Leroy	Stratton	Sept. 26, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	July 15, 1909	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm laborer 04	Agriculture 02	Castleford, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Norman E. Stratton	Utah	Katie M. Elliker	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		532 05 3459	X Mrs. Idella Walker	Jerome, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of temple — INTERVAL BETWEEN ONSET AND DEATH: none

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide	13	Jerome Jerome Ida.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
9 26 65 ~~P.M.~~ A.M.	WHILE AT WORK ☐ NOT WHILE AT WORK ☑	Self inflicted

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 3:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. W. Heber M.D.	583 Coroner	Jerome	27 Sept 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/29/1965	Jerome Cemetery	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 28 1965	Louella M. Reburn	W. L. Hove	E-431

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hove Funeral Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4054
Local Reg. No. 813
Reg. Dist. No. 440

RECEIVED
SEP 30 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 270 Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270 b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 514 West Ave G

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Essie	Edna	Nance	September 26 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	November 8.1893	71	10	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife 01	01	Green Forest, Arkansas	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Nathan Whittaker	Not Known	Mary Fanning	Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-26-4514	DeNoel Nance	Nampa Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary infarction — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary embolus. — 3 wks.
DUE TO (c) Phlebitis L. leg — 1 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetis mellitus — 1 yr ?

463X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-13, 1965, *to* 9-26, 1965, *that I last saw the deceased alive on* 9-26, 1965, *and that death occurred at* 6:25 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Reuben C. Matson MD. 336	Jerome Idaho	9-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/29/1965	Jerome Cemetery	Jerome Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
	Louella M. Scherer	J R Wiley	Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

OCT 8 1965

APR 8 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of J R Wiley Lic. No E 257 at Jerome Idaho on 9/24/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 4055
Local Reg. No. 814
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270 — OCT 6 1965 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give name of township): Jerome
c. LENGTH OF STAY in this place: Dur. of residence stricken
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedicts Hospital099

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding 240
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Clifford	Reese	Glick	Sept. 29, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Never married	Dec. 6, 1955	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
03	01	Twin Falls, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gene Glick	Twin Falls, Idaho	Joan Gorden	Twin Falls

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Edwin Eugene Glick	Wendell, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) compression skull fr — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) hemorrhage

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
XX	07 Home	13 Wendell 240 Gooding Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
9-29-65 10:05 a.m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Tractor turned over on him

22. *I hereby certify that I attended the deceased from* 7-28, 1962, *to* 9-29, 1965, *that I last saw the deceased alive on* 9-29-, 1965, *and that death occurred at* 11 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Maurice E Seidel M.D. 457	Wendell, Idaho	10-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 2, 1965	Sunset Memorial Park	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 4 1965	Louella M. Palmer	Ronald J. Hamilton	E-420-

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 7 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4056
Local Reg. No. 184
Reg. Dist. No. 120

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai 280
SEP 17 1965
b. CITY OR TOWN Rural 000
c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Washington 48
b. COUNTY Asotin 551
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clarkston
d. STREET ADDRESS (If rural, give location) 830 - 4th Street

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 15 Mi. S. of RoseLake, HiWay#3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	CLYDE	ALEXANDER 000	JENKINS	Sept.	3,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Aug. 28, 1905	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction 06
10b. KIND OF BUSINESS OR INDUSTRY Iron Work 20
11. BIRTHPLACE (State or foreign country) Peculiar, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jenkins
BIRTHPLACE no record
14. MOTHER'S MAIDEN NAME Nannie
BIRTHPLACE No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no record
17. INFORMANT'S OWN SIGNATURE David C. Jenkins
ADDRESS Pasco, Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) accidental traumatism - auto accident — INTERVAL BETWEEN ONSET AND DEATH Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Crushed Chest
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify) accident on Highway #3
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 13
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Kootenai (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Head on car - truck accident

22. *I hereby certify that I attended the deceased from* Did not *, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE William T. Wood, M.D. (Degree or title) 583
23b. ADDRESS Coroner Coeur d'Alene Idaho
23c. DATE SIGNED 9-9-'65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE Sept. 4, 1965
24c. NAME OF CEMETERY OR CREMATORY Lewis-Clark Memo. Gar.
24d. LOCATION (City, town, or county) Lewiston, Idaho (State)

DATE REC'D BY LOCAL REG. Sept 16 1965
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER Fred Noland
LICENSE NO. 493
FIRM NAME: Brower-Wann, Lewiston, Idaho

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 22 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 3 - 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Hawkins

Certificate of Death

STATE OF IDAHO

State File No. 4057
Local Reg. No. 182
Reg. Dist. No. 120

RECEIVED
SEP 17 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 281
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d' Alene Homes 103

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Coeur d' Alene Homes

3. NAME OF DECEASED (Type or Print)
a. (First): Lillie
b. (Middle): M.
c. (Last): Danielson

4. DATE OF DEATH (Month) (Day) (Year): Sept. 7, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 25, 1895
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Tomahawk, Wisc.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Gustav Newborg — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Mary Alden — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. John E. Sweo — ADDRESS: Oregon Portland,

18. CAUSE OF DEATH 154X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic coma — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Advanced metastic malignancy — 16 mos.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 5/21/64
19b. MAJOR FINDINGS OF OPERATION: advanced adeno carcinoma of recto sigmoid
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/17, 1955, *to* 9/7/65, 19__, *that I last saw the deceased alive on* 9/7, 1965, *and that death occurred at* 3:35 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. W. Hawkins 215 M
23b. ADDRESS: 609 Sherman, Coeur d'Alene, Ida.
23c. DATE SIGNED: 9/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 10, 65
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem. Park
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: Sept. 13, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. F. Riplinger, Jr.
LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: English Chapel-Coeur d' Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 16 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4058
Local Reg. No. 1858
Reg. Dist. No. 120

BIRTH NO.

RECEIVED SEP 17 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 280 Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (in this place) Viral yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt. 2, Dalton Gardens

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 280 b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) Rt. 2

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Gale c. (Last) Pitner
4. DATE OF DEATH (Month) (Day) (Year) 9/7/65
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH 10/7/1898
9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Policeman 62
10b. KIND OF BUSINESS OR INDUSTRY City Police 02
11. BIRTHPLACE (State or foreign country) Halfway, Mo.
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME William Pitner BIRTHPLACE Mo.
14. MOTHER'S MAIDEN NAME Emmalee Hope BIRTHPLACE Mo.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 534-22-3974
17. INFORMANT'S OWN SIGNATURE Mrs. Ernestine Pitner, ADDRESS Coeur d'Alene Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/4/64, 19___, *to* 9/7/65, 19___, *that I last saw the deceased alive on* 8/1/65, 19___, *and that death occurred at* 5:02 *m., from the causes and on the date stated above.*

23a. SIGNATURE Ross Stenson 225 (Degree or title) M.D.
23b. ADDRESS Coeur d'Alene, Idaho
23c. DATE SIGNED 9/7/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-10-65
24c. NAME OF CEMETERY OR CREMATORY Restlawn Mem. Park
24d. LOCATION (City, town, or county) (State) Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG. Sept. 10 1965
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER Fred Noland LICENSE NO. 493
FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 21 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Gumprecht

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4059
Local Reg. No. 193
Reg. Dist. No. 120

BIRTH NO.

SEP 24 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 28 1 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pinewood Manor Nursing H. 24

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28 1
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 419 Dollar

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Minnie	B.	Miles	Sept. 12, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	April 25, 1888	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own HOme 01	Peckville, Penn.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Loren Finch	Unobtainable	Unobtainable	Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-10-5514	Leonard F. Morton	Spokane, Was

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma breast — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellatus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19 56, *to* ____, 19 65, *that I last saw the deceased alive on* Sept 1, 19 65, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
192 Gumprecht MD	302 N 5th	13 Sept

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 15, 65	Restlawn Memorial Pk.	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 21, 19	Lorraine K. Brush	Bill Huff	E-439

FIRM NAME: English Chapel-Coeur d' Alene, Idalc

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4060
Local Reg. No. 189
Reg. Dist. No. 120

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 280 Kootenai — SEP 2 4 1965 — 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Huetter
LENGTH OF STAY (in this place) Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Washington 48
b. COUNTY 555 Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spokane
d. STREET ADDRESS (If rural, give location) N. 4611 Gustavus Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Charlotte	Mabel	Broadbent	September 12, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	July 2, 1908	57				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 0	At Home 0	England	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Harvey Jones		Emma Greenstreet	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	539-22-9320	Frances D. Broadbent	N. 4611 Gustavus

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Accidental Traumatism Due to	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	automobile accident.	Immediate
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Multiple crush injuries	"

816.4

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 280 (COUNTY) (STATE)
accident	U.S. Highway #10	13 Huetter Kootenai Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
9-12-'65 2 A. m.		Car struck by another in rear.

22. *I hereby certify that I attended the deceased from* Did not, 19___, to ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
583 William T. Wood, M.D. Coroner	Coeur d'Alene Idaho	9-21-'65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/15/65	Riverside Memorial Park	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 21 1965	Lorraine K. Brush	Freeland	493

FIRM NAME: Hazen & Jaeger Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 24 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 8 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4061
Local Reg. No. 188
Reg. Dist. No. 120

Certificate of Death

RECEIVED
SEP 24 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (If outside place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Nursing Home 110

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Bessie
b. (Middle):
c. (Last): Adamson

4. DATE OF DEATH (Month) (Day) (Year): Sept. 12, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 3, 1892
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Music Teacher 12
10b. KIND OF BUSINESS OR INDUSTRY: School Teacher 01
11. BIRTHPLACE (State or foreign country): Preston, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Delton Booth — BIRTHPLACE: Unobtainable
14. MOTHER'S MAIDEN NAME: Cora Balwin — BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Alonez Sutton, Coeur d'Alene, Ida.

18. CAUSE OF DEATH 422.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 8/10/65

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cerebro Vascular Accident — 8/11/65
DUE TO (c): Anterio sclerotic cardio vascular disease — 10 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/11, 1965, *to* 9/12, 1965, *that I last saw the deceased alive on* 9/12, 1965, *and that death occurred at* 9:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE H. Don Moseley, M.D. (Degree or title): H. Don Moseley, M.D. 375
23b. ADDRESS: 421 Coeur d' Alene Ave. Coeur d' Alene, Idaho
23c. DATE SIGNED: 9/13/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 9-13-1965
24c. NAME OF CEMETERY OR CREMATORY (Cemetery): Oakes, North Dakota
24d. LOCATION (City, town, or county) (State): Oakes, North Dakota

DATE REC'D BY LOCAL REG.: Sept. 21, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Bill Duff
LICENSE NO.: E-439

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: English Chapel-Coeur d' Alene, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 24 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Weed

Certificate of Death

STATE OF IDAHO

State File No. 4062
Local Reg. No. 1965
Reg. Dist. No. 120

RECEIVED SEP 24 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai 28 / 3-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
LENGTH OF STAY (in this place) 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Coeur d'Alene General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 28 / b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 204 Garden Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Nora	Mabel 101	Buchanan	September 13, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	June 16, 1890	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home 01	Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Hughes	Iowa	Delia Hughes	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	539-22-5238	Mrs J.D. Walker	Ida Coeur d'Alene

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	420.1 Acute Coronary occlusion	1 hour.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Nephro lithiasis.	Several years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1958 *to* 9-13, 1965, *that I last saw the deceased alive on* 9-13, 1965, *and that death occurred at* 8 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood M.D.	Coeur d'Alene, Idaho	9-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-16-1965	Restlawn Cemetery	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 21, 1965	Lorraine K. Brush	Bill Leuff	E-439

FIRM NAME: English Chapel, Coeur d'Alene, Ida

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Wood

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 4063
Local Reg. No. 14963
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 28 SEP 2 4 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place): Bureau of Vital Statistics 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pinewood Manor N. H. 26

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Pinewood Manor N. H. 2514 N. 7

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mary	Elizabeth	Harris	Sept. 13, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	March 26, 1884	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home 01	Madison, Wisconsin	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Sam Sawley	Wisconsin	Mary Ellen Best	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	William C Harris	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 3327 Probable Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Chronic Rheumatoid Arthritis — Several years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 1960, *to* 9-13, 1965, *that I last saw the deceased alive on* 8-29, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood M.D.	Coeur d' Alene, Idaho	9-20-'65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 15, 65	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 21, 1965	Lorraine K. Brush	Bill Duff	E-499

FIRM NAME: English Chapel-Coeur d' Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 1 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Gumprecht
65-4848

Certificate of Death

RECEIVED
OCT 7 1965
Bureau of Vital Statistics

STATE OF IDAHO

State File No. 4064
Local Reg. No. 209
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 281 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 512 S. 18th Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 512 S. 18th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Markham
b. (Middle): Dale
c. (Last): Schaffer

4. DATE OF DEATH (Month) (Day) (Year): Sept. 14 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: 5-16-1965
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 3 Days 28; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY: None 00
11. BIRTHPLACE (State or foreign country): Coeur d'Alene, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME BIRTHPLACE: Robert E. Schaffer
14. MOTHER'S MAIDEN NAME BIRTHPLACE: Judith R. VandeMark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Robert E. Schaffer (RD) ADDRESS: Coeur d'Alene, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Pulmonary Congestion, edema + patchy atelectasis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Asphyxiation + anoxia

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 16, 1965, *to* Sept 10, 1965, *that I last saw the deceased alive on* Sept 10, 1965, *and that death occurred at* approx 12 noon *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lauren Gumprecht M.D. 193
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-16-1965
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Sept 29, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. F. Riplinger Jr.
LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel, Coeur d'Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4065
Local Reg. No. 187
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 281 Kootenai — SEP 22 1965 — 4-06 — Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
LENGTH OF STAY (in this place): 6 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d'Alene General Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lillie	May 101	Hunt	9/16/65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	7/4/1875	90				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	at home 01	Decatur, Ill.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Silas B. Tallman	N.Y.	Elizabeth Coiner	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	Mrs. E.W. Fritzsche	Rathdrum, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

7944

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Senility — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
192 M.D.	302 N 5th Cd A	16 Sept

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/18/65	Pinegrove Cemetery	Rathdrum, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept 17 1965	Lorraine K. Brush	Fred Noland	495

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Yates-Morse Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Daugharty

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4066
Local Reg. No. 196
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Kootenai 28 — SEP 27 1965 — Bureau of Vital Statistics — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene — LENGTH OF STAY (in this place): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 28 — b. COUNTY: Kootenai — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d' Alene General Hospt. — d. STREET ADDRESS (If rural, give location): 815 E. Garden

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Harry R.	101	McIntyre	Sept. 16, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	May 10, 1891	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Internal Revenue Agent 31	04	Michigan	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James McIntyre	Scotland	Lillian Williams	Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWI 3	518-40-6391	William A. McIntyre	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-4-63, 19__, *to* 9-15-65, 19__, *that I last saw the deceased alive on* 9-16-65, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C.M. Daugharty M.D.	816 Sherman	9-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 18, 65	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 22, 1965	Lorraine K. Brush	[signature]	E-397

FIRM NAME: English Chapel-Coeur d'Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

SEP 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 10 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 22 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 14067
Local Reg. No. 120
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenia 28 SEP 24 1965 000
b. CITY OR TOWN Coeur d' Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Coeur d' Alene Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 090 b. COUNTY Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Edgemere
d. STREET ADDRESS (If rural, give location) Edgemere, Idaho

3. NAME OF DECEASED (Type or Print) a. (First) BESSIE b. (Middle) LEA 101 c. (Last) MOORE

4. DATE OF DEATH (Month) (Day) (Year) Sept. 16, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH June 12, 1892
9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home 0
11. BIRTHPLACE (State or foreign country) Page, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jesse Yokom BIRTHPLACE New York
14. MOTHER'S MAIDEN NAME Jessie Candee BIRTHPLACE New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S OWN SIGNATURE G. Elmo Moore ADDRESS Rubert, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion With Anterior — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Infarction — 5-6 Days.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1955, 19___, *to* 9/16/65, 19___, *that I last saw the deceased alive on* 9/15/65, 19___, *and that death occurred at* 2:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Edwin C. Dredinkson (Degree or title) M.D.
23b. ADDRESS Coeur d' Alene, Idaho
23c. DATE SIGNED 9/18/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept 18 1965
24c. NAME OF CEMETERY OR CREMATORY Shoshone Gardens
24d. LOCATION (City, town, or county) Pinehurst, Idaho (State)

DATE REC'D BY LOCAL REG. Sept 21, 1965
REGISTRAR'S SIGNATURE Lorraine K. Brecht
25. EMBALMER Donald Maisel
LICENSE NO. 452

FIRM NAME: MAISEL FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 24 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4968
Local Reg. No. 27
Reg. Dist. No. 120

BIRTH NO.

Dr. J. M. Lanham

RECEIVED OCT 14 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 28 — 3-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeurd Alene — LENGTH OF STAY (in this place) 4-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cd'a General Hospital 01

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 280 — b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rathdrum, Idaho
d. STREET ADDRESS (If rural, give location) Post Office Box

3. NAME OF DECEASED (Type or Print): a. (First) MILDRED — b. (Middle) L. — c. (Last) SANDERS

4. DATE OF DEATH: (Month) Sept. (Day) 17, (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: June 18, 1885

9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01

11. BIRTHPLACE (State or foreign country): Brookings, South Dakota

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Baird — BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Alma Sage — BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Emmer C. Sanders — ADDRESS: Ferndale, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C.V.A — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) auricular fibrillation — -unknown

DUE TO (c) arteriosclerotic heart disease — -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture of right clavicle

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 2, 1965, *to* Sept 17, 1965, *that I last saw the deceased alive on* Sept 16, 1965, *and that death occurred at* 9:2 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wm. M. Lanham 627 (Degree or title) M.D.

23b. ADDRESS: Spirit Lake Idaho

23c. DATE SIGNED: 9-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-20-65

24c. NAME OF CEMETERY OR CREMATORY: Pine Grove Cemetery

24d. LOCATION (City, town, or county) (State): Rathdrum, Idaho

DATE REC'D BY LOCAL REG.: Oct. 6, 1965

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: [illegible]

LICENSE NO.: E-397

FIRM NAME: English Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 19 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Daugharty

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 4069
Local Reg. No. 197
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 280 SEP 27 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
c. LENGTH OF STAY (If outside place): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt# 2 Box-164 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Rt# 2 Box-164

3. NAME OF DECEASED (Type or Print)
a. (First): Claud
b. (Middle): D.
c. (Last): Willcox

4. DATE OF DEATH (Month) (Day) (Year): Sept. 17, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 1, 1906
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer-Millworker 04
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm 01
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Willcox — BIRTHPLACE: U.S.A.
14. MOTHER'S MAIDEN NAME: Ella Heathcocks — BIRTHPLACE: U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-03-3511
17. INFORMANT'S OWN SIGNATURE: Pearl E. Willcox — ADDRESS: Rt#2 Post Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-16-61, *19*___, *to* 9-9-65, *19*___, *that I last saw the deceased alive on* _____, *19*___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. D. Daugharty MD 128
23b. ADDRESS: 816 Sherman, Coeur d'Alene
23c. DATE SIGNED: 9-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-20-65
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeurd ' Alene, Idaho

DATE REC'D BY LOCAL REG.: Sept. 22, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Don English
LICENSE NO.: E-337

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 28 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4070
Local Reg. No. 195
Reg. Dist. No. 120

[redacted] H. Don Moseley, M.D. [illegible]

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai 281 SEP 27 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY IN (this place) 3yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1102-Cd'a Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 281 b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 1102-Cd'a Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Neil	John	MacMillan	Sept. 19, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced 4	Sept. 11, 1904	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Steamfitter	60	Coeur d' Alene, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alexander J. McMillian	Canada	Mary Jane Cameron	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	War Two 4	539-09-1794	S. A. Mc. Millan (NR)	1102-Cd'a Av. Coeur d' Alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
- - -	0	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10/12 *19*62, *to* 9/18, *19*65, *that I last saw the deceased alive on* 9/18, *19*65, *and that death occurred at* 2:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. Don Moseley, M.D.	421 Coeur d' Alene Ave. Coeur d' Alene, Idaho	9/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-23-65	St. Thomas Cemetery	Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 22 1965	Lorraine K. Brush	[illegible]	E-397

FIRM NAME: English Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

...nant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 28 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to sign the facts shall sign HIS name in addition to giving the source of information.

FEB 26 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. W. Wilson

Certificate of Death

STATE OF IDAHO

State File No. 4071
Local Reg. No. 208
Reg. Dist. No. 120

BIRTH NO.

RECEIVED OCT 7 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d' Alene Homes 103

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Coeur d' Alene Homes

3. NAME OF DECEASED (Type or Print)
a. (First): Amelia
b. (Middle): O.
c. (Last): ROckne

4. DATE OF DEATH (Month) (Day) (Year): Sept. 21, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 1883
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Matron at CDA Home 74
10b. KIND OF BUSINESS OR INDUSTRY: Nursing Home 46
11. BIRTHPLACE (State or foreign country): Minn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mikkl Rockne — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Anna Unknown — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): NOne
16. SOCIAL SECURITY NO.: 518-36-1711
17. INFORMANT'S OWN SIGNATURE: Arthur H. Olson (BD) — ADDRESS: Coeur d'Alene, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

522X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Senility and debility — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Diabetes mellitus — years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 7, 1963, *to* Sept 21, 1965, *that I last saw the deceased alive on* Sept 21, 1965 *and that death occurred at* 4:10 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 568 W. Wray Wilson M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 9-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-27-65
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: Sept 29, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. F. Ripplinger Jr.
LICENSE NO.: E-397
FIRM NAME: English Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 4 1988

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Fredrikson

Certificate of Death

STATE OF IDAHO

State File No. 4072
Local Reg. No. 4072
Reg. Dist. No. 120

BIRTH NO.

RECEIVED SEP 27 1965

1. PLACE OF DEATH 281
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 203 S. 19th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 203 S. 19th'

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): W.
c. (Last): Barnes

4. DATE OF DEATH (Month) (Day) (Year): Sept. 21, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 1, 1877
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hostler 10
10b. KIND OF BUSINESS OR INDUSTRY: Milwaukee R.R. 10
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Barnes — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Elizabeth (Unknown) — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Ethel L. Spelgatti, (Mrs. John) — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute, Coronary Occlusion, Massive: — INTERVAL BETWEEN ONSET AND DEATH: 5-10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fatal.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 1, 1965, *19*____, *to* Sept. 21, 1965, *that I last saw the deceased alive on* Sept. 1, 1965, *and that death occurred at* 1:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lenn C. Fredrikson MD.
23b. ADDRESS: Coeur d' Alene, Idaho
23c. DATE SIGNED: 9/21/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal & Cremation 3
24b. DATE: 9-23-65
24c. NAME OF CEMETERY OR CREMATORY: Smith Funeral Home
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: Sept. 23, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. F. Siplinger Jr.
LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel-Coeur d' Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: OCT 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4073
Local Reg. No. 1
Reg. Dist. No. 120

BIRTH NO.

RECEIVED Bureau of Vital Statistics SEP 24 1965

1. PLACE OF DEATH
a. COUNTY Kootenai 281 319
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
LENGTH OF STAY (in this place) 19 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City Gen. Hosp 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 281 b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 819 St. Maries Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mary	Emma	Cope	9/21/65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 2	3/6/1875	90				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	At Home 01	Whitmore Lake, Mich.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Taylor	Ireland	Bridget Laughlin	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Frances Cope	Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from _____, 1954, to 9-21, 1965, that I last saw the deceased alive on 9-21, 1965, and that death occurred at 5:27A m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood 537	M.D.	Coeur d'Alene, Idaho	9-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/23/65	St. Thomas	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 22, 1965	Lorraine K. Brush	G.D. Yates	365

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 1 4 1967

DEC 27 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 1 6 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

APR 1 1 1968

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

OCT 1 6 1970

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED OCT 1 1965

STATE OF IDAHO

State File No. 4074
Local Reg. No. 20
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH 281 3-11
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (If in hospital or institution): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d'Alene General Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 805 Sherman

3. NAME OF DECEASED (Type or Print)
a. (First): Deborah
b. (Middle): C. 101
c. (Last): McManamin

4. DATE OF DEATH (Month) (Day) (Year): 9/23/65

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 2/23/1876
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At Home 01
11. BIRTHPLACE (State or foreign country): Stillwater, Minn.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Crotty — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Johanna O'Leary — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Mary Bjorklund, Coeur d'Alene, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Acute Myocardial Infarction

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-12-65, 19__, *to* 9-23-65, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 5:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D. 128
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 9-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/26/65
24c. NAME OF CEMETERY OR CREMATORY: St. Thomas Cem.
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: Sept. 28, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Fred Noland
LICENSE NO.: 493

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Yates-Morse Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4045
Local Reg. No. 208
Reg. Dist. No. 120

BIRTH NO.

28 OCT 1 1965

3-01 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d'Alene General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 506 Reid St.

3. NAME OF DECEASED (Type or Print)
a. (First): May
b. (Middle): 101
c. (Last): Hurtley

4. DATE OF DEATH: (Month) (Day) (Year): 9/23/65

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: 3/24/1894

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: At Home 01

11. BIRTHPLACE (State or foreign country): Ontario, Michigan

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John A. McLeod
BIRTHPLACE: Mich.

14. MOTHER'S MAIDEN NAME: Christina McMillan
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-03-23

17. INFORMANT'S OWN SIGNATURE: Harley Hurtley
ADDRESS: Coeur d'Alene, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — over a year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4281

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-22, 1965, *to* 9-23, 1965, *that I last saw the deceased alive on* 9-22, 1965, *and that death occurred at* 8:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE: William T. Wood 572 (Degree or title): M.D.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/25/65

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: Sept. 24, 1965

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Fred Noland
LICENSE NO.: 495

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 16 1979

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4076
Local Reg. No. 199
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai 28 OCT 1 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pinewood Manor 261

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 28 b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 831 N. 5th. St.
LENGTH OF STAY (in this place) 4 yrs.

3. NAME OF DECEASED (Type or Print) a. (First) Ernst b. (Middle) Albin c. (Last) Carlson

4. DATE OF DEATH (Month) (Day) (Year) 9/24/65

5. SEX MAle

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH 7/30/1872

9. AGE (In years last birthday) 93 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY Farming 01

11. BIRTHPLACE (State or foreign country) Marine, Minn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Gustus Carlson BIRTHPLACE Sweden

14. MOTHER'S MAIDEN NAME Sophia Gustine BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. No

17. INFORMANT'S OWN SIGNATURE ADDRESS Herbert Carlson, Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular accident 3317X — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1952, 19___, *to* Sept, 1965, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 5:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS Coeur d'Alene, Idaho

23c. DATE SIGNED 26 Sept

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9/28/65

24c. NAME OF CEMETERY OR CREMATORY Restlawn Mem. Park

24d. LOCATION (City, town, or county) (State) Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG. Sept 28, 1965

REGISTRAR'S SIGNATURE Lorraine K. Parrish

25. EMBALMER G.D.Yates

LICENSE NO. 365

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 4 1971

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4077
Local Reg. No. 202
Reg. Dist. No. 120

Certificate of Death

RECEIVED
OCT 7 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 281 302
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d', Alene
c. LENGTH OF STAY (If not in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CDA General Hospital 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 05 Calif. 555
b. COUNTY: Riverside
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hemet, California
d. STREET ADDRESS (If rural, give location): 1052 E. Johnston Ave. 92343

3. NAME OF DECEASED (Type or Print)
a. (First): Rose
b. (Middle): Elizabeth
c. (Last): Andrews

4. DATE OF DEATH (Month) (Day) (Year): Sept. 25, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 21, 1903
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): South Dakota
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry Pudwill — BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: Rosie Edinger — BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 565-20-4161
17. INFORMANT'S OWN SIGNATURE: Welton D Andrews — ADDRESS: Hemet, Calif

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial Infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-24-65, 19__, *to* 9-25-65, 19__, *that I last saw the deceased alive on* 9-25-65, 19__, *and that death occurred at* 12:25 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 28 — (Degree or title): M. D.
23b. ADDRESS: Coeur d' Alene, Ida.
23c. DATE SIGNED: 9-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial 3
24b. DATE: 10-2-65
24c. NAME OF CEMETERY OR CREMATORY: Forest Lawn
24d. LOCATION (City, town, or county) (State): Glendale, Calif.

DATE REC'D BY LOCAL REG.: Sept. 29, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Bill Duff
LICENSE NO.: E-439 Idaho

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: English Chapel-Coeur d' Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 11 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 13 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 3 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

APR 28 1966

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4078
Local Reg. No. 20
Reg. Dist. No. 120

Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 28/ OCT 7 1965
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
LENGTH OF STAY (in this place): 1000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2223 CD'A Ave. 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28/ b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): & 2223 Coeur d' Alene Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Minnie b. (Middle) C c. (Last) Olson

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 26, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: 7-25-1889

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01

11. BIRTHPLACE (State or foreign country): North Dakota

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Andrew Foss — BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Hannah — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Alfred C Olson — ADDRESS: CD'A, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary sclerosis - — 10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 16, 1965, *to* 9/26, 1965, *that I last saw the deceased alive on* 9/26, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Rev. Stephen Wick — **23b. ADDRESS**: Coeur d Alene — **23c. DATE SIGNED**: 9/28/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-29-65

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: Sept. 29, 1965

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Bill Duff — LICENSE NO.: E-439

FIRM NAME: English Chapel-Coeur d' Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4079
Local Reg. No. 205
Reg. Dist. No. 120

RECEIVED OCT 7 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 281 3-06

a. COUNTY: Kootenai

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene

c. LENGTH OF STAY (in this place): 6 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): C.d'A.General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 281

b. COUNTY: Kootenai

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene

d. STREET ADDRESS (If rural, give location): 831 Second St.

3. NAME OF DECEASED (Type or Print)

a. (First): Marguerite

b. (Middle): 101

c. (Last): Norris

4. DATE OF DEATH (Month) (Day) (Year): 9/27/65

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: 2/23/1882

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: At Home 61

11. BIRTHPLACE (State or foreign country): Dijon, France

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Pierre A.Himatte — BIRTHPLACE: France

14. MOTHER'S MAIDEN NAME: Jeanne Alaire — BIRTHPLACE: France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-56-6746

17. INFORMANT'S OWN SIGNATURE — ADDRESS: Mrs. Glenn Dart, Coeur d'Alene, Idaho

18. CAUSE OF DEATH 443X

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive heart failure

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Hypertensive arterosclerotic Cardiovascular disease

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-26-, 1964, *to* 9-27-, 1965, *that I last saw the deceased alive on* 9-27-, 1965, *and that death occurred at* 10:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE C. J. Cederblom 082 (Degree or title): M.D.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/1/65

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: Oct. 1, 1965

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Fred Noland — LICENSE NO.: 493

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Daugharty

Certificate of Death

State File No. 4080
Local Reg. No. 204
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
OCT 7 1965
Bureau of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CD'A General Hospital 01

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 615 N. 13th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Eula
b. (Middle): L.
c. (Last): German

4. DATE OF DEATH (Month) (Day) (Year): Sept. 27, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 13, 1900
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unobtainable — BIRTHPLACE: Hutchinson Unobtainable
14. MOTHER'S MAIDEN NAME: Unobtainable — BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE (BD): Leonard German — ADDRESS: Coeur d' Alene Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Infarction

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-21-65, *19*___, *to* 9-27-65, *19*___, *that I last saw the deceased alive on* 9-27-65, *19*___, *and that death occurred at* 8:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. Daugharty M.D. 128
23b. ADDRESS: 816 Sherman, Coeur d'Alene, Ida.
23c. DATE SIGNED: 10-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-1-65
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: Oct. 4, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. F. Riplinger Jr.
LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel-Coeur d' Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: OCT 11 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4081
Local Reg. No. 203
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

BIRTH NO.

OCT 7 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 281 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1603 Lakeside 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1603 Lakeside

3. NAME OF DECEASED (Type or Print)
a. (First): Pearl
b. (Middle): E.
c. (Last): Carlson

4. DATE OF DEATH (Month) (Day) (Year): Sept. 28, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 15, 1894
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: Geo. Beedam
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Mary Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Unobtainable
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Fred R Carlson, Coeur d'Alene, Ida.

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 15 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* Sept. 28, 1965, *that I last saw the deceased alive on* Sept 26, 1965, *and that death occurred at* 8:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 188 M.D.
23b. ADDRESS: Coeur d'Alene, Ida
23c. DATE SIGNED: 10-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 1, 1965
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: Oct. 4, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Bill Duff
LICENSE NO.: E-4-439

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: English Chapel-Coeur d' Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 1 1 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 23 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Hughes

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4082
Local Reg. No. 207
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH 280 OCT 7 1965
a. COUNTY Kootenai 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt. 3 Box 605 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 280
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' kAlene
d. STREET ADDRESS (If rural, give location) Rt. 3 Box 605

3. NAME OF DECEASED (Type or Print)
a. (First) Raoul
b. (Middle) Alonzo
c. (Last) Palmer

4. DATE OF DEATH (Month) (Day) (Year) Sept. 30, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH March 22,1895
9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Farming 01
11. BIRTHPLACE (State or foreign country) Bloomington, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Journal A. Palmer
BIRTHPLACE Idaho
14. MOTHER'S MAIDEN NAME Amy Thressa Jarvis
BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 519-05-7329A
17. INFORMANT'S OWN SIGNATURE Mrs J. A. Palmer
ADDRESS Coeur d'Alene, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma stomach. — INTERVAL BETWEEN ONSET AND DEATH 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Carcinoma. Stomach c metastases
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1964, 19__, *to* 9-30, 1965, *that I last saw the deceased alive on* 9-30, 1965, *and that death occurred at* 6 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Howard A Hughes MD 251 (Degree or title)
23b. ADDRESS 118 N 7th Coeur D'Alene Idaho
23c. DATE SIGNED 10-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-4-1965
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) Coeur d'Alene (State) Idaho

DATE REC'D BY LOCAL REG. Oct. 4, 1965
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER N. F. Riplinger Jr.
LICENSE NO. E-397

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: English Chapel, Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4083
Local Reg. No. 21
Reg. Dist. No. 120

RECEIVED

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 281 OCT 14 1965 100
b. CITY OR TOWN (If outside corporate limits, write RURAL and give location): Bureau of Vital Statistics
c. LENGTH OF STAY IN (this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Phillips 66, Hwy 95 N 100 Coeur d'Alene

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1220 N. 10th st.

3. NAME OF DECEASED (Type or Print): a. (First) Donald; b. (Middle) P.; c. (Last) Aga

4. DATE OF DEATH: (Month) Sept. (Day) 30, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: April 14, 193[illegible]

9. AGE (In years last birthday): 34 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Station 11

10b. KIND OF BUSINESS OR INDUSTRY: Attendant 88

11. BIRTHPLACE (State or foreign country): South Dakota

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Melvin Leroy Aga — BIRTHPLACE: South Dakota

14. MOTHER'S MAIDEN NAME: America Laurana Reel — BIRTHPLACE: South Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1950-1954 8

16. SOCIAL SECURITY NO.: 503-20-6894

17. INFORMANT'S OWN SIGNATURE: Wilma L. Aga (Wife) — ADDRESS: Coeur d'Alene, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 14 Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis — Years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not Attend. _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 9:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lynn C Fredrickson MD.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED: 10/4/65.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-4-1965

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Oct 6 1965

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Bill Neff — LICENSE NO.: #-439

FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 15 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 25 1965

NOV 9 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4084
Local Reg. No. 100
Reg. Dist. No. 200

BIRTH NO.

RECEIVED SEP 14 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): Rt 1 Box 260

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Lester	Joseph	Scharbach	September 4 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	May 14 1917	48		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmed 04	Agriculture 01	Devon Montana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Mathew Scharback	Mt Angel, Oregon	Blanche Doolittle	Carpenter, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes WW 2	533-12-3976	Mrs. Lester J. Scharbach	Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Ventricular Fibrillation	5 min.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Myocardial Infarction	1 hr.
DUE TO (c)	Coronary Occlusion	1 hr.
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Atherosclerosis	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8/1960 19___, *to* 9/4/65 19___, *that I last saw the deceased alive on* 9/4/65, *and that death occurred at* 9:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James D Bruce	MD	Moscow, Idaho	9/7/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 7 1965	Uniontown Cemetery	Uniontown Whitman Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
September 13, 1965	Ruth L. Bruce	E. Russell Short	420

FIRM NAME: Shorts Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 15 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to sign the facts shall sign HIS name in addition to giving the source of information.

SEP 17 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 24 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4085
Local Reg. No. 101
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Juliaetta
c. LENGTH OF STAY (in this place): 12 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Juliaetta
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): EZRA
b. (Middle): FOREST
c. (Last): GRAFF

4. DATE OF DEATH (Month) (Day) (Year): September 16, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 3-8-92
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Engineer 16
10b. KIND OF BUSINESS OR INDUSTRY: Lumber Mill 11
11. BIRTHPLACE (State or foreign country): Jackson County, Illinois
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: John Graff — BIRTHPLACE: Jackson Co., Illinois
14. MOTHER'S MAIDEN NAME: Mary Robison — BIRTHPLACE: Franklin Co., Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 533-12-5701
17. INFORMANT'S OWN SIGNATURE: Delmer F. Graff — ADDRESS: Clarkston, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary sclerosis — 3 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Ruptured peptic ulcer in 1962

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1945, to _____, 1965, that I last saw the deceased alive on Apr, 1965, and that death occurred at 2:00 p m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. Christensen MD 091
23b. ADDRESS: Kendrick Idaho
23c. DATE SIGNED: Sept 20, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-18-65
24c. NAME OF CEMETERY OR CREMATORY: Garfield Cemetery
24d. LOCATION (City, town, or county) (State): Garfield, Washington

DATE REC'D BY LOCAL REG.: Sept. 23, 1965
REGISTRAR'S SIGNATURE: Ruth L. Bruce
25. EMBALMER: H E Kimball
LICENSE NO.: E 269

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

SEP 28 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4086
Local Reg. No. 102
Reg. Dist. No. 200

RECEIVED SEP 24 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kendrick
LENGTH OF STAY (in this place): 4 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Res. of Lester Crocker 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah 2-04
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kendrick
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LIDDIE	DUNTZ	AMELING	Sept. 17, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed 2	Feb. 9, 1875	(9)90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper 01	Own Home 01	Ogdon, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Duntz	no record	Margaret ?	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		no record	Lester D. Crocker	Kendrick, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION 3327

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral thrombosis	4 months
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Arteriosclerotic heart disease	5 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1932 *to* 1965, *that I last saw the deceased alive on* Sept 15, 1965, *and that death occurred at* 2:45 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D.A. Christensen 091 M.D.	Kendrick Idaho	Sept 24, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept 21, 1965	American Ridge Cemetery	Julietta, Latah Co., Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 23, 1965	Ruth L. Bruce	W. F. Black	E-426

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 2 1 2001 JUN 21 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4087
Local Reg. No. 103
Reg. Dist. No. 200

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED SEP 30 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah 290 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
c. LENGTH OF STAY (in this place): 1½ mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Geo. Alexander home 030

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 38 Oregon 555
b. COUNTY: Baker
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ox Bow
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): RUTH
b. (Middle): E.
c. (Last): LUFFMAN

4. DATE OF DEATH (Month) (Day) (Year): Sept. 18 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Feb. 19, 1909
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher 12
10b. KIND OF BUSINESS OR INDUSTRY: School 01
11. BIRTHPLACE (State or foreign country): Nezperce Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Charles F. Thomas — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Mattie Keltmer — BIRTHPLACE: Iowa
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-01-3281
17. INFORMANT'S OWN SIGNATURE: X Clyde Luffman — ADDRESS: Potlatch, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized Carcinomatosis of Abdomen

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Carcinoma of Sigmoid

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Hypostatic Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 7-1-65
19b. MAJOR FINDINGS OF OPERATION: adenocarcinoma of Sigmoid
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 7-31, 1965, *to* 9-18, 1965, *that I last saw the deceased alive on* 9-15, 1965, *and that death occurred at* 6:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph Ch. Wilson MD 567 (Degree or title)
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 9-22-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9-22-1965
24c. NAME OF CEMETERY OR CREMATORY: Nezperce
24d. LOCATION (City, town, or county): Nezperce (State): Idaho

DATE REC'D BY LOCAL REG.: Sept. 28, 1965
REGISTRAR'S SIGNATURE: Ruth L. Bruce
25. EMBALMER: Lyle A. Strottmann
LICENSE NO.: 476

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 11 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 26 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 17 1982

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4088
Local Reg. No. 104
Reg. Dist. No. 200

RECEIVED SEP 30 1965 Vital Statistics Bureau of Health

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 29 5-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (In this place): 10 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bovill
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Joseph	Zagelow	Sept	21	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	married 3	June 5, 1905	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Maintenance Super 20	Potlatch Forests 02	Kendrick, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Herman Zagelow	Germany	Marie Groh	France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-09-4318	Eleonor M. Zagelow	Bovill

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 - 3 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Gastric disturbances (has had a gastrectomy and a vagotomy - 4 years ago)

DUE TO (c) Tension state due to job

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* family physician, 19____, *to* _____, 19____, *that I last saw the deceased alive on* Sept. 21, 1965, *and that death occurred at* 8:22 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ken Lee M.D. 310 Ferdin.	Moscow Clinic, Moscow, Idaho	9-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Sept 24, 1965	Moscow Catholic Cem.	Moscow	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 28, 1965	Ruth L. Bruce	Donald Ward	E-380

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 26 1984

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4089
Local Reg. No. 105
Reg. Dist. No. 200

RECEIVED SEP 30 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 291 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location): 650 Cedar

3. NAME OF DECEASED (Type or Print)
a. (First): EMMA
b. (Middle): NORA
c. (Last): GOTTSCHALK

4. DATE OF DEATH (Month) (Day) (Year): Sept. 22, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 3-12-1891
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Marinette, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: August Panzlau — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Emma Getlee — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Lyle Gottschalk — ADDRESS: Palouse, Wash.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart disease - years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 15, 1963, *to* Sept 22, 1965, *that I last saw the deceased alive on* Sept 22, 1965, *and that death occurred at* 5:45 PM, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. Adams, MD 001
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 9/24/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-25, 1965
24c. NAME OF CEMETERY OR CREMATORY: Freeze Cemetery
24d. LOCATION (City, town, or county) (State): Latah Co., Idaho

DATE REC'D BY LOCAL REG.: Sept. 28, 1965
REGISTRAR'S SIGNATURE: Ruth L. Bruce
25. EMBALMER: H. E. Kimball
LICENSE NO.: E269

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Kimball Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4090
Local Reg. No. 106
Reg. Dist. No. 200

Certificate of Death

RECEIVED
SEP 30 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 291 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 5 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): I.G.A. Store 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 291
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 318 So. Howard

3. NAME OF DECEASED (Type or Print)
a. (First): Vernon
b. (Middle): William
c. (Last): Norton

4. DATE OF DEATH (Month) (Day) (Year): Sept 22 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: July 3, 1903
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): warehouseman 29
10b. KIND OF BUSINESS OR INDUSTRY: Seed Co. 07
11. BIRTHPLACE (State or foreign country): Raymond, S.D.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas J. Norton — BIRTHPLACE: Wisc.
14. MOTHER'S MAIDEN NAME: Ida Mae Russell — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-16-9124
17. INFORMANT'S OWN SIGNATURE: Vera Norton — ADDRESS: Moscow, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary artery disease
DUE TO (c): Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
acute myocardial infarction in 1963

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 64, 1954, *to* 9-22-1965, *that I last saw the deceased alive on* 8-31-1965, *and that death occurred at* 10.00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph Wilson 567 (Degree or title): MD
23b. ADDRESS: 80 Box 556 Moscow, Idaho
23c. DATE SIGNED: 9-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 25, 1965
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: Sept. 28, 1965
REGISTRAR'S SIGNATURE: Ruth L. Bruce
25. EMBALMER: Donald Ward — LICENSE NO.: E-380

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 1 1965

DEC 1 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician: Dropped over with chest pain at F.G.A. store, was brought to hospital by ambulance & was dead on arrival

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4091
Local Reg. No. 104
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah 291 OCT 6 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (in this place) D. O. A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Memorial Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 291
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 116 North Howard

3. NAME OF DECEASED (Type or Print)
a. (First) Stan
b. (Middle) Christian
c. (Last) Black

4. DATE OF DEATH (Month) (Day) (Year) September 23 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 1
8. DATE OF BIRTH August 8, 1965
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 1 Days 15 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 02
10b. KIND OF BUSINESS OR INDUSTRY None 00
11. BIRTHPLACE (State or foreign country) Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Arthur Black BIRTHPLACE Penn.
14. MOTHER'S MAIDEN NAME Patricia Liane Kinsella BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ——
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs. Lyle Kinsella ADDRESS Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

921.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation in crib

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) due to aspiration of
DUE TO (c) Vomited Formula

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-23-, 1965, *to* 9-23, 1965 *that I last saw the deceased alive on* did not 19__, *and that death occurred at* 5 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE David C. Valder MD (Degree or title)
23b. ADDRESS Moscow Idaho
23c. DATE SIGNED 9-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE September 25 1965
24c. NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
24d. LOCATION (City, town, or county) (State) Potlatch Latah Idaho

DATE REC'D BY LOCAL REG. Oct. 4, 1965
REGISTRAR'S SIGNATURE Ruth L. Bruce
25. EMBALMER E. Russell Short
LICENSE NO. E. 420

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Shorts Funeral Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4092
Local Reg. No. 108
Reg. Dist. No. 200

BIRTH NO.

RECEIVED
OCT 6 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 29
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 1110 So. Main

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lavinia	Adeline	Gross	Sept	24	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	never married	Dec 13 1892	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Secretary 25	06	Webster, S.D.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Phillip Gross	Sweden	Emma Olson	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-36-1461	X Mrs. Lacey J. McCarey	Cal.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

E 331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. carcinoma of the abdomen (?)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9 23 65	Ca	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-21, 1965, *to* 9-24, 1965, *that I last saw the deceased alive on* 9-24, 19 65, *and that death occurred at* 2:05 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Earl M Dimmick MD	Moscow Idaho	9-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept 27-1965	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 4, 1965	Ruth L. Brand	E. Russell Short	E-420

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: OCT 8 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4093
Local Reg. No. 109
Reg. Dist. No. 200

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 6 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 291
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 5 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latah Nursing Home 306 ~~#5~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 291
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 504 So. Monroe

3. NAME OF DECEASED (Type or Print)
a. (First): Eva
b. (Middle): Orby
c. (Last): Randall

4. DATE OF DEATH (Month) Sept (Day) 25 (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Apr 16, 1886
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John E. Randall — BIRTHPLACE: Ill.
14. MOTHER'S MAIDEN NAME: Mary E. Wheeler — BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Frank Randall — ADDRESS: Moscow

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Hypertension — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1964, *to* Sept 25, 1965, *that I last saw the deceased alive on* Sept 11, 1965, *and that death occurred at* 5:55 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D E Adams, M.D. 001
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 9/28/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 30-1965
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county): Moscow — (State): Idaho

DATE REC'D BY LOCAL REG.: Oct. 4, 1965
REGISTRAR'S SIGNATURE: Ruth L. Bruce
25. EMBALMER: E Russell Short — LICENSE NO.: E-420

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Short's Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 15 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 1 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4094
Local Reg. No. 112
Reg. Dist. No. 200

RECEIVED OCT 14 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah 29 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
LENGTH OF STAY (in this place) 52 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Latah Nursing Home 306

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 290 b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Juliaetta
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Alvin b. (Middle) Joel c. (Last) Shenaman

4. DATE OF DEATH (Month) Sept (Day) 25 (Year) 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3

8. DATE OF BIRTH Feb 5, 1888

9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter, ret. 37

10b. KIND OF BUSINESS OR INDUSTRY Building 06

11. BIRTHPLACE (State or foreign country) Hebron, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Phillip Shenaman BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Martha Myers BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 512-09-2865

17. INFORMANT'S OWN SIGNATURE Florence J Shenaman ADDRESS Juliaetta

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

3317

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Thrombosis

DUE TO (c) Generalized A-S + Diabetes 20yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1, 1965, to Sept 25, 1965, *that I last saw the deceased alive on* Sept 24, 1965 *and that death occurred at* 4:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Philip A. Speck MD (Degree or title)

23b. ADDRESS Genesee Idaho

23c. DATE SIGNED 9-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Sept 28, 1965

24c. NAME OF CEMETERY OR CREMATORY Moscow Cemetery

24d. LOCATION (City, town, or county) Moscow (State) Idaho

DATE REC'D BY LOCAL REG. Oct. 11, 1965

REGISTRAR'S SIGNATURE Ruth L. Bruce

25. EMBALMER E. Russell Short

LICENSE NO. E-420

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4095
Local Reg. No. 110
Reg. Dist. No. 200

BIRTH NO.

RECEIVED
OCT 6 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 3-01 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Anna	K.	Owen	9/27/65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed 3	3/29/1885	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	At Home 01	Denmark	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Georgensen Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	Glenn B. Owen	Moscow, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation - acute — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Massive Myocardial infarction — 1 hr
DUE TO (c) Coronary Occlusion — 1 hr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/26/65, 19__, *to* 9/27/65, 19__, *that I last saw the deceased alive on* 9/27/65, 19__, *and that death occurred at* 4:02 PM, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Thomas D Bain M.D.	Moscow, Idaho	9/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/30/65	Pinegrove Cemetery	Rathdrum, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 4, 1965	Ruth S. Bruce	Gilbert Yates	

FIRM NAME: Yates-Morse

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 8 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 15 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4096
Local Reg. No. 111
Reg. Dist. No. 200

BIRTH NO. RECEIVED STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah 291 OCT 6 1965 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow B
c. LENGTH OF STAY (in this place): 3 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 291
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 331 N. Garfield

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital 412

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Marie		Early	Sept. 29, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 2	Sept. 8, 1903	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	at home	Moscow, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
DeYoung	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518-01-8453	X Geraldine Early Boyle	Idaho Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Rheumatic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 54 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic Fever — 54 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June, 1953, *to* Sept, 1965, *that I last saw the deceased alive on* Sept 28, 1965, *and that death occurred at* 12:10A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
015 John L. Myers M.D.	Moscow, Idaho	Sept 30-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Oct. 1, 1965	Moscow Cemetery	Moscow	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 4, 1965	Ruth LeBaron	Donald Ward	E-30

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

OCT 8 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4097
Local Reg. No. 67
Reg. Dist. No.

STATE OF IDAHO

BIRTH NO.

RECEIVED
SEP 17 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Lemhi 300
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon 000
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Steele Mem. Hospital 117

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 300
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Fern	Keppner	Carlson	9	1	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Nov. 23, 1920	44	9	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Dubois, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hyrum Keppner — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Laura Rosella Saurey — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Fern Carlson — ADDRESS: Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mesenteric thrombosis — ?
DUE TO (c) Bowel obstruction — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

570.2

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 57 *to* 9-1-, 19 65, *that I last saw the deceased alive on* 9-1, 1965, *and that death occurred at* 7 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
369 M. Moore, MD	Salmon, Idaho	9-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	9-4-65	Burton	Rexburg, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-14-65	Viola E. Johnson	Delbert Jones	Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

JUN 22 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signature of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature. APR 16 1980

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Jones Funeral Home Lic. No. E369 at Salmon, Ida. on 9-1-65

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4098
Local Reg. No. 670
Reg. Dist. No.

BIRTH NO.

RECEIVED SEP 17 1965 Bureau of Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Lemhi 300 2-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoup
c. LENGTH OF STAY (in this place): 4 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 mis. below Shoup 300

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana 555
b. COUNTY: Missoula
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Missoula
d. STREET ADDRESS (If rural, give location): ElMar Trailer Village

3. NAME OF DECEASED (Type or Print): a. (First) Thomas b. (Middle) Pearson c. (Last) Melton

4. DATE OF DEATH (Month) (Day) (Year): Sept. 2, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Nov. 4, 1916

9. AGE (In years last birthday): 48 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cat operator 52

10b. KIND OF BUSINESS OR INDUSTRY: Rocky Mtn. Constr. 01

11. BIRTHPLACE (State or foreign country): Montana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas Melton
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 516-09-4136

17. INFORMANT'S OWN SIGNATURE: Ona Mae Sorenson
ADDRESS: Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Compound skull fracture and

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): crushed chest
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 0

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 20 13

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 4 mis. below Shoup, Lemhi, Ida.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-2-65 2:30 P.M.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Wall of rock tumbled onto him while operating bulldozer

22. *I hereby certify that I attended the deceased from* None *19____, to ____, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Moore, MD 269

23b. ADDRESS: Salmon Idaho

23c. DATE SIGNED: 9-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial & Rem.

24b. DATE: 9-3-65

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Missoula, Montana

DATE REC'D BY LOCAL REG.: 9-14-65

REGISTRAR'S SIGNATURE: Viola E. Johnson

25. FUNERAL DIRECTOR: Dellert Jones
ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

SEP 17 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 11 1982

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

DEC 11 1985

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Delbert C. Jones Lic. No. E369 at Salmon on 9-2-65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 4099
Local Reg. No. 6
Reg. Dist. No.

BIRTH NO.

RECEIVED
SEP 17 1965

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Lemhi (300)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 17 mis. So. of Salmon (000)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California (05) b. COUNTY: (555)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): High Grove
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Leo	Allen	Pingree	Sept. 7, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	Dec. 15, 1897	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00	00	Murrieta, Calif.	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John O. Pingree	Kansas	Maude Schaffer	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	WW#2 4	553-05-4559	Taken from papers	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Asphyxiation by drowning — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	(06)	(73) nr. Salmon, Lemhi, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
9-7-65 6:30A m.		Car struck a rock on Hiway 93 & went into River

22. *I hereby certify that I attended the deceased from* None, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
369 W Moore MD	Salmon Idaho	9-10 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	9-8-65	Olivewood	Riverside, Calif.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-14-65	Viola E. Johnson	Milton Jones	Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

SEP 17 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Delbert mC. Jones Lic. No. E369 at Salmon on 9-7-65

ADDITIONAL REMARKS by Physician

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 4100

Local Reg. No. 678

Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 300 Lemhi SEP 17 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
c. LENGTH OF STAY IN (this place) 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 17 mis. So. of Salmon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 05 California b. COUNTY 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) High Grove
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Vale c. (Last) Pingree, Sr.

4. DATE OF DEATH (Month) (Day) (Year) Sept. 7, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH June 24, 1902

9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 60

10b. KIND OF BUSINESS OR INDUSTRY 60

11. BIRTHPLACE (State or foreign country) Riverside, Calif.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John O. Pingree BIRTHPLACE Kansas

14. MOTHER'S MAIDEN NAME Maude Schaffer BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 572-26-9533

17. INFORMANT'S OWN SIGNATURE Taken from papers ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation by drowning — INTERVAL BETWEEN ONSET AND DEATH 0

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 06

21c. (CITY, TOWN, OR TOWNSHIP) 13nr. Salmon, (COUNTY) Lemhi, (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-7-65 6:30Am.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Car struck a rock on Hiway 93 & went into River

22. *I hereby certify that I attended the deceased from* None, 19___, to ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE 369 W. Moore (Degree or title)

23b. ADDRESS Salmon Idaho

23c. DATE SIGNED 9-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 9-8-65

24c. NAME OF CEMETERY OR CREMATORY Olivewood

24d. LOCATION (City, town, or county) (State) Riverside, Calif.

DATE REC'D BY LOCAL REG. 9-14-65

REGISTRAR'S SIGNATURE Viola E. Johnson

25. FUNERAL DIRECTOR Delbert C. Jones ADDRESS Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 17 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 29 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Delbert C. Jones Lic. No. E369 at Salmon on 9-7-65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 4101
Local Reg. No. 6401
Reg. Dist. No.

BIRTH NO.

RECEIVED SEP 27 1965 Bureau of Vital Statistics

1. PLACE OF DEATH — a. COUNTY: Lemhi 300 4-04 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon — LENGTH OF STAY (in this place): few hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial 117

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Texas 555 — b. COUNTY: — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Benbrook
d. STREET ADDRESS (If rural, give location): Sproles Ranch

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
George	Washington	Jary	Sept. 14, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	never married	May 30, 1901	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): C P A 72 — 10b. KIND OF BUSINESS OR INDUSTRY: 67 — 11. BIRTHPLACE (State or foreign country): San Antonio, Texas — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William E. Jary, Sr. — BIRTHPLACE: unknown — 14. MOTHER'S MAIDEN NAME: Jonie Saunders — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no — 16. SOCIAL SECURITY NO.: unknown — 17. INFORMANT'S OWN SIGNATURE: Taken from papers — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9-14, 19 65, *to* 9-14, 1965, *that I last saw the deceased alive on* 9-14, 19 65, *and that death occurred at* 10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. M. Moore M.D.	Salmon, Idaho	9-18-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	9-16-65		Fort Worth, Texas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-20-65	Viola E Johnson	Delbert A Jones	Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

SEP 28 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Delbert C. Jones Lic. No. E369 at Salmon on 9-14-65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4102
Local Reg. No.
Reg. Dist. No.

RECEIVED SEP 27 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 300
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): North Fork
c. LENGTH OF STAY (in this place): 6 1914
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Stenersen ranch 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 300
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): North Fork
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Andrew
b. (Middle): Bernt
c. (Last): Stenersen

4. DATE OF DEATH (Month) (Day) (Year): Sept. 14, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Apr. 20, 1891
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): rancher 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Hornset, Norway
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Bernt Stenersen — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Gunhild Mickelsen — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-42-8045
17. INFORMANT'S OWN SIGNATURE: Jennie E. Herman — ADDRESS: Salmon

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 10 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1965, *to* Sept 14, 1965, *that I last saw the deceased alive on* Sept 1, 1965, *and that death occurred at* 4 P *m., from the causes and on the date stated above.*

23a. SIGNATURE 474 (Degree or title): Roy W. Sinclair, Jr. — **23b. ADDRESS**: Salmon Ida — **23c. DATE SIGNED**: 9-18-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-18-65
24c. NAME OF CEMETERY OR CREMATORY: Gibbonsville
24d. LOCATION (City, town, or county) (State): Gibbonsville, Idaho

DATE REC'D BY LOCAL REG.: 9-20-65
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Delbert C. Jones Lic. No. E369 at Salmon on 9-14-65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 6 1965 Bureau of Vital Statistics

State File No. 4103
Local Reg. No. 67
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH 300
a. COUNTY: Lemhi 2-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 3 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial 117

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California 05
b. COUNTY: 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Merced
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Ernest
b. (Middle): James
c. (Last): Bartlett

4. DATE OF DEATH (Month) (Day) (Year): Sept. 18, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 14, 1884
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Merced, California
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Bartlett — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Josephine Trosper — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 564-01-1149
17. INFORMANT'S OWN SIGNATURE: Irene Bartlett — ADDRESS: Merced, Calif.

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Coronary Artery Disease
Asthma

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-15, 1961, *to* 9-18, 1965, *that I last saw the deceased alive on* 9-18, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Johnson 263 MD
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: 9-27 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-21-65
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: Oct 2nd 65
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Delbert C. Jones Lic. No. E369 at Salmon on 9-18-65

ADDITIONAL REMARKS by Physician .....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4194
Local Reg. No. 6784
Reg. Dist. No.

RECEIVED OCT 6 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi 300
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 34 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Clair, Michigan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 300
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Fred	W.	Parker	Sept. 21, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	widowed 2	Oct. 27, 1869	95				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
sheep shearer 66	03	St. Clair, Michigan	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Parker	unknown	Rosana unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	Taken from records	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Salmon Lemhi Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May, 1965, *to* 9-20, 1965, *that I last saw the deceased alive on* 9-20, 1965, *and that death occurred at* _____ m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Earl Johnson 263 MD	Salmon Idaho	9-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-23-65	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct. 2-1965	Viola E. Johnson	Albert C. Jones	Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Delbert C. Jones Lic. No. E369 at Salmon on 9-21-65

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4105
Local Reg. No. 678
Reg. Dist. No.

RECEIVED
OCT 11 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 300 Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) Salmon
c. LENGTH OF STAY IN (this place) 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Steele Memorial-1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 300
b. COUNTY Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Myrtle b. (Middle) Boice 117 c. (Last) Brown

4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Apr. 19, 1893

9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home 01

10b. KIND OF BUSINESS OR INDUSTRY 01

11. BIRTHPLACE (State or foreign country) Oxford, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Martin Calvin Boice | BIRTHPLACE Illinois

14. MOTHER'S MAIDEN NAME Louisa Marshall | BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT'S OWN SIGNATURE Stella Brown | ADDRESS Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Rectum | INTERVAL BETWEEN ONSET AND DEATH unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerosis Coronary unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 1965, to Sept 26 1965, that I last saw the deceased alive on Sept 26 1965 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 045

23b. ADDRESS Salmon Idaho

23c. DATE SIGNED 9-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-29-65

24c. NAME OF CEMETERY OR CREMATORY Lovell

24d. LOCATION (City, town, or county) (State) Lovell, Wyoming

DATE REC'D BY LOCAL REG. Oct 6th 65

REGISTRAR'S SIGNATURE Viola E. Johnson

25. FUNERAL DIRECTOR Albert C. Jones | ADDRESS Salmon, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-46021

DUTIES: AUG 9 1977

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4196
Local Reg. No. 696
Reg. Dist. No.

BIRTH NO.

RECEIVED
OCT 1 1965
Bureau of Vital Statistics

1. PLACE OF DEATH — a. COUNTY: Lemhi 300 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon — LENGTH OF STAY (in this place): 55 yrs. — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial-1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 300 — b. COUNTY: Lemhi — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon — d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) — a. (First): Minnie — b. (Middle): Alverna 117 — c. (Last): Stricklan

4. DATE OF DEATH — (Month) (Day) (Year): Sept. 26, 1965

5. SEX: Female — 6. COLOR OR RACE: White — 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Jan. 28, 1878 — 9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home 01 — 10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Noble Co., Indiana — 12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob Mull — BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Hester Whelan — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 518-60-2085

17. INFORMANT'S OWN SIGNATURE: Maynard V. Stricklan — ADDRESS: Salmon, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4918

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, recurrent — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pulmonary edema — 3 weeks

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) — 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 61, *to* 9-26, 19 65, *that I last saw the deceased alive on* 9-26, 1965, *and that death occurred at* 5 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M Moore MD 369 — 23b. ADDRESS: Salmon, Idaho — 23c. DATE SIGNED: 9-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: 9-29-65 — 24c. NAME OF CEMETERY OR CREMATORY: Salmon — 24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: Oct 6th 65 — REGISTRAR'S SIGNATURE: Viola E. Johnson — 25. FUNERAL DIRECTOR: Albert C. Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Delbert C. Jones Lic. No. E369 at Salmon on 9-26-65

ADDITIONAL REMARKS by Physician

RECEIVED (Vital Statistics)

Certificate of Death

STATE OF IDAHO

State File No. 4107
Local Reg. No. 6
Reg. Dist. No. 232

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lewis 310 SEP 27 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nezperce
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Nezperce Rochedale Elevator

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 280
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spirit Lake
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Richard	000	Clifford	9/15/65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	12/16/1912	52				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Millwright 09	Building 05	Hagerman, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William H. Clifford	Utah	Anna Olsen	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-09-7969	Mrs. Mary E. Clifford	Spirit Lake Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

912.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Chest, Internal, XXXXXXX — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 310 (COUNTY) (STATE)
Accident	19 B Nezperce	Lewis Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
Sept. 15 1965 2 P.m.		Crushed by Man Lift in Grain Elevator

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Philip C. Clavin 583	Coroner, Lewis Co. 4	Craigmont Idaho	9-20-1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial 3	9/18/65	Greenwood Cemetery	Spirit Lake, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9/20/65	Philip C. Clavin	Robert Larrabee	QL 802

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Merchant Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 28 1965

APR 12 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to report the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. . For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

SEP 27 1965

Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4108
Local Reg. No. 5
Reg. Dist. No. 32

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY Lewis 310 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Greer
c. LENGTH OF STAY (in this place) few min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) U. S. Highway # 12 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 180
b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Greer
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	BILLY	JOE	PHILLIPS	Sept. 16 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	never married	Jan. 29, 1961	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 02
10b. KIND OF BUSINESS OR INDUSTRY none 00
11. BIRTHPLACE (State or foreign country) Orofino Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles C. Phillips — BIRTHPLACE Arkansas
14. MOTHER'S MAIDEN NAME Delores Moore — BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE X Charles B. Phillips ADDRESS Greer

18. CAUSE OF DEATH 812.4

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Neck — INTERVAL BETWEEN ONSET AND DEATH: 15 Min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 06
21c. (CITY, TOWN, OR TOWNSHIP) 310 Near, Greer **(COUNTY)** Lewis **(STATE)** Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 16 1965 1:30 P
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Pedestrian, Auto Accident

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Philip L. Clavis	Coroner, Lewis Co.	Craigmont Idaho	9-20-1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	9-20-1965	L-C Memorial Gardens	Lewiston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9/20/65	Philip L. Clavis	Lyle L. Gilbertson	476

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: GILBERTS FUNERAL CHAPEL

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4109
Local Reg. No. 625
Reg. Dist. No. 430

RECEIVED
OCT 11 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 320 000
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): North of Shoshone Ice Caves

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Box 267 Route 3

3. NAME OF DECEASED (Type or Print)
a. (First): Freeman
b. (Middle): B.
c. (Last): Goodwin

4. DATE OF DEATH (Month) (Day) (Year): Sept. 25, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 12, 1914
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: Construction 20
11. BIRTHPLACE (State or foreign country): Birmingham, Alabama
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Finis Goodwin — BIRTHPLACE: Alabama
14. MOTHER'S MAIDEN NAME: Ella Smith — BIRTHPLACE: Alabama

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 425-68-8027
17. INFORMANT'S OWN SIGNATURE: Narlene Goodwin — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH 825.4
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed chest & fractured Cerv Spine — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) auto accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 06
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 17 miles North
21c. (CITY, TOWN, OR TOWNSHIP) 320 (COUNTY) (STATE): 3 Shoshone on US 93 Lincoln Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 25 1965 2:30 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? One car auto accident

22. *I hereby certify that I attended the deceased from* Did not see alive, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 583, Coroner 4
23b. ADDRESS: Box 68 Shoshone Idaho
23c. DATE SIGNED: Oct 4, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-29-1965
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Shelley, Idaho

DATE REC'D BY LOCAL REG.: 10-8-65
REGISTRAR'S SIGNATURE: Francis M. Bergin
25. EMBALMER: Francis M. Bergin
LICENSE NO.: E-463

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Wood Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 15 1965

NOV 2 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 25 1975

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 4110
Local Reg. No. 32
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Madison 331 SEP 23 1965 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison Memorial Hosp. 123

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 330 b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural- Archer
d. STREET ADDRESS (If rural, give location) Thornton Box 65, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First) Clarence b. (Middle) Marcellus c. (Last) Cheney

4. DATE OF DEATH (Month) (Day) (Year) Sept. 3, 1965

5. SEX Male
6. COLOR OR RACE Cauc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH August 8, 1890
9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 70
10b. KIND OF BUSINESS OR INDUSTRY Railroad 00
11. BIRTHPLACE (State or foreign country) Huntington, Emery Co., Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME David Cheney BIRTHPLACE Springville, Utah
14. MOTHER'S MAIDEN NAME Lodema Hutchings BIRTHPLACE Springville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Wendell B. Cheney ADDRESS 163 N 6 E Kaysville, Utah

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1965, *to* 9-3, 1965, *that I last saw the deceased alive on* 9-3, 1965, *and that death occurred at* 9 10 am *m., from the causes and on the date stated above.*

23a. SIGNATURE Lester J. Peterson 43 MD (Degree or title)
23b. ADDRESS Rexburg Idaho
23c. DATE SIGNED 9-4-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/6/65
24c. NAME OF CEMETERY OR CREMATORY Sutton Cemetery
24d. LOCATION (City, town, or county) (State) Archer, Madison, Idaho

DATE REC'D BY LOCAL REG. 9-5-65
REGISTRAR'S SIGNATURE Leona Flamm
25. EMBALMER Russel Flamm
LICENSE NO. E-254

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flamm Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4111
Local Reg. No. 911
Reg. Dist. No. 630

65-9567 RECEIVED SEP 23 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison 321 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital 123

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 330
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Archer (Rural)
d. STREET ADDRESS (If rural, give location): Thornton Rt. 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	KIM	JAY	OAKEY	Sept.	3,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married 7	Sept. 2, 1965			1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Rexburg, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Max Oakey	Plano, Idaho	Jo Ann Drown	Adrian Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Max Oakey
ADDRESS: Thornton Rt. Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 13 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 2, 1965, *to* Sept 3, 1965, *that I last saw the deceased alive on* Sept 3, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): 521 Alden Tall, M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/4/65
24c. NAME OF CEMETERY OR CREMATORY: Sutton
24d. LOCATION (City, town, or county) (State): Archer Madison Idaho

DATE REC'D BY LOCAL REG.: 9-20-65
REGISTRAR'S SIGNATURE: Leona Flamm
25. EMBALMER: [signature]
LICENSE NO.: E347
FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 19 1981

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4312
Local Reg. No. 3
Reg. Dist. No. 630

Certificate of Death

STATE OF IDAHO

BIRTH NO.

SEP 23 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Madison 331
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (in this place) 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rexburg Rest Home 307

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 331
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
d. STREET ADDRESS (If rural, give location) College Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) EDNA
b. (Middle) Ione
c. (Last) RICKS

4. DATE OF DEATH (Month) (Day) (Year) Sept. 17, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 1
8. DATE OF BIRTH Nov. 9, 1893
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher 12
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Rexburg, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Nathan Ricks — BIRTHPLACE Centerville, Utah
14. MOTHER'S MAIDEN NAME Jeanette McKinley Townhill — BIRTHPLACE Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-36-5440
17. INFORMANT'S OWN SIGNATURE Thora Heileson — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebrovascular Accident — 3 wks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes Mellitus — 5 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1952, *to* Sept, 1965, *that I last saw the deceased alive on* Sept 17, 1965, *and that death occurred at* 11:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 409 (Degree or title)
23b. ADDRESS Rexburg Idaho
23c. DATE SIGNED 9-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/21/65
24c. NAME OF CEMETERY OR CREMATORY Rexburg
24d. LOCATION (City, town, or county) Rexburg Madiosn (State) Idaho

DATE REC'D BY LOCAL REG. 9-20-65
REGISTRAR'S SIGNATURE Leona Flamm
25. EMBALMER [signature]
LICENSE NO. E347

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAR 6 1981

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4113
Local Reg. No. 34
Reg. Dist. No. 630

RECEIVED OCT 20 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 331
a. COUNTY: MADISON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): REXBURG
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 36 South 3rd East 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 331
b. COUNTY: MADISON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): REXBURG
d. STREET ADDRESS (If rural, give location): 36 South 3rd East

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): SEITARO
c. (Last): MANABE

4. DATE OF DEATH (Month) (Day) (Year): 29 Sept 65

5. SEX: Male
6. COLOR OR RACE: Japanese 5
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 1 March 1880
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Uragami, Wakayama, Japan
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Sanzo Manabe — BIRTHPLACE: Japan
14. MOTHER'S MAIDEN NAME: Owasa Yokoshiro — BIRTHPLACE: Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-60-1669
17. INFORMANT'S OWN SIGNATURE: Ted L. Hilsida — ADDRESS: Teton, Idaho

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1960, *to* Sept 29, 1965, *that I last saw the deceased alive on* Sept 29, 1965, *and that death occurred at* 11:30PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Blaine H Parsey MD 409
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: 9-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2 Oct 65
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Chapel
24d. LOCATION (City, town, or county) (State): Idaho Falls, Bonneville, Idaho

DATE REC'D BY LOCAL REG.: 10-2-65
REGISTRAR'S SIGNATURE: Leona Flamm
25. EMBALMER: M D Hansen
LICENSE NO.: E-354

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hansen Memorial Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4114
Local Reg. No. 67
Reg. Dist. No. 450

RECEIVED
SEP 15 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 340 3-06
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 05 California
b. COUNTY 555 San Joaquin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Stockton
d. STREET ADDRESS (If rural, give location) 1146 west Mendocino

3. NAME OF DECEASED (Type or Print) a. (First) Nellie b. (Middle) 125 Blythe c. (Last) Hickman

4. DATE OF DEATH (Month) Sept (Day) 9 (Year) 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH July 22 1884
9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Clayton Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Beall BIRTHPLACE Pennsylvania
14. MOTHER'S MAIDEN NAME Lina May Bradley BIRTHPLACE Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 517-38-5284
17. INFORMANT'S OWN SIGNATURE x Mrs. J. A. Whitaker ADDRESS Route 1 Paul Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myo cardiac — INTERVAL BETWEEN ONSET AND DEATH 2 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) congestive heart failure — 2 days.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 6, 1965, *to* Sept 8, 1965, *that I last saw the deceased alive on* Sept 8, 1965, *and that death occurred at* 6 A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 365 (Degree or title)
23b. ADDRESS Rupert Idaho
23c. DATE SIGNED 9-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 9-12-65
24c. NAME OF CEMETERY OR CREMATORY Mt View Cemetery
24d. LOCATION (City, town, or county) (State) Butte Montana

DATE REC'D BY LOCAL REG. 9-13-65
REGISTRAR'S SIGNATURE Mary Ellen Carlson
25. EMBALMER Robert C Walk LICENSE NO. E 294
FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4115
Local Reg. No. 1466
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 340 Minidoka — SEP 22 1965 — 2-01
b. CITY OR TOWN (If outside corporate limits, write township): Rupert — Length of Stay (in this place): wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Between home and hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 45 Utah — b. COUNTY: 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richfield, Utah
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Oran	A.	Jackson	Sept. 11, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	May 1, 1895	70	4	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer 04	Farming 01	Glenwood, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Edward Jackson	S. L. C., Utah	Eliza Jane Shaw	Provo, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	519-03-1138	X Lena S. Carlson	197 W. 1st South Richfield, Utah

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Arteriosclerotic Heart Disease	5 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7-29-65	Upper GI bleeding, etiology undetermined. Abdominal aortic aneurysm.	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7-28-65, 19____, *to* 9-11-65, 19____, *that I last saw the deceased alive on* 9-2-65, 19____, *and that death occurred at* 9:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Eugene R. Palmer 239	M. D.	Burley, Idaho	9-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	9-11-1965	Shoshone Cemetery	Shoshone, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 20-65	Beth H. Pearson	Francis M. Bergin	E-463

FIRM NAME: Bergin Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

SEP 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4116
Local Reg. No. 78
Reg. Dist. No. 450

BIRTH NO.

OCT 4 1965

Vital Statistics

1. PLACE OF DEATH — a. COUNTY: Minidoka 340 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert — c. LENGTH OF STAY (in this place): 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 340 — b. COUNTY: Minidoka — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hospital — d. STREET ADDRESS (If rural, give location): 101 C Street

3. NAME OF DECEASED (Type or Print) — a. (First): Martha — b. (Middle): Margaret 125 — c. (Last): Luetjen

4. DATE OF DEATH — (Month) (Day) (Year): Sept 24 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Sept 20 1909

9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Mercer Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Louie Balser — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Agusta Garz — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-24-6034

17. INFORMANT'S OWN SIGNATURE: Eddie J. Luetjen — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Sarcoma of uterus with multiple metastasis — INTERVAL BETWEEN ONSET AND DEATH: Not known

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Cause not known

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 16, 1964, *to* Sept 24, 1965, *that I last saw the deceased alive on* Sept 23, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Q J Dalley 127 — (Degree or title): MD

23b. ADDRESS: 702 G St Rupert Idaho

23c. DATE SIGNED: 9/28/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept 27 1965

24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery

24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 10-1-65

REGISTRAR'S SIGNATURE: Mary Ellen Barker

25. EMBALMER: Charles L. Parsons

LICENSE NO.: E-494

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 9 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 9 1977

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4117
Local Reg. No. 68
Reg. Dist. No. 450

RECEIVED
SEP 30 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 340
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
c. LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 340
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
d. STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print)
a. (First): Cora
b. (Middle): Alice
c. (Last): Peterson

4. DATE OF DEATH (Month) (Day) (Year): Sept. 24, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 2, 1879
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Tuscrawes County, Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: Isaac L. Whimpey - Wales
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Alice Calloway Butt-Carroll, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 518-60-3146
17. INFORMANT'S OWN SIGNATURE: H. Earl Peterson — ADDRESS: Heyburn, Ida.

18. CAUSE OF DEATH 795.4
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): This person was found dead in bed apparently of natural causes due to old age.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Heyburn Minidoka County Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see alive, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 583 Robert C. Walk (Degree or title): Coroner 4
23b. ADDRESS: 710 6th street Rupert Idaho
23c. DATE SIGNED: 9-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9/27/65
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Heyburn, Idaho

DATE REC'D BY LOCAL REG.: 9-28-65
REGISTRAR'S SIGNATURE: Mary Ellen Carlson
25. EMBALMER: J. Garth Payne
LICENSE NO.: E-389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 15 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4118
Local Reg. No. 71
Reg. Dist. No. 450

BIRTH NO.

RECEIVED
OCT 6 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
DURATION OF STAY (in this place): 55 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 731 18th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 340
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
d. STREET ADDRESS (If rural, give location): 731 18th

3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle): Edna
c. (Last): Lee

4. DATE OF DEATH (Month) (Day) (Year): Sept. 25, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Jan. 27, 1891

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR — Months / Days
IF UNDER 24 HRS. — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home 01

11. BIRTHPLACE (State or foreign country): Grouse Creek, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry Willard Brizzee — BIRTHPLACE: California

14. MOTHER'S MAIDEN NAME: Esther Catlin — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 543-26-5307

17. INFORMANT'S OWN SIGNATURE: Joseph V. Lee — ADDRESS: Heyburn

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 2½ - 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ca. rt Ovary — 3½-4 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12/8/63

19b. MAJOR FINDINGS OF OPERATION: Bil Carcinoma Ovaries & Metastases

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960, 19___, *to* 9-25-, 1965, *that I last saw the deceased alive on* 9-10-65, *and that death occurred at* ___ *m., from the causes and on the date stated above.*

23a. SIGNATURE: R Kuttos 514 (Degree or title): M.D.

23b. ADDRESS: Burley Idaho

23c. DATE SIGNED: 9/27/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 9/28/65

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Heyburn, Idaho

DATE REC'D BY LOCAL REG.: 10-1-65

REGISTRAR'S SIGNATURE: Mary Ellen Carlson

25. EMBALMER: Dustin Payne

LICENSE NO.: E-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. FEB 16 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4119
Local Reg. No. 69
Reg. Dist. No. 4-50

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED OCT 20 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 509 1st street

3. NAME OF DECEASED (Type or Print)
a. (First) Olive
b. (Middle) Lettie 125
c. (Last) Adamson

4. DATE OF DEATH (Month) (Day) (Year) Sept 27 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Feb 21 1887
9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Renwick Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME 01 George Mills
BIRTHPLACE Minnesota
14. MOTHER'S MAIDEN NAME Ellen Smadge
BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 518-24-5793
17. INFORMANT'S OWN SIGNATURE Cecil L Day
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4657

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. I. Renal cyst, left
2. Diabetes Mellitus — 11 days

19a. DATE OF OPERATION Sept. 16, 65
19b. MAJOR FINDINGS OF OPERATION Renal cyst left
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October ~~September~~ 1, 1965, *to* Sept 26, 19 65, *that I last saw the deceased alive on* Sept 26, 1965, *and that death occurred at* 6:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 636 Cayden Ellingham MD
23b. ADDRESS 2233 Overland Avenue
23c. DATE SIGNED 9/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept 30 1965
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 10-18-65
REGISTRAR'S SIGNATURE Mary Ellen Carlson
25. EMBALMER Robert E Walk
LICENSE NO. 294
FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

AFFIDAVIT

STATE OF IDAHO)
) ss.
County of Minidoka)

I, CECIL DAY, daughter of Olive Lettie Adamson, now deceased, and a resident of Rupert, Minidoka County, Idaho, do make this affidavit to correct the Certificate of Death of the above named Olive Lettie Adamson, who died on September 27, 1965, at the Minidoka Memorial Hospital in Rupert, Idaho. That said error in the original Certificate of Death occured on line 22 thereof; that the said attending physician C. Hayden Ellingham inverted the year he treated my mother; that item 22 should read as follows:

> "22. I hereby certify that I attended the deceased from September 1, 1965, to Sept 26, 1965, that I last said the deceased alive on Sept 26, 1965, and that death occurred at 6:00 a. m. from the causes and on the date stated above."

That the attached Certificate of Death is true and correct and should be the corrected Certificate of Death of Olive Lettie Adamson.

Cecil Day

Subscribed and sworn to before me this 18th day of October, 1965.

Lillian F. Gordon

Notary Public for Idaho,
Residing at Rupert, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 4 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 69
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 509 1st street

3. NAME OF DECEASED (Type or Print)
a. (First): Olive
b. (Middle): Lettie
c. (Last): Adamson

4. DATE OF DEATH (Month) (Day) (Year): Sept 27 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb 21 1887
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Renwick Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Mills — BIRTHPLACE: Minnesota
14. MOTHER'S MAIDEN NAME: Ellen Smadge — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-24-5793
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
(1) Renal cyst (2) Left
(2) Diabetes mellitus — 11 days

19a. DATE OF OPERATION: Sept 16 65
19b. MAJOR FINDINGS OF OPERATION: Renal cyst Left
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* October, 1956, *to* Sept 2, 1965, *that I last saw the deceased alive on* Sept 26, 1965, *and that death occurred at* 6:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C Hayden Ellingham MD
23b. ADDRESS: 2233 Overland Ave Rupert
23c. DATE SIGNED: 9/30

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 10-1-65
REGISTRAR'S SIGNATURE: Mary Ellen Carlson
25. EMBALMER: Charles H Persons — LICENSE NO.: E494

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Walk Mortuary

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 21 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4120
Local Reg. No. 72
Reg. Dist. No. 450

Certificate of Death

RECEIVED
OCT 11 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place): none
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Hiway # 27

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 161
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Darrel
b. (Middle): Brenton
c. (Last): Grigg

4. DATE OF DEATH (Month) (Day) (Year): Sept. 30, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Sept. 11, 1946
9. AGE (In years last birthday): 19 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY: ***** 03
11. BIRTHPLACE (State or foreign country): Ontario, Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Golden J. Grigg — BIRTHPLACE: Nampa, Idaho
14. MOTHER'S MAIDEN NAME: Loryene Monson — BIRTHPLACE: Vale, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 518-52-1601
17. INFORMANT'S OWN SIGNATURE: Gary Grigg — ADDRESS: Burley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

816.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fractured Skull — INTERVAL BETWEEN ONSET AND DEATH: Instant
Profuse Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Automobile-school bus collision

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 06
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 400 south and Hiway 27
21c. (CITY, TOWN, OR TOWNSHIP) 160 (COUNTY) (STATE): North Burley Annex Minidoka Idaho 13
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-30-65 7:50 am
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile ran into school bus

22. *I hereby certify that I attended the deceased from* did not see alive, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert C Walk 583 (Degree or title): Coroner 4
23b. ADDRESS: 710 6th street Rupert Ida
23c. DATE SIGNED: 10-4-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 10/1/65
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: 10-5-65
REGISTRAR'S SIGNATURE: Mary Ellen Carlson
25. EMBALMER: Garth Payne
LICENSE NO.: E-389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 12 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 14 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4121
Local Reg. No. 228
Reg. Dist. No. 220

RECEIVED SEP 27 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 351 Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
LENGTH OF STAY (in this place) (9 Yrs)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 308 4th Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 351
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 308 4th Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EVALENA	(NMI)	BARKER	AUGUST 27, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married 2	May 29, 1886	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home 01	Pearceville, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Hooper	Iowa	Ella Mc Clain	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No - - - - - -	485 18 6149	Bruce Barker	Lewiston, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary thrombosis 420.1	1 wk
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerosis, fem	5 yrs
DUE TO (c)	Arteriosclerosis	3 mo
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Senile dementia	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
None	None	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7-21, 1955, *to* 8-27, 1965, *that I last saw the deceased alive on* 8-12, 1965, *and that death occurred at* 6:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
388 Newton MD	Lewiston Idaho	9-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	8-31-65	Vineland	Clarkston, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-15-65	Mildred Hughes	Robert Lavalee	OL 802

FIRM NAME: Merchant Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED SEP 21 1965 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 4122
Local Reg. No. 242
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 3-21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 411 14th. St.

3. NAME OF DECEASED (Type or Print)
a. (First): Harriet
b. (Middle): Luella
c. (Last): Parker

4. DATE OF DEATH (Month) 9 (Day) 1 (Year) 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Sept. 19 1890
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: xx 01
11. BIRTHPLACE (State or foreign country): Watertown, South Dakota
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Steward Whitford — BIRTHPLACE: not obtainable
14. MOTHER'S MAIDEN NAME: Nellie Boyle — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): xx — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 518 10 6618
17. INFORMANT'S OWN SIGNATURE: Mrs. Mae Carson — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8-30-65
19b. MAJOR FINDINGS OF OPERATION: Chronic Cholecystitis & Cholelithiasis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-24, 1965, *to* 9-1, 1965, *that I last saw the deceased alive on* 9-1, 1965, *and that death occurred at* 5:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F. Barnes 028 M.D.
23b. ADDRESS: 347 St. Lewiston Idaho
23c. DATE SIGNED: 9-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9/3/1965
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county): Lewiston (State): Idaho

DATE REC'D BY LOCAL REG.: 9-2-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. FUNERAL DIRECTOR: E. S. Rawls — ADDRESS: Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

SEP 22 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of V.V. Vassar Lic. No. E 297 at Lewiston Idaho on 9/1/1965

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4123
Local Reg. No. 214
Reg. Dist. No. 220

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce 350 SEP 2 1 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give name of nearest city or town) Rural Lapwai
c. LENGTH OF STAY IN THIS PLACE 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 350 b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Tom Beall Road, Lapwai,
d. STREET ADDRESS (If rural, give location) Rural Tom Beall Road

3. NAME OF DECEASED (Type or Print) a. (First) Dewey b. (Middle) c. (Last) Ricketts

4. DATE OF DEATH (Month) Sept. (Day) 4 (Year) 1965

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3

8. DATE OF BIRTH June 19, 1896

9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming 04

10b. KIND OF BUSINESS OR INDUSTRY farm 01

11. BIRTHPLACE (State or foreign country) Colton, Wash.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Marion Ricketts BIRTHPLACE Tenn.

14. MOTHER'S MAIDEN NAME Anna Puckett BIRTHPLACE Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W. One 3

16. SOCIAL SECURITY NO. 518 20 1075

17. INFORMANT'S OWN SIGNATURE Mrs Sybil Ricketts ADDRESS Lapwai, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock and Hemhorrage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 02 barn yard

21c. (CITY, TOWN, OR TOWNSHIP) 350 (COUNTY) (STATE) 3 Lapwai, Idaho NezPerce Idaho

21d. TIME OF INJURY (Month) 9/4/65 (Day) (Year) (Hour) 6:30PM m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? App. kicked by horse then trampled by it

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Wilfred H. Duclos (Degree or title) Cooroner 4

23b. ADDRESS Lewiston, Idaho

23c. DATE SIGNED 9/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9/8/1965

24c. NAME OF CEMETERY OR CREMATORY Normal Hill

24d. LOCATION (City, town, or county) (State) Lewiston Idaho

DATE REC'D BY LOCAL REG. 9-7-65

REGISTRAR'S SIGNATURE Mildred Hughes

25. FUNERAL DIRECTOR E.S. Rawls ADDRESS Lewiston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

SEP 22 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of V.V.Vassar Lic. No. E. 297 at Lewiston, Idaho on 9/5/65

ADDITIONAL REMARKS by ~~Coroner~~ coroner This person was attending his horses in the corral and in the process was kicked, dragged or trampled to death.

State File No. 4124
Local Reg. No. 213
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 21 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 1 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1223 Cedar Av.e

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): H
c. (Last): Brooks

4. DATE OF DEATH (Month) (Day) (Year): Sept. 6 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb. 17, 1880
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: 01 Stock & Grain
11. BIRTHPLACE (State or foreign country): Sioux Falls, So. Dak.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Richard Brooks — BIRTHPLACE: Rochester, NY
14. MOTHER'S MAIDEN NAME: Fannie McNeil — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 502-09-1848
17. INFORMANT'S OWN SIGNATURE: Mrs Marvin Johnson — ADDRESS: 1340 Ripon City

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary artery occlusion & myocardial infarction — 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Cardiovascular disease — 6 mos
DUE TO (c): Generalized Arteriosclerosis & — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Gangrene of toes of both feet — 2 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1962 *to* Sept 6, 1965, *that I last saw the deceased alive on* Sept 5, 1965, *and that death occurred at* 1:40am *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gordon M. Wheeler M.D. 562
23b. ADDRESS: 347 St. John's Way, Lewiston
23c. DATE SIGNED: 9-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept.9,1965
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 9-7-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: W. T. Black
LICENSE NO.: E-426

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4125
Local Reg. No. 219
Reg. Dist. No. 220

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

SEP 27 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nezperce 351 3914
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF CITY (If outside corporate limits): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 310
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Roscoe
b. (Middle):
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): Sept. 7 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 2, 1881
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer-retired 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Clay County, Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry Smith — BIRTHPLACE: Libertyville, Iowa
14. MOTHER'S MAIDEN NAME: Dollie E. A. Houston — BIRTHPLACE: Libertyville, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518 58 4387
17. INFORMANT'S OWN SIGNATURE: Mike Smith — ADDRESS: Craigmont, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/24, 1965, *to* 9/7, 1965, *that I last saw the deceased alive on* 9/6, 1965, *and that death occurred at* 4A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard F. Stock, N.D. 492
23b. ADDRESS: 307 St John way, Lewiston Id.
23c. DATE SIGNED: 9/13/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem-burial 3
24b. DATE: 9-10-65
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State): Craigmont, Idaho

DATE REC'D BY LOCAL REG.: 9-14-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: Robert Larrabee — LICENSE NO.: QL802

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Clovis Mortuary, Craigmont, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 26 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4126
Local Reg. No. 213
Reg. Dist. No. 220

BIRTH NO.

RECEIVED SEP 21 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35
b. CITY OR TOWN: Lewiston
c. LENGTH OF STAY IN (this place): 3-07 WK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 48 Washington
b. COUNTY: 555 Skagit
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt. Vernon
d. STREET ADDRESS (If rural, give location): Townhouse, Apt. #2

3. NAME OF DECEASED (Type or Print): a. (First) EDITH b. (Middle) MARIE c. (Last) KUEHN

4. DATE OF DEATH: (Month) Sept. (Day) 7, (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: July 17, 1895

9. AGE (In years last birthday): 70 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 01 Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01

11. BIRTHPLACE (State or foreign country): Eureka Springs, Arkansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John P. French
BIRTHPLACE: no record

14. MOTHER'S MAIDEN NAME: Maryetta Barton
BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no record

17. INFORMANT'S OWN SIGNATURE: Mrs. John W. Myers - Dar. - ADDRESS: Genesee, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion 420.1 — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular disease ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Aneurysm of Abdominal Aorta — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO XX

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1963, *to* Sept 7, 1965, *that I last saw the deceased alive on* Sept 7, 1965, *and that death occurred at* 2:40 pm., *from the causes and on the date stated above.*

23a. SIGNATURE: Gordon M. Kelley MD (Degree or title)
23b. ADDRESS: 347 St. Johns Way Lewiston
23c. DATE SIGNED: 9-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 2
24b. DATE: Sept.8,1965
24c. NAME OF CEMETERY OR CREMATORY: Kern Funeral Home
24d. LOCATION (City, town, or county) (State): MtVernon, Skagit Co., Wash.

DATE REC'D BY LOCAL REG.: 9-8-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: L. E. DeBaun
LICENSE NO.: E-295

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: SEP 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended October 12, 1965

Certificate of Death

STATE OF IDAHO

State File No. 4127
Local Reg. No. 216
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce 35 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) no record
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Trailer House, 18th & Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 48 Washington b. COUNTY Spokane 55
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spokane
d. STREET ADDRESS (If rural, give location) No Record

3. NAME OF DECEASED (Type or Print) a. (First) WAYNE b. (Middle) PATTERSON c. (Last) LINES (a/k/a - Pat W. Lines)

4. DATE OF DEATH (Month) Sept. (Day) 7, (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 4
8. DATE OF BIRTH June 24, 1915
9. AGE (In years last birthday) 50 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic 10
10b. KIND OF BUSINESS OR INDUSTRY Construction 07
11. BIRTHPLACE (State or foreign country) Sandpoint, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Bertram Jesse Lines
BIRTHPLACE Wisc.
14. MOTHER'S MAIDEN NAME Grace Heberle
BIRTHPLACE Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes 1
(If yes, give war or dates of service) Navy, WW-2 4
16. SOCIAL SECURITY NO. 518-01-3229
17. INFORMANT'S OWN SIGNATURE ADDRESS Bro.-R E Lines, 903 W. Cleveland, Spokane, Wn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive Failure
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

434.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 1:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE 583 (Degree or title) 4 Wilfred J. Duclos, Coroner
23b. ADDRESS Lewiston, Idaho
23c. DATE SIGNED 9-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE Sept 8, 1965
24c. NAME OF CEMETERY OR CREMATORY Smiths Funeral Home
24d. LOCATION (City, town, or county) (State) Spokane, Spokane, Washington

DATE REC'D BY LOCAL REG. 9-8-65
REGISTRAR'S SIGNATURE Mildred Hughes
25. EMBALMER W. W. Black
LICENSE NO. E-426

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Spokane }

RECEIVED OCT 11 1965 Bureau of Vital Statistics

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)
for Wayne Patterson Lines (Name on Original Certificate) who died (Was Born or Died) on Sept 7, 1965 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's Name	Bert J. Lines	Bertram Jesse Lines
Mother's Name	Grace Eberley	Grace Heberle

Subscribed and sworn to before me this 7th day of October, 19 65

Anthony J. Telesca

Notary Public, residing at Spokane, Wash.
My commission expires Dec. 7, 1965
(Seal)

Signed Richard E. Lines
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

903 W. Cleveland, Spokane, Wash. 99205
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of October, 19 65

Anthony J. Telesca

Notary Public, residing at Spokane, Wash.
My commission expires Dec. 7, 1965
(Seal)

Signed Evelyn A. Lines
(Signature of Any Credible Person)

1327 O N B Building
Spokane, Wash. 99201
(Street Address, City, State)

FORM DH 60-155

L. 10-1-65 AP

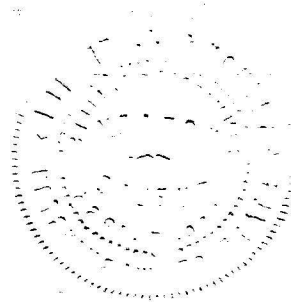

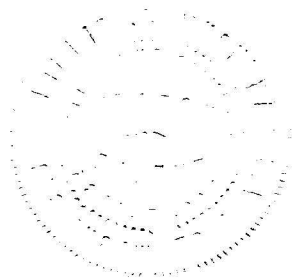

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 216
Reg. Dist. No. 220

BIRTH NO.

RECEIVED

SEP 27 1965

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Lewiston
c. LENGTH OF STAY (in this place): No Record
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Trailer House, 18th & Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): No Record

3. NAME OF DECEASED (Type or Print): a. (First) WAYNE b. (Middle) PATTERSON c. (Last) LINES (a/k/a - Pat W. Lines)

4. DATE OF DEATH: (Month) Sept. (Day) 7, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: June 24, 1915

9. AGE (In years last birthday): 50
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Sandpoint, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Bert J. Lines
BIRTHPLACE: Wisc.

14. MOTHER'S MAIDEN NAME: Grace Eberley
BIRTHPLACE: Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): Navy, WW-2

16. SOCIAL SECURITY NO.: 518 01 3229

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Bro.-R E Lines, 903 W.Cleveland, Spokane, Wn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PNEUMONITIS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Congestove Failure

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES XX NO

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wilfred J. Duclos (Degree or title) Coroner

23b. ADDRESS: Lewiston, Idaho

23c. DATE SIGNED: 9/24/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Sept.8,1965

24c. NAME OF CEMETERY OR CREMATORY: Smiths Funeral Home

24d. LOCATION (City, town, or county) (State): Spokane, Spokane, Washington

DATE REC'D BY LOCAL REG.: 9-8-65

REGISTRAR'S SIGNATURE: Miedred Hughes

25. EMBALMER: W. T. Black

LICENSE NO.: E-426

FIRM NAME: Brower-Mann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 28 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 12 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician Dr Kolmen

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 27 1965 Bureau of Vital Statistics

State File No. 4128
Local Reg. No. 278
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH 351 3-06
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 231 Thain Road

3. NAME OF DECEASED (Type or Print): a. (First) Oscar; b. (Middle) Hartman; c. (Last) Nordby

4. DATE OF DEATH: (Month) Sept (Day) 9 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2

8. DATE OF BIRTH: Oct 24, 1883

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer, retired 04

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 01

11. BIRTHPLACE (State or foreign country): Soldier, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Martin H. Nordby
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Julia B. Severson
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-36-1473

17. INFORMANT'S OWN SIGNATURE: X C. D. Hartley
ADDRESS: Moscow, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3318

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): & Cerebral Hemorrhage
DUE TO (c): Generalized Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH: 4 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1959 *to* Sept. 9, 1965, *that I last saw the deceased alive on* Sept 9, 1965, *and that death occurred at* 12:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ron Stover MD
23b. ADDRESS: 507 939 Bryden Ave., Lewiston, Idaho
23c. DATE SIGNED: 9/10/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 11, 1965
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 9-14-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: Ronald Ward
LICENSE NO.: E-380
FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4129
Local Reg. No. 217
Reg. Dist. No. 220

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce 351 SEP 27 1965 2-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (If not in this place) 4 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lewiston Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 351
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 801 Snake River Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) EDWARD
b. (Middle) 318
c. (Last) SWIFT

4. DATE OF DEATH (Month) Sept. (Day) 10, (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) No Record 0
8. DATE OF BIRTH April 27, 1889
9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barrell Maker 06 (Cooper)
10b. KIND OF BUSINESS OR INDUSTRY 03
11. BIRTHPLACE (State or foreign country) Graettinger, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME No Record
BIRTHPLACE No Record
14. MOTHER'S MAIDEN NAME No Record
BIRTHPLACE No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No Record (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 533 16 9821
17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

527.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary edema
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) undetermined
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus
Acute urinary retention

INTERVAL BETWEEN ONSET AND DEATH: a few days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-1, 1965, *to* 9-10, 1965, *that I last saw the deceased alive on* 7-11, 1965, *and that death occurred at* 9:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 152 (Degree or title)
23b. ADDRESS Lewiston Ida
23c. DATE SIGNED 9-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 14, 1965
24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. 9-14-65
REGISTRAR'S SIGNATURE Mildred Hughes
25. EMBALMER W. T. Black
LICENSE NO. E-426

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: OCT 1 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4130
Local Reg. No. 222
Reg. Dist. No. 220

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY NezPerce 351 SEP 27 1965 100
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Josephs Hospital 128

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 351
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 3621 - 20th Street

3. NAME OF DECEASED (Type or Print)
a. (First) FORREST
b. (Middle) CARROLL
c. (Last) VAN DUSEN

4. DATE OF DEATH (Month) Sept. (Day) 14, (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Oct. 18, 1936
9. AGE (In years last birthday) 28 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millwright 09
10b. KIND OF BUSINESS OR INDUSTRY Lumbering 05
11. BIRTHPLACE (State or foreign country) Lewiston, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Forrest E. VanDusen — BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Vaunda Skaggs — BIRTHPLACE Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518 36 8632
17. INFORMANT'S OWN SIGNATURE Emmett O. VanDusen — ADDRESS Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

912.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CRUSH INJURY OF CHEST — INTERVAL BETWEEN ONSET AND DEATH 1½ HRS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 19 FACTORY
21c. (CITY, TOWN, OR TOWNSHIP) 351 (COUNTY) 13 LEWISTON IDAHO (STATE)

21d. TIME OF INJURY (Month) SEPT (Day) 14 (Year) 1965 (Hour) 11:50 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? CAUGHT IN MACHINE

22. *I hereby certify that I attended the deceased from* 14 Sept, 1965, *to* 14 Sept, 1965, *that I last saw the deceased alive on* 14 Sept, 1965, *and that death occurred at* 1:30PM *m., from the causes and on the date stated above.*

23a. SIGNATURE David W. Hewson Hall 227 (Degree or title) MD
23b. ADDRESS 307 ST John's Way
23c. DATE SIGNED 17 Sept 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 17, 1965
24c. NAME OF CEMETERY OR CREMATORY Lewis-Clark Memo. Gar.
24d. LOCATION (City, town, or county) Lewiston, Idaho (State)

DATE REC'D BY LOCAL REG. 9-14-65
REGISTRAR'S SIGNATURE Mildred Hughes
25. EMBALMER W. E. Black — LICENSE NO. E-426

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 28 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4131
Local Reg. No. 221
Reg. Dist. No. 2[illegible]0

Certificate of Death

STATE OF IDAHO

BIRTH NO. RECEIVED

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 SEP 27 1965 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Bureau of Vital Statistics
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 2014 Grelle Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): DONALD
b. (Middle): WARD
c. (Last): RICHARDSON

4. DATE OF DEATH (Month) (Day) (Year): Sept. 14, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 19, 1917
9. AGE (In years last birthday): 47' IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY: Lumbering Industry 84
11. BIRTHPLACE (State or foreign country): Nezperce, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Earl Richardson — BIRTHPLACE: Colfax, Wash.
14. MOTHER'S MAIDEN NAME: Sylvia Terwilleger — BIRTHPLACE: Colfax, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Jean L. Richardson — ADDRESS: Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Insufficiency — 2 yrs.
DUE TO (c): Left sided Ht failure — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 25, 1965, *to* Sept 14, 1965, *that I last saw the deceased alive on* D.O.A., 19____, *and that death occurred at* 12:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE 052 (Degree or title): Joseph E. Baldwin M.D.
23b. ADDRESS: 1522 Wash St. Lewiston Idaho
23c. DATE SIGNED: 9-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 16, 1965
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 9-16-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: W. Black
LICENSE NO.: E-426

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 28 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 24 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4132
Local Reg. No. 224
Reg. Dist. No. 220

Certificate of Death

RECEIVED
SEP 27 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 5 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 351
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 210 Glassway

3. NAME OF DECEASED (Type or Print)
a. (First) STELLA
b. (Middle)
c. (Last) MORRISON

4. DATE OF DEATH (Month) (Day) (Year) September 15, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widdowed 2
8. DATE OF BIRTH 11-10-1887
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home 01
11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward Russell — BIRTHPLACE Illinois
14. MOTHER'S MAIDEN NAME Penelope Morrison — BIRTHPLACE Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) - - - - - - -
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Nellie Green — ADDRESS Clarkston, Wash

18. CAUSE OF DEATH 600.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyelonephritis. — INTERVAL BETWEEN ONSET AND DEATH 5 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Parkinson's Disease. Blindness. — 3 yrs.

19a. DATE OF OPERATION Aug. 1965
19b. MAJOR FINDINGS OF OPERATION Fracture. left. hip. - corrected, splated.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb., 1948, *to* Sept. 15., 1965., *that I last saw the deceased alive on* 13 Sept., 1965., *and that death occurred at* 11 30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE B R Stein 496 M D. (Degree or title)
23b. ADDRESS Lewiston Ida.
23c. DATE SIGNED 17 Sept 65.

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 9-18-1965
24c. NAME OF CEMETERY OR CREMATORY Vineland
24d. LOCATION (City, town, or county) (State) Clarkston, Washington

DATE REC'D BY LOCAL REG. 9-20-65
REGISTRAR'S SIGNATURE Mildred Hughes
25. EMBALMER Robert Larrabee — LICENSE NO. Q.L. 802

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Merchant Funeral Home-Clarkston, Wn.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 3 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4133
Local Reg. No. 223
Reg. Dist. No. 220

RECEIVED

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce 35 SEP 27 1965
b. CITY OR TOWN: Lewiston
c. LENGTH OF STAY: Bureau of Vital Statistics 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 120-Delsol Lane

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital 128

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Joseph	Henry	Olney		Sept	17	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White	Widowed 2	March 29, 1878	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired 91	03	Shedstation, Umatilla County, Ore	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ben Olney	No record	Mary	Norecord

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	518-22-6758	X Lora M. Shippey	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

570.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Infarction of small bowel. — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic cholecystitis. Coronary. athero-sclerosis. — unknown.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 16 Sept., 1965, *to* 17 Sept., 1965, *that I last saw the deceased alive on* 16 Sept., 1965, *and that death occurred at* 7 30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R R Stein 496 M D	Lewiston Idaho.	17 Sept 65.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
S Burial	Sept. 20, 1965	Normal Hill Cemetery	Lewiston, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-17-65	Mildred Hughes	Andrew M. Vassar	E 315 E 315

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4134
Local Reg. No. 227
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH — 35 / OCT 6 1965
a. COUNTY: Nez Perce — 3-01
Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (in this place): 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35 / b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1305 Grelle

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ALFRED	LEE	FISHER	Sept. 18, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 2	Aug. 15, 1913	52		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Repairman 75	Jewelry 04	Polk Co., Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Fisher	Missouri	Myrtle Garling	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes / WW-2	523-18-9729	X Ethel M Fisher	Lewiston, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myelogenous Leukemia — 204.1 — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9/9 *19*65, *to* 9/17, *19*65, *that I last saw the deceased alive on* 9/17/65, *19*___, *and that death occurred at* 2:08 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. Cusmon 114	3475 St John Way	9 23 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 22, 1965	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-22-65	Mildred Hughes	W. F. Black	E426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

OCT 8 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

65-9645 RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4135
Local Reg. No. 4135
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce 35 | SEP 27 1965 | 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston | c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 35 | b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 1705-12th St

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Melinda	Lee	Pedersen	Sept	20	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Nevermarried	Sept, 19, 1965	0	0	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none 02	none 00	Lewiston, Idaho.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gary L. Pedersen	Sundance, Wyo.	Caral Hadley	Genesee, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		none	+ Gary L. Pedersen	Lewiston, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 773.5 Prematurity — INTERVAL BETWEEN ONSET AND DEATH: Birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Respiratory Distress Syndrome — Birth
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Sept 19, 1965, *to* Sept 20, 1965, *that I last saw the deceased alive on* Sept 20, 1965, *and that death occurred at* 10:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M Mannchen 335		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept, 22, 1965	Normal Hill Cemetery	Lewiston, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-21-65	Mildred Hughes	Andrew H. Vassar	E 315

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4136
Local Reg. No. 226
Reg. Dist. No. 220

BIRTH NO.

RECEIVED
SEP 27 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35 2-01
b. CITY OR TOWN: Lewiston
c. LENGTH OF STAY (in this place): month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewiston Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1821 - 1st Ave. North

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) MARTIN 318 c. (Last) GRIMM

4. DATE OF DEATH: (Month) Sept. (Day) 20, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Sept. 23, 1878

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Stock & Grain 01

11. BIRTHPLACE (State or foreign country): Minnapolis, Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Grimm
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: No Record
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No Record

17. INFORMANT'S OWN SIGNATURE: Ruby Larson ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Generalized Arteriosclerosis~~ 331X — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO~~ (b) Cerebral Hemorrhage — 1 hr
DUE TO (c) Generalized Arteriosclerosis — unkn.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Recent (1 mo.) fractured hip

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 6, 1965, *to* Sept 20, 1965, *that I last saw the deceased alive on* Sept 17, 1965 *and that death occurred at* 1:10 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: R.E. DeBaun 098 (Degree or title): MD

23b. ADDRESS: Lewiston Ida

23c. DATE SIGNED: 9-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 24, 1965

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 9-22-65

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: L.E. DeBaun
LICENSE NO.: E-295
FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4137
Local Reg. No. 228
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35 — OCT 6 1965 — 3-14 (Vital Statistics Bureau)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35 — b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1509 Powers

3. NAME OF DECEASED (Type or Print): a. (First) OTIS — b. (Middle) (NMI) — c. (Last) ALLEN

4. DATE OF DEATH: (Month) Sept. (Day) 21, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: April 18, 1897

9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction 06

10b. KIND OF BUSINESS OR INDUSTRY: Oil Fields 20

11. BIRTHPLACE (State or foreign country): [redacted], Texas (Grapevine)

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert F. Allen — BIRTHPLACE: Georgia

14. MOTHER'S MAIDEN NAME: Eliza Alexander — BIRTHPLACE: Alabama

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 458 10 2443A

17. INFORMANT'S OWN SIGNATURE: Norman Rogers — ADDRESS: Lewiston, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

204.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Monocytic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 5 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1965, *to* Sept 21, 1965, *that I last saw the deceased alive on* Sept 20, 1965, *and that death occurred at* 4:50AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bernard Haywood, MD 229

23b. ADDRESS: Lewiston, Idaho

23c. DATE SIGNED: Sept 23 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 25, 1965

24c. NAME OF CEMETERY OR CREMATORY: Lewis-Clark Memo. Gar.

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 9-24-65

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: L. E. DeBacon — LICENSE NO.: E-295

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

OCT 8 1965

DEC 1 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Wheeler

Certificate of Death

STATE OF IDAHO

State File No. 4138
Local Reg. No. 231
Reg. Dist. No. 220

RECEIVED OCT 11 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nezperce 35 — 2-13
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 310 b. COUNTY Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Craigmont
d. STREET ADDRESS (If rural, give location) Box 134

3. NAME OF DECEASED (Type or Print)
a. (First) RALPH b. (Middle) PARKER c. (Last) BLISS

4. DATE OF DEATH (Month) (Day) (Year) Sept 21, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH March 3 1909

9. AGE (In years last birthday) 56 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY Building 01

11. BIRTHPLACE (State or foreign country) Harveyville, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Leo Bliss — BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Olive Parker — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) W.W. # 2 44

16. SOCIAL SECURITY NO. 452 07 3233

17. INFORMANT'S OWN SIGNATURE X Mrs Ralph Bliss — ADDRESS Craigmont, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, metastatic Brain, liver — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Squamous cell Carcinoma of
DUE TO (c) left Bronchus — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1964, *to* Sept. 21, 1965, *that I last saw the deceased alive on* Sept 20, 1965, *and that death occurred at* 12:54 *m., from the causes and on the date stated above.*

23a. SIGNATURE & London M Wheeler M.D. (Degree or title) 562

23b. ADDRESS Lewiston, Ida

23c. DATE SIGNED Sept 27 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9/23/65

24c. NAME OF CEMETERY OR CREMATORY Kamiah,

24d. LOCATION (City, town, or county) (State) Kamiah, Idaho

DATE REC'D BY LOCAL REG. 9-27-65

REGISTRAR'S SIGNATURE Mildred Hughes

25. FUNERAL DIRECTOR Robert R Hanson — ADDRESS Robert R Hanson E 433 Grangeville

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

OCT 13 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 2 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

AUG 17 1992

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert K Hansen Lic. No E 433 at Grangeville on 9/21/65

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4139
Local Reg. No. 258
Reg. Dist. No. 220

RECEIVED
OCT 11 1965
Bureau of V...

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35 / 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own Residence 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35 / b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 418 Miller

3. NAME OF DECEASED (Type or Print): a. (First) LEONA b. (Middle) MAE c. (Last) BRANDT

4. DATE OF DEATH: (Month) Sept. (Day) 24, (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 3

8. DATE OF BIRTH: July 2, 1897
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01

11. BIRTHPLACE (State or foreign country): Springfield, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Hale — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Etta Mae ??? — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 48 1760
17. INFORMANT'S OWN SIGNATURE: Mrs. Jayne C. Doerfly — ADDRESS: Spokane, Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* - - -

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4140
Local Reg. No. 232
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce 35 OCT 1 1 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY IN (This place) DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Josephs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 35 b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 421 - 29th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	WILLIAM	JONATHAN	SMITH	Sept.	25,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	Aug. 11, 1904	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Janitor 11	Public School 01	McAlester, Oklahoma	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert M. Smith	North Car.	Minnie Lee Charles	Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	518 36 1804	Mrs G E Sweet	Lewiston, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 23, 1965, *to* Sept 25, 1965, *that I last saw the deceased alive on* Sept 25, 1965, *and that death occurred at* 11 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm Bethel 05	MD	1522 17th St.	Sept 29, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 28, 1965	Lewis-Clark Memo. Gar.	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-18-65	Mildred Hughes	V. G. Black	E-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 39-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 12 1965

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4141
Local Reg. No. 233
Reg. Dist. No. 220

Certificate of Death

RECEIVED OCT 11 1965

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 351 3-02
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1501 - Lewis Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): HANS
b. (Middle): L.
c. (Last): FREDRICKSON

4. DATE OF DEATH (Month) (Day) (Year): Sept. 26, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Nov. 5, 1886
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Stock & Grain 01
11. BIRTHPLACE (State or foreign country): Badencop, Denmark
12. CITIZEN OF WHAT COUNTRY?: Denmark

13. FATHER'S NAME: Rasmus Fredrickson — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Martine Larsen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no record
17. INFORMANT'S OWN SIGNATURE: + C. R. Fredrickson — ADDRESS: Seattle, Wash.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION 331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular Accident

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cerebral Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 25, 1965, *to* Sept 26, 1965, *that I last saw the deceased alive on* Sept 25, 1965, *and that death occurred at* 2:05 am *m., from the causes and on the date stated above.*

23a. SIGNATURE: Cus Bond 051 — (Degree or title): MD
23b. ADDRESS: 1522 17th St
23c. DATE SIGNED: Sept 29, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Sept. 29, 1965
24c. NAME OF CEMETERY OR CREMATORY: Vineland Cemetery
24d. LOCATION (City, town, or county) (State): Clarkston, Asotin Co., Wash.

DATE REC'D BY LOCAL REG.: 9-28-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: W. T. Black
LICENSE NO.: E-426

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (IDA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4142
Local Reg. No. 2842
Reg. Dist. No. 220

BIRTH NO.

RECEIVED OCT 11 1965

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35 3-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1602 - 17th Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	SOPHIA	ORAL	TUNNELL	Sept.	26,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 2	Oct. 25, 1895	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper 01	Own Home 01	Turner, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Watson	Ohio	Rebekah J. Steele	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		519 30 8635	L L Tunnell	Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebrovascular Thrombosis 332.X	4 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis ?	7 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Lewiston

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11-21, 1964 *to* 9-25, 1965, *that I last saw the deceased alive on* 9/24, 1965, *and that death occurred at* 7:35 PM., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Fleamon 114 M.D.	347 St Louis Way	9 27 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 29, 1965	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-28-65	Mildred Hughes	W F Black	E-426

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

DUTIES:

OCT 12 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4143
Local Reg. No. 235
Reg. Dist. No. 220

RECEIVED OCT 20 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35 — 3-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35 — b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 405 - 12th Street

3. NAME OF DECEASED (Type or Print): a. (First) JAMES — b. (Middle) ARCHIE — c. (Last) LIDDLE

4. DATE OF DEATH: (Month) Sept. (Day) 28, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Sept. 12, 1880

9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith 38

10b. KIND OF BUSINESS OR INDUSTRY: 04 Logging Operation

11. BIRTHPLACE (State or foreign country): Colfax, Washington

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas John Liddle — BIRTHPLACE: NewYork

14. MOTHER'S MAIDEN NAME: Martha Starr — BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519 09 4608

17. INFORMANT'S OWN SIGNATURE: Gladys Gleason by W.E. Black — ADDRESS: Colfax, Wn.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Duodenal ulcer — 4 Days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Generalized Heart Disease

541.0

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) — **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 9-20, 1965, *to* 9-28, 1965, *that I last saw the deceased alive on* 9-25, 1965, *and that death occurred at* 4:54 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W.D. Eastwood M.D. 152 — **23b. ADDRESS**: Lewiston Idaho — **23c. DATE SIGNED**: 10-4-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Sept. 30, 1965 — **24c. NAME OF CEMETERY OR CREMATORY**: Normal Hill Cemetery — **24d. LOCATION** (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 9-30-65 — REGISTRAR'S SIGNATURE: Mildred Hughes — **25. EMBALMER**: L.E. DeBaun — LICENSE NO.: E-295

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 18 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 34144
Local Reg. No. 392
Reg. Dist. No. Homedale Marsing

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Owyhee 370
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Homedale
LENGTH OF STAY (in this place) 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homedale Nursing Home 305

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 370
b. COUNTY Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Homedale
d. STREET ADDRESS (If rural, give location) City

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Joe		Sotero	Sept. 25, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Mexican	Never Married 7	1884	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Self 01	Mexico	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	Unknown	Leonard C. Flahiff	Caldwell, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 3317 Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
(a) Unk
(b) Syrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 7, 1964 *to* Sept 25, 1965, *that I last saw the deceased alive on* Sept 25, 1965, *and that death occurred at* 11 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
570 M.D.	Homedale Ida	10-4-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 30, 1965	Marsing-Homedale	Marsing, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-11-1965	Mrs Doris Barnes	Leonard C. Flahiff	E-481

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Homedale's Flahiff Chapel

DUTIES:

FEB 1 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4145
Local Reg. No. 42
Reg. Dist. No. 330

BIRTH NO.

RECEIVED
SEP 27 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 5-0S
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 25 N. 6th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 801 Hughes Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Nancy	Jean	Moreland	Sept. 13, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married 3	June 28, 1924	41	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own home 01	Kansas	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William O. Smith	Nebraska	Maud A. Mason	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No - - - - - - - - -		W. B. Moreland	Payette, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Occlusion 422.2	10 min.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov. 19, 1964, *to* Sept 13, 1965, *that I last saw the deceased alive on* Nov 19, 1964, *and that death occurred at* 1:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. E. Arnold, M.D.	Payette, Idaho	9-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9-16-65	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-16-65	Roberta E. Shaffer	Gifford L. Shaffer	E-344

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Shaffer Memory Chapel

SEP 28 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 5 1989

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4146
Local Reg. No. 43
Reg. Dist. No. 330

BIRTH NO.

RECEIVED
SEP 27 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
c. LENGTH OF STAY (In this place): 80 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 704 - 3rd Street 602

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 380 b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location): 704 - 3rd Street

3. NAME OF DECEASED (Type or Print): a. (First) Cary b. (Middle) Irvin c. (Last) Tussing

4. DATE OF DEATH (Month) (Day) (Year): Sept. 21, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: June 2, 1889

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months - Days -
IF UNDER 24 HRS.: Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Realtor 19

10b. KIND OF BUSINESS OR INDUSTRY: Real estate 01

11. BIRTHPLACE (State or foreign country): Nebraska

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Benjamin F. Tussing
BIRTHPLACE: No record

14. MOTHER'S MAIDEN NAME: Amanda Neff
BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service) - - - - - - -

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Franklin A. Tussing
ADDRESS: Clarkston, Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis, acute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive arteriosclerotic heart diesease

DUE TO (c) Obesity

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: minutes

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) - - - - - -

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) - - - - - - - - - -

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - - - - m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? - - - - - - - - - - - - - - - - - -

22. *I hereby certify that I attended the deceased from* 1959, 19___, *to* 9-21-65 19___, *that I last saw the deceased alive on* 10-16-64, 19___, *and that death occurred at* 7:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 574 (Degree or title)

23b. ADDRESS: Payette, Idaho

23c. DATE SIGNED: 9-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-23-65

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 9-23-65

REGISTRAR'S SIGNATURE: Roberta E. Shaffer

25. EMBALMER: Gifford R. Shaffer

LICENSE NO.: E-344

FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 9 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4147
Local Reg. No. 10
Reg. Dist. No. 500-602

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power 390
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): N. E. Am. Falls, Hi-way 30
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U. S. Hi-way 30 602

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Pennsylvanie 39
b. COUNTY: Erie 155
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): North East
d. STREET ADDRESS (If rural, give location): unknown

3. NAME OF DECEASED (Type or Print): a. (First) GLORIA b. (Middle) JEANE c. (Last) RIGGS.

4. DATE OF DEATH: (Month) SEPT. (Day) 5, (Year) 1965

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: July 14, 1946

9. AGE (In years last birthday): 19 — IF UNDER 1 YEAR: Months 1, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress 49

10b. KIND OF BUSINESS OR INDUSTRY: Cafe 01

11. BIRTHPLACE (State or foreign country): Soda Springs, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John H. Riggs — BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Shirley M. McClellan — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 186-16-9609

17. INFORMANT'S OWN SIGNATURE: Warilla Hebdon — ADDRESS: Pocatello Idaho

18. CAUSE OF DEATH 8194

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Basal Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: few Min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Automobile Accident

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U. S. Hiway 30

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): N. E. Am. Falls, Power 390 Idaho

21d. TIME OF INJURY (Month) Sept. (Day) 5, (Year) 1965 (Hour) 3 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Car hit guard rail sending it thru car

22. *I hereby certify that I attended the deceased from* Sept 5, *1965, to* Sept 5, *1965, that I last saw the deceased alive on* Sept 5, *1965, and that death occurred at* 3 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bud Kelly 583 Coronor 4

23b. ADDRESS: American Falls, Idah.

23c. DATE SIGNED: Sept. 5-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem & Burial

24b. DATE: 9 1965

24c. NAME OF CEMETERY OR CREMATORY: North East Cemetery

24d. LOCATION (City, town, or county) (State): North East, Penn.

DATE REC'D BY LOCAL REG.: Sept 9, 1965

REGISTRAR'S SIGNATURE: Frances Curtis

25. EMBALMER: H.L. Davis — LICENSE NO.: E-253

FIRM NAME: Davis Furniture & Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES: SEP 17 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 15 1965

Certificate of Death

STATE OF IDAHO

State File No. 4148
Local Reg. No. 11
Reg. Dist. No. 500-602

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power 390 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): U. S. Hi-way 30 N.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4¼ mi. West Pocatello, Ida.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 390
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bannock Creek
d. STREET ADDRESS (If rural, give location): (Ft. Hall Indian Reservation)

3. NAME OF DECEASED (Type or Print): a. (First) DUANE b. (Middle) 000 JAMES c. (Last) MOSHO

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 8, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Indian 3	Never married /	Sept. 7, 1947	18	0	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 06	Sho-ban Fire Fighters 03	Fort Hall, Idaho	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred Mosho	Fort Hall, Ida.	Belle Ballard	Fort Hall, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-58-8948	*Katie Ballard	St. Rt. Pocatello, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

812.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple head & chest injuries — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Car - Pedestrian accident

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident 04	Hi-way 30 N. 12	4½ mi. west Poc. Power Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Sept. 8, 1965 4:30 a.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Pedestrian struck by Automobile

22. *I hereby certify that I attended the deceased from* [illegible] *last saw the deceased alive on* Sept. 8, 19 65, *and that death occurred at* 4:30a. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Bud Kelly 583	Coroner 4	American Falls, Idaho	9-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem. & Burial 3	9-9-65	Bannock Creek Indian Cemetery	Power Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 13, 1965	Frances Curtis	H. L. Davis	E-253

FIRM NAME Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4149
Local Reg. No. 290
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED
SEP 30 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Power 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 060
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aberdeen
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EDNA	O.	MATHIASEN	Sept. 20, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Oct. 11, 1891	73	11	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home 01	Coos Bay, Oregon	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Johnsen	Norway	Bernice Larsen	Coos Bay, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	I George N. Mathiasen	Aberdeen, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

156.2

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hypostatic pneumonia	1½ days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Peripheral vascular collapse	2 days
DUE TO (c)	Metastatic carcinoma of liver	2 years
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Cardiac decompensation Hiatal hernia	4 years 4? years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jul. 8, 1964, *to* Sep. 20, 1965, *that I last saw the deceased alive on* Sep 20, 1965, *and that death occurred at* 11:10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. L. Harris, 203	M D	American Falls, Idaho	23 Sep. '65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal&Burial	9-23-65	Sunset Cemetery	Coos Bay, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept. 29, 1965	Frances Curtis	H. L. Davis	E-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 1 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 15 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 31 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4150
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED OCT 4 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Power 390 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8 mi. S. E. Arbon School 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 45 Utah 555
b. COUNTY: Box Elder
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brigham City
d. STREET ADDRESS (If rural, give location): 225 N 2nd East

3. NAME OF DECEASED (Type or Print)
a. (First): Richard
b. (Middle): Sorensen
c. (Last): Christensen

4. DATE OF DEATH (Month) (Day) (Year): 9-24-65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 5-1-1918
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Hyrum E. Christensen
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Inger Sorensen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: X Leone B. Christensen — ADDRESS: Brigham City Ut

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

912.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crushed chest — INTERVAL BETWEEN ONSET AND DEATH: few min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Farm accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 02 Farm 13
21c. (CITY, TOWN, OR TOWNSHIP) 390 (COUNTY) (STATE): 8 mi. S.E. Arbon School -Power - Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 24, 1965 app. 10 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Combine overturned

22. *I hereby certify that I attended the deceased from* app. *the deceased death on* 9-24, 1965, *and that death occurred at* 10: am., *from the causes and on the date stated above.*

23a. SIGNATURE: Bud Kelly 583 (Degree or title): Coroner 4
23b. ADDRESS: American Falls, Idaho
23c. DATE SIGNED: 10-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial-Removal
24b. DATE: 9-25-65
24c. NAME OF CEMETERY OR CREMATORY: Bear River City Cemetery
24d. LOCATION (City, town, or county) (State): Bear River City, Utah

DATE REC'D BY LOCAL REG.: October 1, 1965
REGISTRAR'S SIGNATURE: Frances Curtis
25. EMBALMER: F. B. Ashby — LICENSE NO. E418
FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 5 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 13 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 4151
Local Reg. No. 4151
Reg. Dist. No. 500-602

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Power 390 OCT 4 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bureau of Rural American Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) &&&&&& Power County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 390 b. COUNTY Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
d. STREET ADDRESS (If rural, give location) 210 Monroe

3. NAME OF DECEASED (Type or Print) a. (First) LUTHER b. (Middle) M. 137 c. (Last) ESTEP

4. DATE OF DEATH (Month) (Day) (Year) Sept. 27, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH Nov. 23, 1892

9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months 10 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY Farm 01

11. BIRTHPLACE (State or foreign country) Pulaski County, Kentucky

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Jess Estep BIRTHPLACE Shopville, Kentucky

14. MOTHER'S MAIDEN NAME Amanda Burkhart BIRTHPLACE Shopville, Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-42-9311

17. INFORMANT'S OWN SIGNATURE Lucy E Estep ADDRESS Am. Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 Min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) (Small myocardial infarction) Coronary sclerosis — 10 years

DUE TO (c) Generalized atherosclerosis — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
None (Chronic atrophic Gastritis — 2 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 19, 1959, *to* Sep. 27, 1965, *that I last saw the deceased alive on* Sep. 27, 1965, *and that death occurred at* 7:20P m., *from the causes and on the date stated above.*

23a. SIGNATURE L. L. Harris, M.D. 203 (Degree or title)

23b. ADDRESS American Falls, Idaho

23c. DATE SIGNED Sep 29'65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10-1-65

24c. NAME OF CEMETERY OR CREMATORY Fallsview Cemetery

24d. LOCATION (City, town, or county) American Falls, (State) Idaho

DATE REC'D BY LOCAL REG. Sept. 30, 1965

REGISTRAR'S SIGNATURE Frances Curtis

25. EMBALMER H. L. Davis

LICENSE NO. E-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 1 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 15 1976

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 4 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 4152
Reg. Dist. No. 500-602

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Power 390 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 390
b. COUNTY Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
d. STREET ADDRESS (If rural, give location) 126 Hayes St.

3. NAME OF DECEASED (Type or Print) a. (First) MINNIE b. (Middle) FLOYD c. (Last) THOMPSON

4. DATE OF DEATH (Month) (Day) (Year) Sept. 27, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Oct. 9, 1886
9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months 11 Days 18 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home 01
11. BIRTHPLACE (State or foreign country) Lewiston, Utah
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Floyd F. Whitt BIRTHPLACE Virginia
14. MOTHER'S MAIDEN NAME Susan E. Bowles BIRTHPLACE Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-0509144
17. INFORMANT'S OWN SIGNATURE Willard Thompson ADDRESS Am. Falls, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Cervix — INTERVAL BETWEEN ONSET AND DEATH 3 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-1- *, 19*64 *to* 7-31- *, 19*65 *, that I last saw the deceased alive on* 7-31-65 *, 19___, and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE 141 T. E. Dillon M.D. (Degree or title)
23b. ADDRESS American Falls, Idaho
23c. DATE SIGNED 9-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-30-65
24c. NAME OF CEMETERY OR CREMATORY Fallsview Cemetery
24d. LOCATION (City, town, or county) American Falls, (State) Idaho

DATE REC'D BY LOCAL REG. Sept 30, 1965
REGISTRAR'S SIGNATURE Frances Curtis
25. EMBALMER Bud Kelly Bud Kelly
LICENSE NO. E-467

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Davis Furniture & Mortuary, Inc.

OCT 5 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4153
Local Reg. No. 73
Reg. Dist. No. 142

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 14 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 401 3-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 400
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst
d. STREET ADDRESS (If rural, give location): Star Route Pinehurst, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): F. 141
c. (Last): WARD

4. DATE OF DEATH (Month) (Day) (Year): August 29, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 27, 1889
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Woodriff, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Riley — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Sarah Jane Knous — BIRTHPLACE: Maryland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Florence Ward — ADDRESS:

18. CAUSE OF DEATH 422.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Chronic — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Athero Sclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes Mellitus — years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Gangrene, foot.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5, 1965, *to* 8, 1965, *that I last saw the deceased alive on* 8-29, 1965, *and that death occurred at* 3:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 168 MD
23b. ADDRESS: Wallace Ida.
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Septl, 1965
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: 9/27/65
REGISTRAR'S SIGNATURE: Joe Irvine
25. EMBALMER: Donald Maisel — LICENSE NO. 452

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 12 1983

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4154
Local Reg. No. 56
Reg. Dist. No. 140

RECEIVED OCT 4 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silverton
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Shoshone Co. Hospital/38

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 402 COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Harvey b. (Middle) Allan c. (Last) Weppler

4. DATE OF DEATH (Month) (Day) (Year) August 30, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 4

8. DATE OF BIRTH Nov. 13, 1905

9. AGE (In years last birthday) 59
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timberman 06

10b. KIND OF BUSINESS OR INDUSTRY Mining 04

11. BIRTHPLACE (State or foreign country) Grays Harbor-Ontario Canada

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Weppler BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Wilhelmina Schwartz BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-03-2268

17. INFORMANT'S OWN SIGNATURE ADDRESS
X Mrs. Marie White

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Glomerulonephritis 592 — INTERVAL BETWEEN ONSET AND DEATH: 23 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-12-, 1963, to 8-30, 1965, that I last saw the deceased alive on 8-30, 1965, and that death occurred at 8:20 A.m., from the causes and on the date stated above.

23a. SIGNATURE G. M. Peterson 414 (Degree or title) M.D.

23b. ADDRESS Wallace, Idaho

23c. DATE SIGNED 9-4-65

24a. BURIAL, CREMATION, REMOVAL (Specify) cremation

24b. DATE 9-1-65

24c. NAME OF CEMETERY OR CREMATORY Smith and Company

24d. LOCATION (City, town, or county) Spokane, (State) Washington

DATE REC'D BY LOCAL REG. 9-9-65

REGISTRAR'S SIGNATURE Dale Cornell

25. EMBALMER Dale L. Cornell

LICENSE NO. E-406

FIRM NAME: Cornell's Ward Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4155
Local Reg. No. 68
Reg. Dist. No. 142

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

SEP 15 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone 400 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): County Nursing Home 320

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 400
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Kellogg
d. STREET ADDRESS (If rural, give location): Elizabeth Park

3. NAME OF DECEASED (Type or Print)
a. (First): MATILDA
b. (Middle):
c. (Last): APPELBERG

4. DATE OF DEATH (Month) (Day) (Year): Sept. 1, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 28, 1885
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 5, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Malacx, Finland
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Finland
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Gunnard W Appelberg — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

157X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Probable Ca of Pancreas

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Smelter - Jaundice
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr, 1965, *to* 9-1, 1965, *that I last saw the deceased alive on* 8-31, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 494 [signature]
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 9-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 3. 1965
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 9/10/65
REGISTRAR'S SIGNATURE: Joe [signature]
25. EMBALMER: Donald Maisel — LICENSE NO.: 452

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Maisel Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4156
Local Reg. No. 69
Reg. Dist. No. 142

Certificate of Death

RECEIVED
SEP 15 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 401 3-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 400
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Pinehurst
d. STREET ADDRESS (If rural, give location): Pine Creek

3. NAME OF DECEASED (Type or Print)
a. (First): HELEN
b. (Middle): MAUDE 141
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): Sept. 4, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 30, 1892
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 10, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Springfield, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Zane Smith — ADDRESS: Pinehurst Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.0 Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 6-7 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Emphysema — 8-10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 17, 1952, *to* Sept 4, 1965, *that I last saw the deceased alive on* Sept 4, 1965, *and that death occurred at* 9:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O B Scott 462 MD
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 9/7/63

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 9 1965
24c. NAME OF CEMETERY OR CREMATORY: Shoshone Gardens
24d. LOCATION (City, town, or county) (State): Pinehurst, Idaho

DATE REC'D BY LOCAL REG.: 9-13-65
REGISTRAR'S SIGNATURE: Joe Sabine
25. EMBALMER: Robert B. Ross
LICENSE NO.: 497

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 15 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 4157
Local Reg. No. 78
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH 401
a. COUNTY Shoshone OCT 14 1965 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg Bureau of V. Stat.
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 400
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Smelterville
d. STREET ADDRESS (If rural, give location) 113 G Street

3. NAME OF DECEASED (Type or Print)
a. (First) SARAH
b. (Middle) C. 141
c. (Last) CAMERON

4. DATE OF DEATH (Month) (Day) (Year) Sept. 7, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2
8. DATE OF BIRTH May 13, 1882
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home 01
11. BIRTHPLACE (State or foreign country) Onterio, Canada
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Wilkins — BIRTHPLACE Canada
14. MOTHER'S MAIDEN NAME Emma Beck — BIRTHPLACE Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mary E. Luoma — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 72 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-25, 1965, *to* 8-27, 1965, *that I last saw the deceased alive on* 8-27, 1965, *and that death occurred at* 730 *m., from the causes and on the date stated above.*

23a. SIGNATURE 494 (Degree or title) [signature]
23b. ADDRESS Kellogg, Idaho
23c. DATE SIGNED 9-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept 10 1965
24c. NAME OF CEMETERY OR CREMATORY Shoshone Gardens
24d. LOCATION (City, town, or county) (State) Pinehurst, Idaho

DATE REC'D BY LOCAL REG. 9/27/65
REGISTRAR'S SIGNATURE Joe Ostine
25. EMBALMER Donald Maisel — LICENSE NO. 452

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MAISEL FUNERAL CHAPEL

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

65-6150

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 4158
Local Reg. No. 57
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone 402 OCT 4 1965 000
b. CITY OR TOWN Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Providence Hospital 139

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 400 b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osburn
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Kim	Rachelle	Stevenson	Sept. 16, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	infant /	June 6, 1965		3	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
02	00	Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward M. Stevenson	Cortese, Col.	Marie Chapin	Webb City, Okla.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		X Edward M Stevenson	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 493X Pneumonia-unknown type — INTERVAL BETWEEN ONSET AND DEATH Hours.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6-6, 1965, *to* 9-16, 1965, *that I last saw the deceased alive on* 7-20, 1965, *and that death occurred at* 10:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
182 Jr Medical Intl	Wallace, Idaho	9-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	9-18-65	Greenwood	Kellogg Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-17-65	Dale Cornell	Dale L. Cornell	Wallace, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

OCT 18 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

State File No. 4159
Local Reg. No. 58
Reg. Dist. No. 140

Certificate of Death

RECEIVED
OCT 4 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone 480 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) | c. LENGTH OF STAY (If in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 291 b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 310 North Van Buren

3. NAME OF DECEASED (Type or Print)
a. (First) Donald b. (Middle) 01 c. (Last) Dickinson

4. DATE OF DEATH (Month) (Day) (Year) Sept. 18, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Aug. 29, 1939
9. AGE (In years last birthday) 26 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 77
10b. KIND OF BUSINESS OR INDUSTRY Univ. of Idaho 03
11. BIRTHPLACE (State or foreign country) Casper, Wyoming
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William H. Dickinson BIRTHPLACE Wyoming
14. MOTHER'S MAIDEN NAME Helen Crouse BIRTHPLACE Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes 1 (If yes, give war or dates of service) 1960-63 8
16. SOCIAL SECURITY NO. 518-44-1056
17. INFORMANT'S OWN SIGNATURE Gail Ann Dickinson ADDRESS Moscow

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive laceration liver & spleen — INTERVAL BETWEEN ONSET AND DEATH: seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Perforating wt rt to left low chest & upper abdomen — seconds.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 31
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) hunting - St Joe. River Area 13
21c. (CITY, TOWN, OR TOWNSHIP) 480 (COUNTY) Shoshone (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 18 1965 A.m. 1
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Reported as gun shot wound.

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* approx 6:00 p *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert J. Revelli 435 (Degree or title) MD
23b. ADDRESS Wallace Idaho
23c. DATE SIGNED 9/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 9-21-65
24c. NAME OF CEMETERY OR CREMATORY Shoshone Cemetery
24d. LOCATION (City, town, or county) Shoshone (State) Idaho

DATE REC'D BY LOCAL REG. 9-24-65
REGISTRAR'S SIGNATURE Dale L. Cornell
25. FUNERAL DIRECTOR Dale L. Cornell ADDRESS Wallace, Idaho
Cornell's Ward Funeral Home

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 5 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 11 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

OCT 14 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAY 25 1966

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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State File No.
Local Reg. No. 714160
Reg. Dist. No. 142

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 14 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 401 3-08

a. COUNTY: Shoshone

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg

c. LENGTH OF STAY (in this place): 8 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 401

b. COUNTY: Shoshone

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg

d. STREET ADDRESS (If rural, give location): 623 South Division

3. NAME OF DECEASED (Type or Print)

a. (First): EDWARD

b. (Middle): CURTIS 141

c. (Last): WALKER

4. DATE OF DEATH (Month) (Day) (Year): Sept. 22, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: May 17, 1882

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Policeman 62

10b. KIND OF BUSINESS OR INDUSTRY: Law Enforcement

11. BIRTHPLACE (State or foreign country): Goldendale, Wash.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Eli Walker — BIRTHPLACE: Ohio 02

14. MOTHER'S MAIDEN NAME: Sarah Denison — BIRTHPLACE: Conn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-20-9613

17. INFORMANT'S OWN SIGNATURE: Mrs Alice B. Walker — ADDRESS:

18. CAUSE OF DEATH 331X

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 14, 1965, *to* Sept 22, 1965, *that I last saw the deceased alive on* Sept 22, 1965, *and that death occurred at* 4:25 p m., *from the causes and on the date stated above.*

23a. SIGNATURE 461 (Degree or title): Orland B. Scott MD

23b. ADDRESS: Kellogg Idaho

23c. DATE SIGNED: 9/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept 25 1965

24c. NAME OF CEMETERY OR CREMATORY: Greenwood

24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 9/27/65

REGISTRAR'S SIGNATURE: Joe [illegible]

25. EMBALMER: Donald Maisel — LICENSE NO.: 452

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician .....

65- State File No. 4161
Local Reg. No. 4161
Reg. Dist. No. 142

Certificate of Death

RECEIVED
OCT 14 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 401
a. COUNTY Shoshone 3-13
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (in this place) 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 401
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) Kellogg, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First) SAM
b. (Middle) 141
c. (Last) SCIUCHETTI

4. DATE OF DEATH (Month) (Day) (Year) Sept. 22, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Jan. 20, 1882
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired City Employee
10b. KIND OF BUSINESS OR INDUSTRY Laborer 00
11. BIRTHPLACE (State or foreign country) Mailan, Italy
12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME Unknown 62
BIRTHPLACE Italy
14. MOTHER'S MAIDEN NAME Unknown
BIRTHPLACE Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 519-03-3358
17. INFORMANT'S OWN SIGNATURE Louis F. Sciuchetti
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

685X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic cystitis Syphilis — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease — 5 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Kellogg (COUNTY) Shoshone (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1958, *to* 22 Sept, 1965, *that I last saw the deceased alive on* 22 Sept, 1965 *and that death occurred at* 5:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Glen M. Whitehead MD 539 (Degree or title)
23b. ADDRESS Kellogg, Idaho
23c. DATE SIGNED 25 Sept 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept 24 1965
24c. NAME OF CEMETERY OR CREMATORY Greenwood
24d. LOCATION (City, town, or county) Kellogg, Idaho (State)

DATE REC'D BY LOCAL REG. 9/27/65
REGISTRAR'S SIGNATURE Joe Irvine
25. EMBALMER Robert G. Ross
LICENSE NO. E 497

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 19 1969

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 10 1975

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 08 1993

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4162
Local Reg. No. 59
Reg. Dist. No. 140

RECEIVED OCT 13 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence Hospital 139

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 400
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location) 703 3rd Street

3. NAME OF DECEASED (Type or Print) a. (First) Jesse b. (Middle) Franklin c. (Last) Coffey

4. DATE OF DEATH (Month) (Day) (Year) Sept. 27, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2
8. DATE OF BIRTH Jan. 18, 1900
9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner 07. 04
10b. KIND OF BUSINESS OR INDUSTRY Mining 01
11. BIRTHPLACE (State or foreign country) Simmons, West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James G. Coffey
BIRTHPLACE
14. MOTHER'S MAIDEN NAME Lois Ann Dansey
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE X James G. Coffey
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatoma (liver cell carcinoma) — INTERVAL BETWEEN ONSET AND DEATH: 2½ months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cirrhosis of the liver — Several months
DUE TO (c) Fibrosis of lungs — Several months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1959, *to* 9-27, 1965, *that I last saw the deceased alive on* 9-27, 1965, *and that death occurred at* 11:31 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) G. M. Peterson, M.D. 414
23b. ADDRESS Wallace, Idaho
23c. DATE SIGNED 9-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-2-65
24c. NAME OF CEMETERY OR CREMATORY Mullan Cemetery
24d. LOCATION (City, town, or county) (State) Mullan Idaho

DATE REC'D BY LOCAL REG. 10-6-65
REGISTRAR'S SIGNATURE Dale Cornell
25. FUNERAL DIRECTOR Dale L. Cornell
ADDRESS Wallace, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4163
Local Reg. No. 60
Reg. Dist. No. 140

BIRTH NO.

RECEIVED OCT 13 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Shoshone 402
b. CITY OR TOWN Wallace
b. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION Providence Hospital 139

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 400
b. COUNTY Shoshone
c. CITY OR TOWN Murray
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Clarence b. (Middle) c. (Last) Parmentier

4. DATE OF DEATH (Month) (Day) (Year) Sept. 29, 1965

5. SEX Male
6. COLOR OR RACE Whiite
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2
8. DATE OF BIRTH May 12, 1898
9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timberman 08
10b. KIND OF BUSINESS OR INDUSTRY Logging 03
11. BIRTHPLACE (State or foreign country) Colorado
12. CITIZEN OF WHAT COUNTRY? U.S. A.

13. FATHER'S NAME Unknown BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknogn BIRTHPLACE Uhknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. I. 3
16. SOCIAL SECURITY NO. 518-03-1229
17. INFORMANT'S OWN SIGNATURE X Dorothy Parmentier ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Lung Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH Few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Lungs — Several months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 29, 1965, *to* Sept 29, 1965, *that I last saw the deceased alive on* Sept 29, 1965, *and that death occurred at* about 4:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE J. M. Peterson, M.D. 414 (Degree or title)
23b. ADDRESS Wallace Idaho
23c. DATE SIGNED 10-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 2, 1965
24c. NAME OF CEMETERY OR CREMATORY Murray Cemetery
24d. LOCATION (City, town, or county) Murray (State) Idaho

DATE REC'D BY LOCAL REG. 10-6-65
REGISTRAR'S SIGNATURE Dale Harnell D.D.
25. FUNERAL DIRECTOR Dale L. Cornell ADDRESS Wallace, Idgho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

OCT 15 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 9 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 4164
Local Reg. No. D-287
Reg. Dist. No. 460

BIRTH NO.

SEP 9 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF TOWN: 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 170 Monroe Street

3. NAME OF DECEASED (Type or Print)
a. (First): Fern
b. (Middle): 143
c. (Last): Howells

4. DATE OF DEATH (Month) (Day) (Year): Sept. 2, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 26, 1896
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Price City, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Hephi R. Fawcett — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Marmora Carpenter — BIRTHPLACE: St. George, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Carlyle Howells — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Hr Failure — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Myocardial Infarct
DUE TO (c): Arteriosclerotic Hr. Disease 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Chr. Hepatitis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 5:20p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 246 [signature]
23b. ADDRESS: GLENN A. HOSS, M. D. 1221 LYNWOOD MALL TWIN FALLS, IDAHO
23c. DATE SIGNED: 3 Sept 65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Sept 7, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county): Twin Falls — (State): Idaho

DATE REC'D BY LOCAL REG.: 9-8-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: [signature] — LICENSE NO.: 343

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 5 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4165
Local Reg. No. D-266
Reg. Dist. No. 760

BIRTH SEP 16 1965

Bureau of Vital Statistics

420

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 23 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 42
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): R.F.D. # 1

3. NAME OF DECEASED (Type or Print): a. (First) HIRAM b. (Middle) c. (Last) PARTIN

4. DATE OF DEATH: (Month) Sept. (Day) 3, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: March 14, 1886

9. AGE (In years last birthday): 79 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 01

11. BIRTHPLACE (State or foreign country): Pineville, Kentucky

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry Partin — BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: Sarah Lowe — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-40-9935

17. INFORMANT'S OWN SIGNATURE: Amanda Partin — ADDRESS: RFD# 1 Buhl, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infarction of Myocardium — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) due to Arteriosclerotic Heart Disease — 10 Yrs
DUE TO (c) Arteriosclerosis, Gen

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-3, 1965, *to* 9-3, 1965, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 1:20 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H Anderson, MD — **23b. ADDRESS**: Buhl, Ida — **23c. DATE SIGNED**: 9-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 9/7/65 — **24c. NAME OF CEMETERY OR CREMATORY**: n Buhl — **24d. LOCATION** (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 9-14-65 — **REGISTRAR'S SIGNATURE**: Virginia Grigsby — **25. EMBALMER**: Robert T. Dickard — **LICENSE NO.**: E-312

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4166
Local Reg. No. D-263
Reg. Dist. No. 760

RECEIVED SEP 13 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 3-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls, Idaho
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic 144

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 160
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) Benjamin; b. (Middle) Perry; c. (Last) Davidson

4. DATE OF DEATH: (Month) Sept (Day) 3 (Year) 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Dec 22, 1907

9. AGE (In years last birthday): 57 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: agriculture 01

11. BIRTHPLACE (State or foreign country): Burley Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Arthur Davidson — BIRTHPLACE: Boise, Idaho

14. MOTHER'S MAIDEN NAME: Maryetta Dutfee — BIRTHPLACE: Andrew County, Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 544-05-6584

17. INFORMANT'S OWN SIGNATURE: Elwood E Davidson — ADDRESS: Oakley, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cholelithiasis, — 3 mo
Diabetes mellitus — 1½ yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 24 Aug, 1965, *to* 3 Sept, 1965, *that I last saw the deceased alive on* 3 Sept, 1965, *and that death occurred at* 9:25 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James H. Gafford M.D.

23b. ADDRESS: Twin Falls Idaho

23c. DATE SIGNED: 9/7/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept 7, 1965

24c. NAME OF CEMETERY OR CREMATORY: Oakley Cemetery

24d. LOCATION (City, town, or county) (State): Oakley Idaho

DATE REC'D BY LOCAL REG.: 9-9-65

REGISTRAR'S SIGNATURE: Regina Grijalva

25. EMBALMER: George Farmer — LICENSE NO.: E-480

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4167
Local Reg. No. D-262
Reg. Dist. No. 460

Certificate of Death

RECEIVED
SEP 9 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 421
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 428 Main Ave. North - Apt. 9

3. NAME OF DECEASED (Type or Print)
a. (First) SAMUEL
b. (Middle) ALBERT 143
c. (Last) MILLER

4. DATE OF DEATH (Month) (Day) (Year) September 5, 1965

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH September 29, 1904
9. AGE (In years last birthday) 60 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) warehouseman 29
10b. KIND OF BUSINESS OR INDUSTRY creamery 07
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Levi Miller — BIRTHPLACE Indiana
14. MOTHER'S MAIDEN NAME Mary Martha Look — BIRTHPLACE Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 516-16-0607
17. INFORMANT'S OWN SIGNATURE X Cora L. Miller — ADDRESS Twin Falls, Ida

18. CAUSE OF DEATH 260X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetic Nephropathy — 10 years
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary Arteriosclerosis — 10 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 26, 1965, *to* Sept 5, 1965, *that I last saw the deceased alive on* Sept 5, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 578 [signature] M.D.
23b. ADDRESS 204 4th Ave. E., Twin Falls
23c. DATE SIGNED 9-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Sept. 9, 1965
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) Twin Falls (State) Idaho

DATE REC'D BY LOCAL REG. 9-8-65
REGISTRAR'S SIGNATURE Regina Grijalva
25. EMBALMER Ronald J. Hamilton
LICENSE NO. E-470

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: WHITE MORTUARY 733-6600

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 13 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAY 12 2000

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 4168
Local Reg. No. D-26
Reg. Dist. No. 760

BIRTH NO.

SEP 9 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls County 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls, Ida.
c. LENGTH OF STAY (in this place) 15 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Twin Falls 421 b. COUNTY twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 167 Walnut St.
d. STREET ADDRESS (If rural, give location) 167 Walnut St. Twin Falls, Ida

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Hattie [illegible] Dwight	S.	Dwight	9	6	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	White	widowed 2	12/15/1878	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Deposit, New York
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME George Tillotson BIRTHPLACE Deposit, N. Y.
14. MOTHER'S MAIDEN NAME Georgiana Wright BIRTHPLACE Bloomville, N. Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE X Genevieve Johnson ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 48 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus, Cataracts, Arthritis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/4 1965 *to* 9/6, 1965, *that I last saw the deceased alive on* 9/5, 1965, *and that death occurred at* 8:25 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Roy C. Snarr MD	111 6th Ave E. Twin Falls Ida	9/7/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial Parma Cem.	9/8/65	Parma Cemetery	Parma, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-7-65	Regina Trujalva	[signature]	E-343

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 12 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4169
Local Reg. No. D-267
Reg. Dist. No. 460

Certificate of Death

RECEIVED
SEP 16 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 421 Twin Falls 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (If still place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 420 b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl
d. STREET ADDRESS (If rural, give location) 404 13th Ave. North

3. NAME OF DECEASED (Type or Print)
a. (First) MARIE b. (Middle) 143 STROMSTAD c. (Last) EMLAW

4. DATE OF DEATH (Month) (Day) (Year) Sept. 7, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH April 5, 1884
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Norway
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME No Record — BIRTHPLACE
14. MOTHER'S MAIDEN NAME No Record — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 536-07-3885
17. INFORMANT'S OWN SIGNATURE Myrtle E. Fehrenbacher — ADDRESS 321 12th N. Buhl, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1/2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension & Coronary sev. sclerosis — 1 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-16, 1965, *to* 9-17, 1965, *that I last saw the deceased alive on* 9-17, 1965, *and that death occurred at* 2:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Vern H. Anderson, M.D. 011 (Degree or title)
23b. ADDRESS Buhl, Ida
23c. DATE SIGNED 9-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Transportation
24b. DATE 3 9/9/65
24c. NAME OF CEMETERY OR CREMATORY Walla Walla
24d. LOCATION (City, town, or county) (State) Walla Walla, Wn.

DATE REC'D BY LOCAL REG. 9-14-65
REGISTRAR'S SIGNATURE Regina Grijalva
25. EMBALMER Robert F. Dickard
LICENSE NO. E-312

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 4170
Local Reg. No. D-271
Reg. Dist. No. 760

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 420 Twin Falls — SEP 27 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl
c. LENGTH OF STAY IN THIS [illegible]istic 5½ Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Harral Nursing Home 205

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 420 b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl
d. STREET ADDRESS (If rural, give location) Harral Nursing Home

3. NAME OF DECEASED (Type or Print)
a. (First) MINNIE b. (Middle) MAY c. (Last) EGGLESTON

4. DATE OF DEATH (Month) (Day) (Year) Sept. 9, 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Sept. 8, 1878

9. AGE (In years last birthday) 87 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY 01

11. BIRTHPLACE (State or foreign country) Castlerock, Colorado

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Levi Brackett — BIRTHPLACE No Record

14. MOTHER'S MAIDEN NAME Clara Frances Crowfoot — BIRTHPLACE No Redord

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. --

17. INFORMANT'S OWN SIGNATURE Robert L Eggleston — ADDRESS 328 N. Broadway Buhl

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Heart Failure due to — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-2, 1965, *to* 9-9, 1965, *that I last saw the deceased alive on* 9-9, 1965 *and that death occurred at* 6:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Vern Henderson (Degree or title) M.D. — **23b. ADDRESS** Buhl, Ida. — **23c. DATE SIGNED** 9-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial — **24b. DATE** 9/11/65 — **24c. NAME OF CEMETERY OR CREMATORY** Buhl — **24d. LOCATION** (City, town, or county) Buhl, (State) Idaho

DATE REC'D BY LOCAL REG. 9-20-65 — **REGISTRAR'S SIGNATURE** Regina Snijders — **25. EMBALMER** Robert A. Dickard — **LICENSE NO.** E-312

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 1 1 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 1 1981

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED SEP 27 1965 Bureau of Vital Statistics

State File No. 4171
Local Reg. No. D-272
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): R.F.D. # 4

3. NAME OF DECEASED (Type or Print)
a. (First): CLEMENT
b. (Middle): C. 143
c. (Last): JUKER

4. DATE OF DEATH (Month) (Day) (Year): Sept. 9, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: Nov. 7, 1882
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 01
11. BIRTHPLACE (State or foreign country): Peru, Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Johanas Juker — BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: Clara Belle Doles — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-05-6443
17. INFORMANT'S OWN SIGNATURE RR1 — ADDRESS: James L Juker Gooding Ida

18. CAUSE OF DEATH 606X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): chr. bladder obstruction — sev. years
DUE TO (c): Post prostatectomy from scarring in bladder neck — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Arteriosclerosis marked — sev. yrs.
Diabetes Mellitus —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jun 1, 1965, *to* Sept 9, 1965, *that I last saw the deceased alive on* Sept 9, 1965, *and that death occurred at* 11:15 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H. Anderson MD 011
23b. ADDRESS: Buhl, Ida
23c. DATE SIGNED: Sept 15, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/15/65
24c. NAME OF CEMETERY OR CREMATORY: Buhl
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 9-20-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Robert F. Dickard
LICENSE NO.: E-312

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4172
Local Reg. No. D-469
Reg. Dist. No. 460

BIRTH NO.

RECEIVED
SEP 20 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 141 Rose Street

3. NAME OF DECEASED (Type or Print): a. (First) Ruby b. (Middle) May c. (Last) Krengel

4. DATE OF DEATH: (Month) Sept. (Day) 9, (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 22, 1900

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Payson, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph H. Huff
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Lula Edith Meyers
BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 519-22-2766

17. INFORMANT'S OWN SIGNATURE: James R. Taylor
ADDRESS: P.O. Box 264 Northridge Cal

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Hypertension — 15 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-6, 19 65, *to* 9-9, 19 65, *that I last saw the deceased alive on* 9-9, 19 65, *and that death occurred at* 10:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): MD
23b. ADDRESS: [illegible]
23c. DATE SIGNED: 9-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 11, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county): Twin Falls (State): Idaho

DATE REC'D BY LOCAL REG.: 9-15-65
REGISTRAR'S SIGNATURE: Regina Snijders
25. EMBALMER: Ronald J. Hamilton
LICENSE NO.: E-470

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4173
Local Reg. No. D-264
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

BIRTH NO. RECEIVED

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 SEP 16 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls Bureau of Vital Statistics
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 162 Taylor Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 162 Taylor Street

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): G.
c. (Last): OLSEN

4. DATE OF DEATH (Month) (Day) (Year): Sept. 10, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Feb. 11, 1905
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Agent US Treasury Dept. Int. Revenue Service 34
10b. KIND OF BUSINESS OR INDUSTRY: 08
11. BIRTHPLACE (State or foreign country): Logan, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Olsen — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Lillie Camper — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes WW"2 U.S. Army 4
16. SOCIAL SECURITY NO.: 518 09 0012
17. INFORMANT'S OWN SIGNATURE: x Mrs. Chas. Olsen — ADDRESS: TwinFalls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of sigmoid colon with metastases to the liver

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 17 months ~~10 days~~.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 14, 1965, *to* Sept. 10, 1965 *that I last saw the deceased alive on* Sept. 10, 1965, *and that death occurred at* 3:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bernard L. Kuelheny 296 N.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 9/11/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/13/65
24c. NAME OF CEMETERY OR CREMATORY: Preston City Cem.
24d. LOCATION (City, town, or county) (State): Preston, Idaho

DATE REC'D BY LOCAL REG.: 9-14-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: [signature]
LICENSE NO.: 343

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: White Mortuary Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 17 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 09 1992

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4174
Local Reg. No. D-281
Reg. Dist. No. 760

RECEIVED
SEP 29 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 420 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Moutain View Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): A street E.

3. NAME OF DECEASED (Type or Print): a. (First) Ella; b. (Middle) [illegible]; c. (Last) Smith

4. DATE OF DEATH: (Month) Sept. (Day) 11, (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: August 19, 1869

9. AGE (In years last birthday): 96 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): Butler, Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Robert E. Cannon — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Julia Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Dorothy E. Carter — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

493X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) senility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1964, *to* Sept 11, 1965, *that I last saw the deceased alive on* 9-11-, 1965, *and that death occurred at* 2:35 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 286 D. Ellis Kingsbury MD

23b. ADDRESS: Kimberly, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 14 1965

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 9-27-65

REGISTRAR'S SIGNATURE: Regina Grigalva

25. EMBALMER

LICENSE NO.: 343

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4175
Local Reg. No. D-268
Reg. Dist. No. 460

Certificate of Death

BIRTH NO.

RECEIVED STATE OF IDAHO

421 SEP 20 1965 000 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley Nursing Home 250

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): Route #4

3. NAME OF DECEASED (Type or Print)
a. (First): Rosa
b. (Middle): B.
c. (Last): Childers

4. DATE OF DEATH (Month) (Day) (Year): Sept. 11, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 21, 1892
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sweet Home, Oregon
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Everett Miller — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Ina Rice — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x W. E. Childers — ADDRESS: Jerome, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

446X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Kidney disease — year
DUE TO (c): Uremia — 1 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 19, 1962, *to* Sept 11, 1965, *that I last saw the deceased alive on* Sept 11, 1965, *and that death occurred at* 3:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H Affleck — 003
23b. ADDRESS: Twin Falls
23c. DATE SIGNED: 13 Sept 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 14, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 9-15-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: [signature]
LICENSE NO.: 343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 9 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 20 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4176
Local Reg. No. D-275
Reg. Dist. No. 460

BIRTH NO.

RECEIVED
SEP 27 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 421
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 175 DuBois

3. NAME OF DECEASED (Type or Print) a. (First) Lou b. (Middle) Ann 143 c. (Last) Armstrong

4. DATE OF DEATH (Month) (Day) (Year) September 11, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2
8. DATE OF BIRTH June 15, 1896
9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Spearfish, South Dakota
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Alexander Mosher BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Nettie Sipe BIRTHPLACE Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 460-16-2707
17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS Twin Falls, Idaho

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cardiac insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Metastatic carcinoma - primary unknown — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____ 19__, *to* Sept. 10, 1965, *that I last saw the deceased alive on* Sept 10, 1965, *and that death occurred at* 5:20 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE A. N. Kendall (Degree or title) M.D.
23b. ADDRESS 206 Martin Street Twin Falls, Idaho
23c. DATE SIGNED 9/13/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/15/65
24c. NAME OF CEMETERY OR CREMATORY Hagerman Cemetery
24d. LOCATION (City, town, or county) (State) Hagerman, Idaho

DATE REC'D BY LOCAL REG. 9-22-65
REGISTRAR'S SIGNATURE Regina Grijalva
25. FUNERAL DIRECTOR James C. Reynolds
ADDRESS Reynolds Funeral Chapel Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

OCT 4 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 11 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

JUL 29 1982

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

DEC 6 1982

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Paul D. Reynolds Lic. No. E-495 at Twin Falls, on 9/11/65

ADDITIONAL REMARKS by Physician

RECEIVED
SEP 20 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4177
Local Reg. No. D-270
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH 420
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl
c. LENGTH OF STAY (in this place) 6 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 825 9th Ave. North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 420
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl
d. STREET ADDRESS (If rural, give location) 825 9th Ave. North

3. NAME OF DECEASED (Type or Print)
a. (First) CELIA
b. (Middle) B.
c. (Last) EDMONS

4. DATE OF DEATH (Month) (Day) (Year) Sept. 13, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Sept. 8, 1892
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Winesap, Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Burgess — BIRTHPLACE Tennessee
14. MOTHER'S MAIDEN NAME Laura Campbell — BIRTHPLACE Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 299-20-4502
17. INFORMANT'S OWN SIGNATURE Lavell Cope — ADDRESS 829 9th Ave. N. Buhl, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

527.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemoptysis — INTERVAL BETWEEN ONSET AND DEATH: Hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Emphysema — Years
DUE TO (c) Recurrent pneumonia — Years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerotic ht dis — Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 6, 1961, *to* Sept 13, 1961, *that I last saw the deceased alive on* 13 Sept, 1965 *and that death occurred at* 1:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE C. W. Cullins 118 (Degree or title) M.D.
23b. ADDRESS 1229 9th Ave North
23c. DATE SIGNED 9-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/15/65
24c. NAME OF CEMETERY OR CREMATORY Buhl
24d. LOCATION (City, town, or county) Buhl, (State) Idaho

DATE REC'D BY LOCAL REG. 9-17-65
REGISTRAR'S SIGNATURE Regina Grijalva
25. EMBALMER Robert F. Dickard
LICENSE NO. E-312

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 30 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4178
Local Reg. No. D-275
Reg. Dist. No. 460

Certificate of Death

RECEIVED
SEP 27 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 420
a. COUNTY: Twin Falls 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 1 Month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Harral Nursing Home 205

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Milner Street

3. NAME OF DECEASED (Type or Print)
a. (First): OLE
b. (Middle):
c. (Last): AKLAND

4. DATE OF DEATH (Month) (Day) (Year): Sept. 14, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 21, 1883
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 01
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ole Akland — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: $18-32-5979
17. INFORMANT'S OWN SIGNATURE: Art M. Akland — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH 151X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of Stomach — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Generalized arteriosclerosis — Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 13, 1965, *to* Sept 14, 1965, *that I last saw the deceased alive on* Sept 14, 1965, *and that death occurred at* 11:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Cullings MD
23b. ADDRESS: 1229 4th Ave North Buhl
23c. DATE SIGNED: 9-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/18/65
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 9-20-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Robert F. Dickard
LICENSE NO.: E-312

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4179
Local Reg. No. D-276
Reg. Dist. No. 460

RECEIVED
SEP 27 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 4-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 328
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Carl
b. (Middle): Arthur (Artie) 144
c. (Last): Peterson

4. DATE OF DEATH (Month) (Day) (Year): Sept. 15, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 12, 1905
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 2, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Owner 35
10b. KIND OF BUSINESS OR INDUSTRY: Groceries 01
11. BIRTHPLACE (State or foreign country): Stillwater, Minn.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Andrew Peterson — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-38-2479
17. INFORMANT'S OWN SIGNATURE: Mrs. Helen Peterson — ADDRESS: Richfield, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): C V A Progressive — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Chronic Lymphatic Leukemia — 8 yrs.
DUE TO (c): Flu type Infection — 15 days

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-15, 1961, *to* 9-15, 1965, *that I last saw the deceased alive on* 9-15, 1965, *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: D. A. McQuesby MD 338 (Degree or title)
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: 9-18-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-18-1965
24c. NAME OF CEMETERY OR CREMATORY: Richfield Cemetery
24d. LOCATION (City, town, or county) (State): Richfield, Idaho

DATE REC'D BY LOCAL REG.: 9-22-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Francis M. Bergin
LICENSE NO.: E-463

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Bergin Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 7 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4180
Local Reg. No. D-282
Reg. Dist. No. 460

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

SEP 29 1965

1. PLACE OF DEATH 420
a. COUNTY: Twin Falls 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
c. LENGTH OF STAY (in this place): Bureau of V.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison East- Kimberly 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): Madison East

3. NAME OF DECEASED (Type or Print)
a. (First): Rhoda
b. (Middle): Myrtle
c. (Last): Muir

4. DATE OF DEATH (Month) (Day) (Year): Sept. 15, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 1, 1883
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Parley P. Parker — BIRTHPLACE: Salt Lake City
14. MOTHER'S MAIDEN NAME: Rhoda Lee — BIRTHPLACE: Salt Lake City

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-48-2118
17. INFORMANT'S OWN SIGNATURE: Geary Muir — ADDRESS: Kimberly

18. CAUSE OF DEATH 151X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): carcinomotosis- primary Ca of stomach — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-28- *19*65*, to* 8-31-65 *19*__*, that I last saw the deceased alive on* 8-31-65 *19*__*, and that death occurred at* ___ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. Ellis 286 Kingat MD
23b. ADDRESS: Kimberly, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Sept. 16, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sugar City Cemetery
24d. LOCATION (City, town, or county) (State): Rexburg Idaho

DATE REC'D BY LOCAL REG.: 9-27-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: [signature]
LICENSE NO.: 343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4181
Local Reg. No. D-274
Reg. Dist. No. 460

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 430 SEP 27 1965 008
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murtaugh
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Murtaugh 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 430
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murtaugh
d. STREET ADDRESS (If rural, give location): Murtaugh

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ROBERT	PAUL	RANDELL	September 15, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married 2	June 19, 1944	21				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Labor 70	Railroad 10	Twin Falls, Idaho	USA.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clarence Randell	Artision, Idaho	Marie Modlin	Twin Falls, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	512-52-2054	Mary Lou Randell	Murtaugh, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

9190

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gun Shot Wound — Mins
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 430 (COUNTY) (STATE)
Accident 61	Home	13 Murtaugh Twin Falls, Idaho

21d. TIME OF INJURY (Month) (Day) (Year)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
September 15, 1965 p.m. 1115	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Gunshot from 12 gage shotgun

22. *I hereby certify that I attended the deceased from* DID NOT ATTEND, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 11:15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Claude 583 Wiley Coroner 4	Twin Falls, Idaho	9-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/18/65	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
9-21-65	Regina Snijders	Paul R. Reynolds	Reynolds Funeral Chapel Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-46021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

SEP 28 1965

FEB 9 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Paul D. Reynolds Lic. No E-495 at Twin Falls on 9/15/65

ADDITIONAL REMARKS by Physician

65-9747

RECEIVED SEP 29 1965 Bureau of Vital Sta. 000

Certificate of Death

STATE OF IDAHO

State File No. 4182
Local Reg. No. D-283
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 166 Carney

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle) 143: George
c. (Last): Emerson

4. DATE OF DEATH (Month) (Day) (Year): Sept. 16, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married 1
8. DATE OF BIRTH: Sept 16, 1965
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min. Minutes

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lee D. Emerson
BIRTHPLACE: Pomca City, Okla.
14. MOTHER'S MAIDEN NAME: Betty Warren
BIRTHPLACE: Twin Falls, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: FROM HOSPITAL RECORDS
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) IMMATURITY - 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-16, 1965, *to* 9-16, 1965 *that I last saw the deceased alive on* 9-16, 1965, *and that death occurred at* 6 45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): V. V. Telford, MD 525
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 18, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 9-27-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: [signature]
LICENSE NO.: 343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4183
Local Reg. No. D-284
Reg. Dist. No. 460

BIRTH NO.

SEP 29 1965

Bureau of Vital Statistics

420

1. PLACE OF DEATH
a. COUNTY: Twin Falls County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl, Idaho
c. LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Harral's Nursing Home 205

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer, Idaho
d. STREET ADDRESS (If rural, give location): Filer, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Clara; b. (Middle); c. (Last) Wolfe

4. DATE OF DEATH: (Month) Sept (Day) 18, (Year) 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Dec. 2, 1884	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): West Point, Neb.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Frank Forrer — BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: August Rahn — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Mrs Helen Gunther — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

284.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic G ranulocytic Leukemia
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION: NO
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): No
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): NO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): NO m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: NO

22. *I hereby certify that I attended the deceased from* 7-31, 1965, *to* 9-18-, 1965, *that I last saw the deceased alive on* 9-18-65, 19____, *and that death occurred at* 3:32 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William G Doody M.D.
23b. ADDRESS: 120 95h ave No BuhlIdaho
23c. DATE SIGNED: 9-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept.21,1965
24c. NAME OF CEMETERY OR CREMATORY: Filer IOOF Cemetery
24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 9-27-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Ronald J. Hamilton
LICENSE NO.: E-470

FIRM NAME: White Mortuary 733-6600

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH.

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4184
Local Reg. No. D-277
Reg. Dist. No. 460

RECEIVED SEP 27 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 143 4th Avenue North

3. NAME OF DECEASED (Type or Print)
a. (First): Nellie
b. (Middle): Perreten 144
c. (Last): Wiseman

4. DATE OF DEATH (Month) (Day) (Year): September 1 8,1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: November 1 6,1882
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): West Plains,Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Cary Duncan Reynolds — BIRTHPLACE: Troy,Missouri
14. MOTHER'S MAIDEN NAME: Mary J.Graham — BIRTHPLACE: Troy,Missouri
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-54-0155
17. INFORMANT'S OWN SIGNATURE: Harold R. Billings — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 26 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Viral Infection c̄ Gastritis — 1 Month

DUE TO (c): Generalized Arteriosclerosis — Several years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-20, 1965, *to* 9/18/, 1965, *that I last saw the deceased alive on* 9-18, 1965 *and that death occurred at* 7:00a. *m., from the causes and on the date stated above.*

23a. SIGNATURE: D. A. McQuesby MD 338 — (Degree or title): M.D.
23b. ADDRESS: Twin Falls,Idaho
23c. DATE SIGNED: 9/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/20/65
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls,Idaho

DATE REC'D BY LOCAL REG.: 9-22-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. FUNERAL DIRECTOR: James C. Reynolds — ADDRESS: Reynolds Funeral Chapel-Twin Falls,Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Paul D. Reynolds Lic. No. E-495 at Twin Falls on 9/18/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 4185
Local Reg. No. D-278
Reg. Dist. No. 760

RECEIVED
SEP 27 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 3-14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 2 Weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 626 9th Ave. North

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

3. NAME OF DECEASED (Type or Print): a. (First) LAURITZ b. (Middle) KRISTIAN 143 c. (Last) HESSELHOLT

4. DATE OF DEATH: (Month) Sept. (Day) 18, (Year) 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 2	Nov. 18, 1891	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Agriculture 04	Skagen, Denmark	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Mads Hesselholt	Denmark	Matilda Ann Christiansen	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes / WW I 3	518-42-6286	Malinda Irene Sturr Hesselholt	626 9th Ave N. Buhl, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with bone metastases into spine.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11-9 1959, *to* Sept 18, 1965, *that I last saw the deceased alive on* 9-17 1965, *and that death occurred at* 6:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Vern H. Anderson, M.D.	Buhl, Ida.	9-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/21/65	Buhl	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-23-65	Regina Grigsby	Robert F. Dickard	E-312

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 29 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 19 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4186
Local Reg. No. D-289
Reg. Dist. No. 460

RECEIVED
OCT 1 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 420 000
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mt. View Rest Home 297

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): 551 3rd Ave. N.

3. NAME OF DECEASED (Type or Print)
a. (First): Lela
b. (Middle): Florence
c. (Last): Routh

4. DATE OF DEATH (Month) (Day) (Year): Sept. 19, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: May 24, 1893
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Summerset, Kentucky
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frank Dick — BIRTHPLACE: Sommerset, Kentucky
14. MOTHER'S MAIDEN NAME: Laura Hines — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-24-5227
17. INFORMANT'S OWN SIGNATURE: Arthur L. Routh — ADDRESS: Twin Falls, Ida

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Accident (Hemorrhage) — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral + Generalize arteriosclerosis. — 4 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1960 *to* Sept, 1965, *that I last saw the deceased alive on* Sept 17, 1965, *and that death occurred at* 3:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE 311 (Degree or title): Howard C. Luke M.D.
23b. ADDRESS: 120 Adams, Twin Falls, Idaho
23c. DATE SIGNED: 9-22-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 22, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 9-27-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: [signature]
LICENSE NO.: 343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 5 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 8 1974

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

APR 17 1975

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

~~Certificate of~~ Death

STATE OF IDAHO

State File No. 4187
Local Reg. No. D-279
Reg. Dist. No. 760

BIRTH NO.

RECEIVED
SEP 27 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 42 Twin Falls 3-16
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 16 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): P. O. Box 84

3. NAME OF DECEASED (Type or Print)
a. (First): LESTER
b. (Middle): LEE 143
c. (Last): CALHOUN

4. DATE OF DEATH: (Month) Sept. (Day) 19, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: July 27, 1906

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Contractor 73

10b. KIND OF BUSINESS OR INDUSTRY: Construction 02

11. BIRTHPLACE (State or foreign country): McEwen, Oregon

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John H. Calhoun
BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: L. Maude Worley
BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-14-1741

17. INFORMANT'S OWN SIGNATURE: Ruth Calhoun
ADDRESS: P.O. Box 84 Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Hemorrhage - Surgery - Gastrostomy to stop Bleeding
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Asthma & Emphysema many years
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 1 wk (b) 1 wk (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: (He was totaly disabled for 3 hrs with Asthma)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Bleeding Pyloric ulcer.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-2, 1956, *to* 9-19, 1965, *that I last saw the deceased alive on* 9-18, 1965, *and that death occurred at* 10:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H. Anderson M.D

23b. ADDRESS: Buhl, Idaho

23c. DATE SIGNED: 9-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/22/65

24c. NAME OF CEMETERY OR CREMATORY: Buhl

24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 9-23-65

REGISTRAR'S SIGNATURE: Tegan Espinoza

25. EMBALMER: George Tanner
LICENSE NO.: E-480
FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JAN 2 5 1977

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 29 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4188
Local Reg. No. D-299
Reg. Dist. No. 760

BIRTH NO. 421 4-10

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 10 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 420 b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kimberly
d. STREET ADDRESS (If rural, give location) West Van Buren St.

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) WARREN 143 c. (Last) BURTT

4. DATE OF DEATH (Month) (Day) (Year) Sept. 20, 1965

5. SEX Male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3

8. DATE OF BIRTH Feb. 7, 1912

9. AGE (In years last birthday) 53 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custom farming 04

10b. KIND OF BUSINESS OR INDUSTRY agriculture 01

11. BIRTHPLACE (State or foreign country) Wagoner, Oklahoma

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William E. Burtt BIRTHPLACE Missouri

14. MOTHER'S MAIDEN NAME Mollie Blankenship BIRTHPLACE Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 527-22-6171

17. INFORMANT'S OWN SIGNATURE Mrs W.W. Burtt ADDRESS Kimberly, Idaho

420.0

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL VASULAR HEMORRAGE — INTERVAL BETWEEN ONSET AND DEATH 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart disease — 5 yrs
DUE TO (b) arteriosclerosis, generalized — 5 yrs
DUE TO (c) chronic pulmonary emphysema — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 20, 1954, *to* Sept. 20 1965, *that I last saw the deceased alive on* 9-20-, 1965, *and that death occurred at* 10:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE T. Ellis Knight 286 (Degree or title) M.D.

23b. ADDRESS Kimberly, Idaho

23c. DATE SIGNED 9-22-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-23-1965

24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park

24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 9-27-65

REGISTRAR'S SIGNATURE Regina Grijalva

25. EMBALMER Dale P. Patterson LICENSE NO. E-451

FIRM NAME Twin Falls Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

SEP 30 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4189
Local Reg. No. D-294
Reg. Dist. No. 460

BIRTH NO. 65-9754

RECEIVED OCT 1 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem.Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 320½ 2nd Ave.North

3. NAME OF DECEASED (Type or Print)
a. (First): Baby Girl
b. (Middle): 143
c. (Last): Black

4. DATE OF DEATH (Month) (Day) (Year): September 20,1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married 1
8. DATE OF BIRTH: Sept.19,1965
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days — IF UNDER 24 HRS.: Hours 1, Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Twin Falls,Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Catherine R.Black Salt Lake City,Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Twin Falls, ADDRESS Idaho

18. CAUSE OF DEATH 776X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Premature

INTERVAL BETWEEN ONSET AND DEATH: 75 min.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/19/ *, 19*65*, to* 9/20/ *, 19*65*, that I last saw the deceased alive on* 9-20-65 *, 19*__*, and that death occurred at* 12:25a. *m., from the causes and on the date stated above.*

23a. SIGNATURE Willard H. Clark 092 (Degree or title) M.D.
23b. ADDRESS: Twin Falls,Idaho
23c. DATE SIGNED: 9/22/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 2
24b. DATE: 9/21/65
24c. NAME OF CEMETERY OR CREMATORY: Magic Valley Mem.Hospital
24d. LOCATION (City, town, or county) (State): Twin Falls,Idaho

DATE REC'D BY LOCAL REG.: 9-28-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. FUNERAL DIRECTOR ADDRESS: Reynolds Funeral Chapel-Twin Falls,Idaho James E. Reynolds

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of not Embalmed Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

State File No. 4190
Local Reg. No. D-287
Reg. Dist. No. 460

RECEIVED SEP 29 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 284 Lincoln Street, 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 284 Lincoln Street

3. NAME OF DECEASED (Type or Print)
a. (First): Helen
b. (Middle):
c. (Last): Jenkins

4. DATE OF DEATH (Month) (Day) (Year): Sept. 20 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 19, 1911
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Shoshone, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: J. W. Newmen — BIRTHPLACE: Belton, Texas
14. MOTHER'S MAIDEN NAME: Rachael Ferguson — BIRTHPLACE: Utah- Salt Lake City

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-56-2039
17. INFORMANT'S OWN SIGNATURE: Mrs Bill Garnet — ADDRESS: Delano, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): —
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Twin Falls T Falls Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1947, *to* Sept 20, 1965, *that I last saw the deceased alive on* Aug 10, 1965, *and that death occurred at* 4 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Willard M. Peterson Mo. 417
23b. ADDRESS: 542 Main South Twin Falls, Ida
23c. DATE SIGNED: Sept 21 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 23, 1965
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 9-27-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: [signature]
LICENSE NO.: 343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 30 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4191
Local Reg. No. D-270
Reg. Dist. No. 460

STATE OF IDAHO

BIRTH NO.

RECEIVED SEP 29 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls 42
b. CITY OR TOWN Twin Falls
c. LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Twin Falls Clinic 144

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 420
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Murtaugh (Rural)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) ISAAH c. (Last) SAVAGE

4. DATE OF DEATH (Month) (Day) (Year) Sept. 21, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH July 18, 1896

9. AGE (In years last birthday) 69
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher 04

10b. KIND OF BUSINESS OR INDUSTRY Own Ranch 01

11. BIRTHPLACE (State or foreign country) Beersheba Springs, Tenn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Savage
BIRTHPLACE Tennessee

14. MOTHER'S MAIDEN NAME LuVerna Northcutt
BIRTHPLACE Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-38-5526

17. INFORMANT'S OWN SIGNATURE Evelyn Savage ADDRESS Murtaugh, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 60 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

3311X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-11, 1955, *to* 9-20, 1965, *that I last saw the deceased alive on* 9-20, 1965, *and that death occurred at* 8:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE D. A. McClusky 338 (Degree or title) M.D.

23b. ADDRESS Twin Falls, Idaho

23c. DATE SIGNED 9/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-24-65

24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park

24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 9-27-65

REGISTRAR'S SIGNATURE Regina Knipstein

25. EMBALMER William J. Boyd

LICENSE NO. E-490

FIRM NAME: Twin Falls Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 30 1965

OCT 18 1965

NOV 2 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4192
Local Reg. No. D-288
Reg. Dist. No. 760

BIRTH NO.

REC'D SEP 29 1965 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Twin Falls
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hazeldel Manor 285

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden, Idaho
d. STREET ADDRESS (If rural, give location): W. of City

3. NAME OF DECEASED (Type or Print): a. (First) Agnes b. (Middle) c. (Last) Arnhart

4. DATE OF DEATH: (Month) Sept. (Day) 21, (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Sept. 18, 1903

9. AGE (In years last birthday): 62
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): Great Bend, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herman Remmert
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Glen Arnhart
ADDRESS: Eden, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral stenosis and insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 25 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Rheumatic valvulitis — 25 years

DUE TO (c) Rheumatic fever — 50 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Pulmonary infarctions — 2 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-15- , 19 55, *to* 9-21- , 19 65, *that I last saw the deceased alive on* 9-21 , 19 65, *and that death occurred at* 1:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: George E. Brown 061 (Degree or title) MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 9-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 25, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 9-27-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Dwight Adams
LICENSE NO.: 343

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 30 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4193
Local Reg. No. D-305
Reg. Dist. No. 460

Certificate of Death

RECEIVED
OCT 8 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (If not in hospital or institution): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 453½ 3rd Avenue North

3. NAME OF DECEASED (Type or Print)
a. (First): LAURA
b. (Middle): E. 143
c. (Last): SIMPSON

4. DATE OF DEATH (Month) (Day) (Year): Sept. 21, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 3, 1906
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Norman, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Fryar — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Oma Shelton — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE ADDRESS: Robert L. Simpson 3622 Coronado Ave Stockton Cal.

18. CAUSE OF DEATH 442 X Congestive
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a): Heart Failure due to Hypertensive — INTERVAL BETWEEN ONSET AND DEATH: 2 mons.

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardiovascular renal disease as above — 10-12 yrs.
DUE TO (c): Hypertension — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes Mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: (I had seen her off & on for 10 yrs)
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-17, 1965, *to* 9-21, 1965, *that I last saw the deceased alive on* Sept 21, 1965, *and that death occurred at* 9:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H Anderson, M.D. 011
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/24/65
24c. NAME OF CEMETERY OR CREMATORY: Buhl
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 10-6-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Robert F. Dickard
LICENSE NO.: E-312

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 22 1974

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

OCT 8 1965

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 4194
Local Reg. No. D-304
Reg. Dist. No. 460

1. PLACE OF DEATH (Bureau of Vital Statistics) 420
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 2 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Harral Nursing Home 205

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Harral Nursing Home

3. NAME OF DECEASED (Type or Print): a. (First) OLIVER b. (Middle) B. c. (Last) STAPLETON

4. DATE OF DEATH (Month) (Day) (Year): Sept. 22, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Feb. 21, 1874
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchmaker 75
10b. KIND OF BUSINESS OR INDUSTRY: Jewelry 03
11. BIRTHPLACE (State or foreign country): Bates County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wesley Stapleton — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Minerva Gutridge — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: --
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Gooding, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: sev. yrs.

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Senile Dementia last yr. or so due to Arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-10, 1965, *to* 9-22-, 1965, *that I last saw the deceased alive on* 9-21, 1965, *and that death occurred at* 5:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Vern H Anderson, MD (Degree or title) 011
23b. ADDRESS: Buhl, Ida
23c. DATE SIGNED: 10-~~28~~3-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/25/65
24c. NAME OF CEMETERY OR CREMATORY: Buhl
24d. LOCATION (City, town, or county) (State): Buhl, Idaho ½

DATE REC'D BY LOCAL REG.: 10-6-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: George Farmer — LICENSE NO. E-480

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

SEP 29 1965 STATE OF IDAHO

Bureau of Vital Statistics

State File No. 4195
Local Reg. No. D-288
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY Twin Falls 680
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 864 Mountain View Dr. E.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 421
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 864 Mountain View Dr. E.

3. NAME OF DECEASED (Type or Print) a. (First) Merton b. (Middle) Orian 080 c. (Last) McVey
4. DATE OF DEATH (Month) (Day) (Year) Sept. 22, 1965
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH August 2, 1902
9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm implement bus.
10b. KIND OF BUSINESS OR INDUSTRY McVeys Inc. 70
11. BIRTHPLACE (State or foreign country) Hoxie, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Ora McVey 35 BIRTHPLACE Kansas
14. MOTHER'S MAIDEN NAME Ellen James BIRTHPLACE Kansas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 519-30-3262
17. INFORMANT'S OWN SIGNATURE X. Orian McVey ADDRESS Twin Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary thrombosis 420.1 — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10.00 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE Howard C. Luke M.D. (Degree or title)
23b. ADDRESS 120 Addison Twin Falls, Idaho
23c. DATE SIGNED 9-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 25, 1965
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) Twin Falls (State) Idaho

DATE REC'D BY LOCAL REG. 9-27-65
REGISTRAR'S SIGNATURE Regina Grijalva
25. EMBALMER
LICENSE NO. 343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary

SEP 30 1965

OCT 20 1965

MAY 13 1968

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to certify the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 1 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4196
Local Reg. No. D 393
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 421
b. CITY OR TOWN Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Twin Falls Clinic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 420
b. COUNTY Twin Falls
c. CITY OR TOWN Twin Falls
d. STREET ADDRESS (If rural, give location) R.R.#1

3. NAME OF DECEASED (Type or Print): a. (First) VIVIAN b. (Middle) LOUISE 144 c. (Last) EGGLESTON

4. DATE OF DEATH (Month) (Day) (Year): September 22, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: May 23, 1950
9. AGE (In years last birthday): 15 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): "Wendell, Idaho
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Ralph Eggleston — BIRTHPLACE: Rogerson, Idaho
14. MOTHER'S MAIDEN NAME: Alice Lehmann — BIRTHPLACE: Twin Falls, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: x Ralph Eggleston — ADDRESS: R.R.#1 Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

401.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Rheumatic Carditis — INTERVAL BETWEEN ONSET AND DEATH: 2wks +

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11 Sept, 1965, *to* 22 Sept, 1965, *that I last saw the deceased alive on* 22 Sept, 1965, *and that death occurred at* 1:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James H. Stafford M.D.
23b. ADDRESS: 111 6th Ave. East Twin Falls, Idaho
23c. DATE SIGNED: 9/27/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/24/65
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 9-28-65
REGISTRAR'S SIGNATURE: Regina Brizalara
25. FUNERAL DIRECTOR: James C. Reynolds — ADDRESS: Reynolds Funeral Chapel Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Glen G. Siren Lic. No. E-493 at Twin Falls on 9/22/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 4197
Local Reg. No. D-306
Reg. Dist. No. 460

RECEIVED OCT 8 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
LENGTH OF STAY (in this place): 21 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 309 North Broadway 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 309 North Broadway

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CATHERINE	A.	GLODOWSKI	Sept. 23, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	June 30, 1891	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home 01	Dodge, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Bernard Heiman	Luxembourg	No Record	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Mary Glodowski	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infarction of Myocardium — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) due to Coronary Sclerosis — 10 yrs
DUE TO (c) Hypertensive Arteriosclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Obesity - most of her life

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9-23-65, 19 *to* 9-23, 1965, *that I last saw the deceased alive on* 9-23, 1965 *and that death occurred at* 11:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Vern H. Anderson M.D.	Buhl, Ida	10-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/27/65	Buhl	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-6-65	Regina Strijdom	George Farmer	E-480

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

OCT 7 1983

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED
SEP 29 1965
Bureau of Vital Statistics

State File No. 4198
Local Reg. No. D-283
Reg. Dist. No. 460

STATE OF IDAHO

BIRTH NO. 421 000

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murtaugh
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): Melville
b. (Middle): James 143
c. (Last): Finlayson

4. DATE OF DEATH: (Month) (Day) (Year): Sept. 23, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: June 22, 1891

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 04

10b. KIND OF BUSINESS OR INDUSTRY: Farmer 01

11. BIRTHPLACE (State or foreign country): Minneapolis, Minnesnta

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frederick G. Finlayson
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Agatha Helen Keith
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Evelyn Finlayson
ADDRESS: Murtaugh

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of — 4 years
DUE TO (c) Prostate & Metastasis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 5, 1964, *to* Sept 23, 1965, *that I last saw the deceased alive on* Sept 23 1965, *and that death occurred at* 8:50 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H. Affleck
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 24 Sept 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 28, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 9-27-65
REGISTRAR'S SIGNATURE: Regina Brizalva
25. EMBALMER:
LICENSE NO.: 343
FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

SEP 30 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4193
Local Reg. No. D-280
Reg. Dist. No. 760

BIRTH NO.

RECEIVED
SEP 29 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls 420
b. CITY OR TOWN Rogerson
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Highway #93 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 05 ~~Idaho~~ California
b. COUNTY 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Sacramento
d. STREET ADDRESS (If rural, give location) 3 Garden Acres Drive

3. NAME OF DECEASED (Type or Print) a. (First) RICHARD b. (Middle) THOMAS c. (Last) KOLDENBURG

4. DATE OF DEATH (Month) (Day) (Year) September 25, 1965

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH December 10, 1913
9. AGE (In years last birthday) 51 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) general foreman 27
10b. KIND OF BUSINESS OR INDUSTRY gas co. 05 construct.
11. BIRTHPLACE (State or foreign country) Wilsall, Montana
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Unknown BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Emily Kelly BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 571-05-3262
17. INFORMANT'S ~~OWN SIGNATURE~~ [signature] ADDRESS Twin Falls Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Twin Falls (COUNTY) T.F. (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not Attend, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Claude Wiley, Coroner
23b. ADDRESS Twin Falls Ida.
23c. DATE SIGNED 9-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE Sept. 26, 1965
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Sacramento, (State) California

DATE REC'D BY LOCAL REG. 9-27-65
REGISTRAR'S SIGNATURE [signature]
25. EMBALMER [signature] LICENSE NO. E-343

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 30 1965

NOV 1 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4200
Local Reg. No. D-293
Reg. Dist. No. 461

Certificate of Death

RECEIVED
OCT 1 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 420 600

a. COUNTY: Twin Falls

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 2, Filer, Idaho 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 420

b. COUNTY: Twin Falls

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer

d. STREET ADDRESS (If rural, give location): Route 2, Filer, Idaho

3. NAME OF DECEASED (Type or Print)

a. (First): Roy

b. (Middle):

c. (Last): Ellenwood

4. DATE OF DEATH (Month) (Day) (Year): Sept. 25, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Dec. 11, 1891

9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farm 01

11. BIRTHPLACE (State or foreign country): Mt. Ayre, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Alonzo Ellenwood — BIRTHPLACE: Concord, N.Hamp.

14. MOTHER'S MAIDEN NAME: Clarinda Brownfield — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WWI 3

16. SOCIAL SECURITY NO.: 518-36-5540

17. INFORMANT'S OWN SIGNATURE: Temple Ellenwood — ADDRESS: Rt. 2 Filer

18. CAUSE OF DEATH 420.1

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart failure

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart disease

DUE TO (c) c̄ repeated myocardial infarction 10 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-23, 1957, *to* 9-24, 1965, *that I last saw the deceased alive on* 9-24, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 578 C. F. Wrusler M.D.

23b. ADDRESS: 204 4th Ave. E., Twin Falls

23c. DATE SIGNED: 9-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1

24b. DATE: Sept.27,1965

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 9-28-65

REGISTRAR'S SIGNATURE: Regina Krijalva

25. EMBALMER: [signature]

LICENSE NO.: 343

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 5 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 12 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4201
Local Reg. No. D-298
Reg. Dist. No. 460

RECEIVED OCT 4 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 28 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 379 Tyler

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EARL	LEON	GRIMM	Sept. 26, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 3	April 3, 1912	53				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 06	Construction 20	Humphreys, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Truman Grimm	Missouri	Eathel Triggs	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	519-05-8511	Lorna Grimm	Twin Falls, Idah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial infarction	28 hrs.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary Thrombosis	28 hrs.
DUE TO (c)	Arteriosclerosis	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Diabetes mellitus	4 yrs

420.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- - -	- - -	- - - - - - - - - - - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
- - - - - - m.		- - - - - - - - - - - - - - - - - -

22. *I hereby certify that I attended the deceased from* 1959, *to* Sept. 26, 1965, *that I last saw the deceased alive on* Sept. 26, 1965 *and that death occurred at* 2:45p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard N. Smith MD	Twin Falls, Idaho	9-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 30, 65	Sunset Mem. Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-30-65	Regina Grigsby	Hale P. Patterson	E-451

FIRM NAME: Twin Falls Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 7 1966

MAY 3 1977

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to sign the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 9 1977

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4202
Local Reg. No. D-299
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 4 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (In this place) 41 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1062 Blue Lakes Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 421
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 1062 Blue Lakes Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First) CARL
b. (Middle) CLARENCE
c. (Last) DUDLEY

4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Sept. 1, 1884
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photographer 84
10b. KIND OF BUSINESS OR INDUSTRY Portrait 01
11. BIRTHPLACE (State or foreign country) Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Clarence Ezra Dudley — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Jessie Hardy — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) - - - - -
16. SOCIAL SECURITY NO. 519-09-7967
17. INFORMANT'S OWN SIGNATURE X Mrs. C. C. Dudley — ADDRESS Twin Falls, Ida.

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension Severe
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) - - - - - - - - - - - - - - - -
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - - - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? - - - - - - - - - - - - - - - -

22. *I hereby certify that I attended the deceased from* Did Not attend, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 7:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE 583 Claude Wiley Coronor (Degree or title)
23b. ADDRESS Twin Falls Ida
23c. DATE SIGNED 9-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 29, 1965
24c. NAME OF CEMETERY OR CREMATORY Sunset Mem. Park
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 9-30-65
REGISTRAR'S SIGNATURE Regina Grijalva
25. EMBALMER William J. Boyd
LICENSE NO. E-490

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Twin Falls, Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4203
Local Reg. No. D-29
Reg. Dist. No. 760

BIRTH NO.

RECEIVED

1. PLACE OF DEATH
a. COUNTY Twin Falls 421 OCT 1 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Starr Rest Home 227

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 420
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) Route # 3, Twin Falls

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ran	J.	Lewis	Sept. 26, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	December 22, 1908	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm laborer 04	Farm 02	Baxter County, Arkansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Christopher Lewis	Arkansas	Francis Lance	Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	447-01-8794	X Vera Lou Ellison	Coolidge, Ariz.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) Hypertensive cardiovascular disease — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Uremia, severe — 3 mos.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3-2-64, 19___, *to* 9-26-65, 19___, *that I last saw the deceased alive on* 9-26-65, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Willard H. Clark M.D.	Twin Falls, Idaho	9-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial		Hazelton Cemetery	Hazelton Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-29-65	Regina Lojalva		343

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4204
Local Reg. No. D-296
Reg. Dist. No. 460

Certificate of Death

RECEIVED
OCT 1 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY Twin Falls 100
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem.Hospital 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Utah 45 555
b. COUNTY Salt Lake Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salt Lake City
d. STREET ADDRESS (If rural, give location) 626 Oakley Street

3. NAME OF DECEASED (Type or Print)
a. (First) Florence
b. (Middle) A.
c. (Last) Hansen

4. DATE OF DEATH (Month) (Day) (Year) September 26, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Oct.3, 1896
9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home 01
11. BIRTHPLACE (State or foreign country) Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Burtom Fullmer — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Alade Heart — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 529-28-3285
17. INFORMANT'S OWN SIGNATURE Henry M Hansen — ADDRESS Salt Lake City, Utah

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary sclerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fatty infiltration of heart
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not attend, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 7:30a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Claude Wiley 583 (Degree or title) Coroner 4
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 9/27/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 9/27/65
24c. NAME OF CEMETERY OR CREMATORY City Cemetery
24d. LOCATION (City, town, or county) (State) Salt Lake City, Utah

DATE REC'D BY LOCAL REG. 9-28-65
REGISTRAR'S SIGNATURE Regina Grijalva
25. FUNERAL DIRECTOR James C. Reynolds — ADDRESS Reynolds Funeral Chapel-Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 8 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Paul D. Reynolds Lic. No. E-495 at Twin Falls on 9/26/65

ADDITIONAL REMARKS by Physician

State File No. 4205
Local Reg. No. D-292
Reg. Dist. No. 460

Certificate of Death

RECEIVED
OCT 1 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp 142

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 514 3rd Ave.W.

3. NAME OF DECEASED (Type or Print)
a. (First): Jessie
b. (Middle):
c. (Last): Haynes

4. DATE OF DEATH (Month) (Day) (Year): Sept. 27, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Jan. 22, 1878
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Sugar Grove, Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph C. Gourley — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Jane Brookmire — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-54-3328
17. INFORMANT'S OWN SIGNATURE: * Mrs L. B. Bowen — ADDRESS: Filer, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 26, 1959, *to* Sept 27, 1965, *that I last saw the deceased alive on* Sept 27, 1965 *and that death occurred at* 9:42 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H. Abbleck 003 — **23b. ADDRESS**
23c. DATE SIGNED: Sept 27, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 29, 1965
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county): Twin Falls — (State): Idaho

DATE REC'D BY LOCAL REG.: 9-28-65
REGISTRAR'S SIGNATURE: Regina Strijalva
25. EMBALMER: [signature]
LICENSE NO.: 343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

OCT 8 1965

BIRTH NO.

Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4206
Local Reg. No. D-3095
Reg. Dist. No. 460

1. PLACE OF DEATH
a. COUNTY 420 Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl
c. LENGTH OF STAY (in this place) 6 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) R.F.D. # 3 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 420
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl
d. STREET ADDRESS (If rural, give location) R.F.D. # 3

3. NAME OF DECEASED (Type or Print)
a. (First) HOWARD
b. (Middle) C.
c. (Last) MYERS

4. DATE OF DEATH (Month) (Day) (Year) Sept. 28, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2
8. DATE OF BIRTH Apr. 10, 1917
9. AGE (In years last birthday) 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Agriculture 01
11. BIRTHPLACE (State or foreign country) Hartsville, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Walter Myers — BIRTHPLACE Arkansas
14. MOTHER'S MAIDEN NAME Laura Robison — BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WW II 4
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Cynthia Myers — ADDRESS RFD # 3 Buhl, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infarction of Mycardium due to coronary sclerosis — INTERVAL BETWEEN ONSET AND DEATH Prob 30 min sev. yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* (I did not see him before he died, but I knew his previous condition.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 28 1965, *to* Sept 28, 1965, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 9:15 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Vern H Anderson, MD
23b. ADDRESS Buhl, Idaho
23c. DATE SIGNED 10-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10/1/65
24c. NAME OF CEMETERY OR CREMATORY Jerome
24d. LOCATION (City, town, or county) (State) Jerome, Idaho

DATE REC'D BY LOCAL REG. 10-6-65
REGISTRAR'S SIGNATURE Regina Grijalva
25. EMBALMER Robert F. Dickard
LICENSE NO. E-312

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 14 1965
OCT 20 1965
NOV 23 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4207
Local Reg. No. D-300
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Twin Falls 42 — OCT 8 1965 — 3-01 — Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls — LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 42 — b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Steven	Alfred 143	Chapman	Sept. 30, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	White	Never married	Nov. 15, 1961	3	10	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Child at Home 02	07	Burley, Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James E. Chapman	Burley, Idaho	Ruby Searle,	Burley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	— — —	None	James E Chapman	Box 522 Ida. Kimberly,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 204.3 Acute Leukemia of childhood — INTERVAL BETWEEN ONSET AND DEATH: 8 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May, 1965, *to* Sept 30, 1965, *that I last saw the deceased alive on* Sept 30, 1965, *and that death occurred at* 4 45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
F. M. Wright MD 576 (Degree or title)	Twin Falls, Idaho	9/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 4, 1965	View Cemetery	Burley, Cassia Co., Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 4, 1965	Vera Ryals, Deputy Reg.	Ormand J Burch	E-471

FIRM NAME: MC CULLOCH FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 26 1990

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4208
Local Reg. No. 12
Reg. Dist. No. 3-10

BIRTH NO.

RECEIVED SEP 28 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCall Memorial Hospital 209

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 430
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) GABRIEL b. (Middle) c. (Last) MAEMPA

4. DATE OF DEATH (Month) (Day) (Year): September 9, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: October 27, 1870

9. AGE (In years last birthday): 94 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, retired 04

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Harma, Finland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: no record — BIRTHPLACE

14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-60-3979

17. INFORMANT'S OWN SIGNATURE: Jack Maempa — ADDRESS: McCall, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs +

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs +
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar, 1959, *to* Sept 9, 1965, *that I last saw the deceased alive on* Sept 8, 1965, *and that death occurred at* 9 4 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James Stewart MD
23b. ADDRESS: McCall, Idaho
23c. DATE SIGNED: 9/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 12, 1965
24c. NAME OF CEMETERY OR CREMATORY: Finnish Cemetery
24d. LOCATION (City, town, or county) (State): Lakefork, Idaho

DATE REC'D BY LOCAL REG.: Sept 25-1965
REGISTRAR'S SIGNATURE: Myrtle M Gardner
25. EMBALMER: Denton C Walker
LICENSE NO.: E-386
FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 28 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4209
Local Reg. No. 1
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Valley 430 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McCall — LENGTH OF STAY (in this place) minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCall Memorial Hospital 209

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 020 b. COUNTY Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Meadows
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ANN	LENORE	SMITH	September 9, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	child	April 26, 1964	1	4	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
child 02	07	McCall, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jonathon L. Smith	Stibnite, Idaho	Cery Baver	Makoketa, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Jonathon L Smith	New Meadows, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 525X Interstitial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 1-2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypoplasia Adrenals Bilateral

19a. DATE OF OPERATION
19b. ~~MAJOR FINDINGS OF OPERATION~~ Hyperplasia Thymus & Spleen.
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Apr 26, 1964, *to* Sept 9, 1965, *that I last saw the deceased alive on* Sept 8, 1965, *and that death occurred at* 5 pm m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
500 James H Stewart MD	McCall, Idaho	9/22/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 12, 1965	Meadows Valley Cemetery	Meadows, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Sept-25-1965	Myrtle Gardner	Burton C Walker	E-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician The post mortem exam findings "are characteristic of those in sudden death in infants." The entire lobe of pneumonia is limited and is of probable recent onset.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 8 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4210
Local Reg. No. 14
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley 430 4-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
c. LENGTH OF STAY (in this place): 5 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCall Memorial Hospital 209

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 020
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Meadows
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): LAWRENCE
b. (Middle): WILLIAM
c. (Last): BUCHHOLZ

4. DATE OF DEATH (Month) (Day) (Year): September 24, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Sept. 1, 1896
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Engineer 16
10b. KIND OF BUSINESS OR INDUSTRY: Lumber Mill 11
11. BIRTHPLACE (State or foreign country): St. Joe, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Buchholz — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-07-5404
17. INFORMANT'S OWN SIGNATURE: Ella R. Buchholz — Address: New Meadows, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteria sclerotic Heart disease — 6 months.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-15, 1965, *to* 9-24, 1965, *that I last saw the deceased alive on* 9-24, 1965, *and that death occurred at* 8:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wayne F. Allan MD 006
23b. ADDRESS: McCall Idaho
23c. DATE SIGNED: 10-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 28, 1965
24c. NAME OF CEMETERY OR CREMATORY: Meadows Valley Cemetery
24d. LOCATION (City, town, or county) (State): Meadows, Idaho

DATE REC'D BY LOCAL REG.: Oct-6-1965
REGISTRAR'S SIGNATURE: Myrtle M. Gardner
25. EMBALMER: Burton E. Walker
LICENSE NO.: E-386

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: WALKER FUNERAL HOME

DUTIES:

OCT 13 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4211
Local Reg. No. 13
Reg. Dist. No. 310

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

OCT 8 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Valley 430 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township or street and this place): High Valley
c. LENGTH OF STAY (If outside this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 230
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Mounted Route

3. NAME OF DECEASED (Type or Print)
a. (First): Leston
b. (Middle): Madison
c. (Last): Brooks

4. DATE OF DEATH (Month) (Day) (Year): September 25, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: October 18, 1914
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): lumber grader 09
10b. KIND OF BUSINESS OR INDUSTRY: Lumber 10
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Leston M. Brooks — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Lee Jeffery — BIRTHPLACE: Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 07 3606
17. INFORMANT'S OWN SIGNATURE: X Mrs Frances M. Brooks — ADDRESS: Mtd Rt Emmett Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ACUTE CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): SMITHS FERRY VALLEY IDA
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* NEVER *, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 376 John F. Moser MD
23b. ADDRESS: CASCADE
23c. DATE SIGNED: 9/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Sept. 29, 1965
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Sept 4 - 1965
REGISTRAR'S SIGNATURE: Myrtle M Gardner
25. EMBALMER: Glenn W Beatty — LICENSE NO. E392
FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 13 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 28 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4212
Local Reg. No. 12
Reg. Dist. No. 320

RECEIVED OCT 18 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington 441
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 8 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 441
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 830 East Court Street

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): ELIZABETH 153
c. (Last): FOSKET

4. DATE OF DEATH (Month) (Day) (Year): July 29 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 28, 1884
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): IOWA
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: James Hollinrake — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Frances O'Donnell — BIRTHPLACE: Don't Know
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Agnes Allan — ADDRESS: 830 E. Court

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chr. Myocarditis

DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-4- *, 1965, to* 7-29- *, 1965, that I last saw the deceased alive on* 7-29- *, 1965, and that death occurred at* 4:20 A.M. *, from the causes and on the date stated above.*

23a. SIGNATURE: M. M. McGrath MD 344 (Degree or title)
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 7/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/2/65
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho.

DATE REC'D BY LOCAL REG.: 8-2-65
REGISTRAR'S SIGNATURE: R. Dan Thomason
25. EMBALMER: A. S. Jones
LICENSE NO.: E 357

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Northam Jones Chapel.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 25 1975

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4213
Local Reg. No. 13
Reg. Dist. No. 320

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 18 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington 441 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Mem. Hospital 153

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 381
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 311 North 11th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Lula
b. (Middle): mae
c. (Last): Wickert

4. DATE OF DEATH (Month) (Day) (Year): August 2, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2
8. DATE OF BIRTH: Nov. 2, 1888
9. AGE (In years last birthday): 76 yrs — IF UNDER 1 YEAR: Months - Days - IF UNDER 24 HRS.: Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home 01
11. BIRTHPLACE (State or foreign country): Sedalia, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Doss — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Minerva Woods — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): - - - - - - -
16. SOCIAL SECURITY NO.: - - - - - - -
17. INFORMANT'S OWN SIGNATURE: Adolph F. Wickert — ADDRESS: Payette, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease 592X

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension
DUE TO (c) Chr. Nephritis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - - - - - - - - - - - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - - - - m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? - - - - - - - - - - - - - - - - -

22. *I hereby certify that I attended the deceased from* 7-26-, 1965, *to* 8-2-, 1965, *that I last saw the deceased alive on* 8-2-, 1965, *and that death occurred at* 8:53 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: M. S. McGrath 344 (Degree or title) MD
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 8-2-1965

24a. BURIAL, CREMATION, REMOVAL (Specify): ~~Burial~~ Rem-2
24b. DATE: 8-5-1965
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 8-5-1965
REGISTRAR'S SIGNATURE: R. Dale Thomason
25. EMBALMER: Gifford R. Shaffer
LICENSE NO.: E-344

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Shaffer Memory Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4214
Local Reg. No. 14
Reg. Dist. No. 320

RECEIVED
OCT 18 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Washington 44
b. CITY OR TOWN Weiser
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 44 / b. COUNTY Washington
c. CITY OR TOWN Weiser
d. STREET ADDRESS ----

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	FLOYD	JOHN	FOCHTMAN	9	4	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married /	March 11, 1912	53	5	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 06	Laborer 03	Calloway, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
----	----	----	----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes /	WW II 4	519-03-8018	Orval E. Fochtman	Weiser, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subject had been in failing

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) health for many years.

DUE TO (c) To the best of my knowledge and

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. belief subject died from natural causes.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 6:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
K. Dee Thomason 582	Wash. Co. Acting Coroner 4	Weiser, Idaho	9/4/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial /	9/8/65	Hillcrest Cemetery	Weiser Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-8-65	K. Dee Thomason	K. Dee Thomason	E-388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: NOV 2 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4215
Local Reg. No. 15
Reg. Dist. No. 320

RECEIVED
OCT 18 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington 440
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rte 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 440
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Rte 2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	GEORGE	W.	PENCE	Sept. 16, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	widowed 2	2-11-1872	93		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
rancher 04	cattle 06	Payette, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Pence	Penn.		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			Lavina B. Palmer	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Subject had been in frail health

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) for some time but not under the care of a doctor. I believe death was due to

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. natural causes indident to senility.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 3 *19*____, *to* _____, *19*____, *that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* 2 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. D. Jones 583	Coroner 4	Weiser, Idaho	9-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	9-20-65	Hillcrest	Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-20-65	L. Dale Thomason	L. Dale Thomason	E-388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

65-9797 RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4216
Local Reg. No. 16
Reg. Dist. No. 220

BIRTH NO.

OCT 18 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Washington 440 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 440
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
d. STREET ADDRESS (If rural, give location): ----

3. NAME OF DECEASED (Type or Print)
a. (First): INFANT
b. (Middle): GIRL 000
c. (Last): RIPPEN

4. DATE OF DEATH (Month) 9 (Day) 16 (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ----
8. DATE OF BIRTH: 9/15/1965
9. AGE (In years last birthday): ——
IF UNDER 1 YEAR: Months / Days 1
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----
10b. KIND OF BUSINESS OR INDUSTRY: ---- 00
11. BIRTHPLACE (State or foreign country): Cambridge, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Norman Rippen
BIRTHPLACE: Cambridge
14. MOTHER'S MAIDEN NAME: Barbara Betty
BIRTHPLACE: Pocatello, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ---
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: --
17. INFORMANT'S OWN SIGNATURE: x Norman Rippen
ADDRESS: Cambridge

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Child was born without medical attendance. To the best of my belief death was due to natural causes.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Approx 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 3A *m., from the causes and on the date stated above.*

23a. SIGNATURE: A. S. Jones 583 (Degree or title) Coroner
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 9/16/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/18/65
24c. NAME OF CEMETERY OR CREMATORY: Cambridge Cemetery
24d. LOCATION (City, town, or county): Cambridge (State): Idaho

DATE REC'D BY LOCAL REG.: 9-18-65
REGISTRAR'S SIGNATURE: R. Dale Thomason
25. EMBALMER: R. Dale Thomason
LICENSE NO.: E-388

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Northam-Jones Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4217
Local Reg. No. 17
Reg. Dist. No. 320

FILED
OCT 18 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LEWIS	R.	LAMBERT	Sept. 20, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	widowed	4-17-1878	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer (retired)	farm	Jefferson Co., Nebr.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Cyrus W. Lambert		Alice A. Mathewson	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518 14 3163	Mrs. Mary Lambert	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia & Pulmonary Congestion — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-18-65, 19___, *to* 9-20-65, 19___, *that I last saw the deceased alive on* 9-20-65, 19___, *and that death occurred at* 9:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Weiser, Idaho	9-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	9-22-65	Cambridge	Cambridge, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-22-65	[signature]	[signature]	E-388

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4218
Local Reg. No. 18
Reg. Dist. No. 32

RECEIVED Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Washington 44 | OCT 18 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1009½ East 5th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 44 | b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) 1009½ East 5th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WALTER	E.	BROWN	Sept. 22, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	W	Aug. 2, 1888	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter 37	Carpenter 07	Omaha, Nebr.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
----	----	----	----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	W.W. I	795-14	Nell M Brown	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subject lived alone but would not

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) have medical help even though his health was
DUE TO (c) uncertain. Reliable neighbors and other friends looked after him ofr several years. I believe death was due to natural causes.

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. L. Jones 583	Coroner	Weiser, Idaho	9-25-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	9-25-65	Hillcrest	Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-25-65	K. Dale Thomson	K. Dale Thomson	E-388

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Northam-Jones Funeral Home

DEC 1 6 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case ~~a person has~~ resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4219
Local Reg. No. 19
Reg. Dist. No. 320

Certificate of Death

STATE OF IDAHO

BIRTH NO.

OCT 18 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Washington 441
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Memorial Hospital 153

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Oregon 38
b. COUNTY Baker 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Huntington
d. STREET ADDRESS (If rural, give location) ----

3. NAME OF DECEASED (Type or Print)
a. (First) ETHEL
b. (Middle) MAUDE
c. (Last) GREEN

4. DATE OF DEATH (Month) 9 (Day) 25 (Year) 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH May 20, 1897
9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR Months 4 Days 5 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home 01
11. BIRTHPLACE (State or foreign country) Baker County, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME ----
BIRTHPLACE ----
14. MOTHER'S MAIDEN NAME ----
BIRTHPLACE ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ----
(If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE X Alfred E. Gerber
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis 420.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Few Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-24-, 1965, *to* 9-25-, 1965, *that I last saw the deceased alive on* 9-24-, 1965, *and that death occurred at* 12:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE M. S. McGuire 344 (Degree or title) Gust. Mid
23b. ADDRESS Weiser, Idaho
23c. DATE SIGNED 9/25/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/28, 1965
24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery
24d. LOCATION (City, town, or county) Weiser Annex (State) Oregon

DATE REC'D BY LOCAL REG. 9-28-65
REGISTRAR'S SIGNATURE L. Dale Thomason
25. EMBALMER L. Dale Thomason
LICENSE NO. E-388

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 19 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4220
Local Reg. No. 28
Reg. Dist. No. 320

Certificate of Death

STATE OF IDAHO

BIRTH NO.

OCT 18 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Washington 441
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon 38 555
b. COUNTY: Baker
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Richland)
d. STREET ADDRESS (If rural, give location): Rt. #1, Box 63

3. NAME OF DECEASED (Type or Print)
a. (First): SAMUEL
b. (Middle): LEWIS
c. (Last): GHRIST

4. DATE OF DEATH (Month) (Day) (Year): September 26, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: December 24, 1914
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator 74
10b. KIND OF BUSINESS OR INDUSTRY: Logging-Sawmill 13
11. BIRTHPLACE (State or foreign country): Hannibal, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Walter Samuel Ghrist — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Opal Jane Kinder — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 540-12-9140
17. INFORMANT'S OWN SIGNATURE: Gwen Ghrist — ADDRESS: Richland, Ore.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

912.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Subject died of injuries sustained

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): when a caterpillar tractor he was
DUE TO (c): operating turned over and crushed him.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accidemt
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Logging 09 13
21c. (CITY, TOWN, OR TOWNSHIP) 440 (COUNTY) (STATE): Rural 25 miles from Cambridge, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 26 1965 m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Tractor overturned

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 1:20 P.m., from the causes and on the date stated above.*

23a. SIGNATURE: A. S. Jones 583 (Degree or title): Coroner 4
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 9/27/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 29, 1965
24c. NAME OF CEMETERY OR CREMATORY: Eagle Valley Cemetery
24d. LOCATION (City, town, or county) (State): Richland, Oregon

DATE REC'D BY LOCAL REG.: 9-29-65
REGISTRAR'S SIGNATURE: R Dale Thomason
25. EMBALMER: Thos P. Beatty
LICENSE NO.: E-311

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: The Beatty Chapel, Baker, Oregon

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 19 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

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3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED SEP 16 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4221
Local Reg. No. 6
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Main & E. 1st

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	ARTHUR	THOMAS	GERDAU		9	1	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 23, 1893	72	1	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Butcher	Meat	Payette, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Tom Gerdau	----	----	----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes		518-07-7902	Bill H. Gerdau	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic H.D. — 5 yrs
DUE TO (c) Sen. Arteriosclerosis — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8/13, 1965, *to* 9/1, 1965, *that I last saw the deceased alive on* 8/25, 1965, *and that death occurred at* 4 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Weiser, Idaho	9/1/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/4/1965	Hillcrest Cemetery	Weiser Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
9-1-65	R. Dale Thomason	R. Dale Thomason	E-388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

SEP 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 19 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 15 1994

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4222
Local Reg. No. 537
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 10 1965

Information, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise Bureau
c. LENGTH OF STAY (in this place): 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2901 Broadway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2901 Broadway

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	William	Franklin	Harlan		9	21	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 3	4/19/1885	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): janitor/ farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Newspaper/self 01
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John M. Harlan — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Sarah E. Morris — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518/09/3138
17. INFORMANT'S OWN SIGNATURE: Everett W Stans — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion 420.1 — INTERVAL BETWEEN ONSET AND DEATH: 7 mins

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Known Heart condition for several months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* did not, see alive, 19____, *that I last saw the deceased alive on* did not see alive *and that death occurred at* 7:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
583 Edgar D. Paris	Corner	3720 Meadow Dr. Boise, Idaho	11-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	9/24/65	Meridian Cemetery	Meridian Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-8-65	Myrtle Palmer	[signature]	E-460

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4223
Local Reg. No. 538
Reg. Dist. No. 370

BIRTH NO.

RECEIVED STATE OF IDAHO

NOV 10 1965

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5202 W. Victory Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 01
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5202 West Victory Road

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Patricia	Kay	Noland		9	29	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	never married	4/13/1960	5				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ——— 02
10b. KIND OF BUSINESS OR INDUSTRY: ———
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Maurice Ray Noland — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Shirley Marie Seaweard — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: M. Roy Noland — ADDRESS: 1619 HARTMAN ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 758.6 Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congenital defect of cartilage + bone formation
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/22, 1960, *to* 9/29, 1965, *that I last saw the deceased alive on* June 13, 1964, *and that death occurred at* 8 A m.*, from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
384 Alan Myers III MD	200 E. Bannock Boise	10/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	10/2/1965	Terrace Lawn Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.: 11-8-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Edward M. Sears — LICENSE NO.: E-460
FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

* Found apparently dead in bed by family

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Recent Copies

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 4224
Local Reg. No. 481
Reg. Dist. No. 370

BIRTH NO. OCT 5 1965

1. PLACE OF DEATH
a. COUNTY Ada Bureau of Vital ... 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hosp. 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 3703 Kootenai St.

3. NAME OF DECEASED (Type or Print)
a. (First) Laurence
b. (Middle) Chambers
c. (Last) Palmer

4. DATE OF DEATH (Month) 10 (Day) 1 (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH 1- 26- 1890
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Federal Auditor 34
10b. KIND OF BUSINESS OR INDUSTRY US Government 14
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME R. Henry Palmer — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Harriet Chambers — BIRTHPLACE Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WW I 3
16. SOCIAL SECURITY NO. 519-50-8261
17. INFORMANT'S OWN SIGNATURE X Albert N. Palmer — ADDRESS New Mexico

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

193.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Glio blastoma, right temporal — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) lobe — 1 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION above.
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1956, *to* 10-1, 1965 *that I last saw the deceased alive on* 10-1, 1965 *and that death occurred at* 12.30 *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 046 (Degree or title) MP
23b. ADDRESS 1320 Vista Boise
23c. DATE SIGNED 5 Oct 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-4-1965
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) Boise (State) Idaho

DATE REC'D BY LOCAL REG. 10-5-65
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Daniel G. Gibson [signature]
LICENSE NO. E - 400

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Gibson Funeral Home

DUTIES:

OCT 5 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 21 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Burial Register

Certificate of Death

STATE OF IDAHO

State File No. 4225
Local Reg. No. 437
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
OCT 8 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4-04 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 415 W. State St.

3. NAME OF DECEASED (Type or Print)
a. (First): Roy
b. (Middle):
c. (Last): Lovell

4. DATE OF DEATH: (Month) (Day) (Year): Oct. 1, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Dec. 18, 1892

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer 68

10b. KIND OF BUSINESS OR INDUSTRY: Printing 01

11. BIRTHPLACE (State or foreign country): Lonetree Township, Neb.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James M. Lovell
BIRTHPLACE: Ill.

14. MOTHER'S MAIDEN NAME: Frances Cope
BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-14-7469

17. INFORMANT'S OWN SIGNATURE: Lucile H. Lovell
ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-22-62, 19____, *to* 10-1-65, 19____, *that I last saw the deceased alive on* 10-1-65 19____, *and that death occurred at* 10:20 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marcella Burkholder M.D.

23b. ADDRESS: 848 La Cassia Boise, Idaho

23c. DATE SIGNED: 10-4-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-4-65

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-8-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: G. W. Waters

LICENSE NO.: E-461

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Cloverdale Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 8 1965

OCT 11 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Bor P

RECEIVED OCT 8 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4226
Local Reg. No. 224
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5709 Fairview Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Lena
b. (Middle): ----
c. (Last): Tschikof

4. DATE OF DEATH (Month) (Day) (Year): 10 1 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 3- 2- 1886
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Tschikof — BIRTHPLACE: Austria
14. MOTHER'S MAIDEN NAME: Mary Nadrog — BIRTHPLACE: Austria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Daniel Gibson Hospital Record — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

416X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Rheumatic heart disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/26, 1960, *to* 10/1/65 19___, *that I last saw the deceased alive on* 10/1/65, 19___, *and that death occurred at* 9 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 054 X Berry M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 10/6/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-5-1965
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-8-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Daniel G. Gibson — LICENSE NO.: E - 400

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Gibson Funeral Home

DUTIES: OCT 8 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4227
Local Reg. No. 227
Reg. Dist. No. 371

BIRTH NO.

RECEIVED OCT 15 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 011 Ada
b. CITY OR TOWN Boise, Idaho
LENGTH OF STAY (in this place) 195 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 370 Idaho
b. COUNTY 2-06
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grandview
d. STREET ADDRESS (If rural, give location) Box 604

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Marvin	NMI	TOWNER	10	1	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	3-12-94	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Same 01
11. BIRTHPLACE (State or foreign country) Idaho
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Manfried Towner — BIRTHPLACE New York
14. MOTHER'S MAIDEN NAME Alice Goweens — BIRTHPLACE Colo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 1 3
16. SOCIAL SECURITY NO. 519 40 0493
17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS VA Records, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Emphysema. — INTERVAL BETWEEN ONSET AND DEATH: 13 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cor pulmonale — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?

22. I attended the deceased from 3-19, 1965, to 10-1, 1965, and that death occurred at 11:50 PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. G. STROMBERG, M.D. 597	VA Center, Boise, Idaho	10-4-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/5/65	Riverside Cemetery	Grand View, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-11-65	Myrtle Palmer	Arthur Smith	E-403

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
BIRTH NO. OCT 1 5 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4228
Local Reg. No. 478
Reg. Dist. No. 370

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idanha Hotel 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Idanha Hotel, 10th and Main

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MINA	CLARK	BUHN	Oct. 1, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	No record	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	At home 01	Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
(Unknown) Clark	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	---	E. L. Paris	Boise Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) 420.1

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* INVESTIGATION ONLY, 19___, *to* ADD. 3 D. m., 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. L. Paris 583	Coroner	3720 Meadow Drive Boise, Idaho	10-4-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Oct. 7'65	Mountain View Memorial	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-11-65	Myrtle Palmer	Ray C. Hekkala	E-419

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4229
Local Reg. No. 222
Reg. Dist. No. 371

BIRTH NO.

RECEIVED STATE OF IDAHO
OCT 8 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 24 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Idaho State Soldiers Home

3. NAME OF DECEASED (Type or Print): a. (First) Chester b. (Middle) W c. (Last) WISE

4. DATE OF DEATH: (Month) 10 (Day) 1 (Year) 65

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 11-21-97

9. AGE (In years last birthday): 67 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Lawyer's Assistant: Same

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Miss.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: James H Wise BIRTHPLACE: Ky

14. MOTHER'S MAIDEN NAME: Anna M. Mallory BIRTHPLACE: Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 1 & 11

16. SOCIAL SECURITY NO.: 519 22 2456

17. INFORMANT'S OWN SIGNATURE: John D Black ADDRESS: VA Records, Boise, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive vascular disease. — 2 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

3318

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-27, 1965, to 10-1, 1965, and that death occurred at 9:05PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): O. F. Swendell, M.D. 597
23b. ADDRESS: VA Center, Boise, Idaho
23c. DATE SIGNED: 10-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: 10/4/65
24c. NAME OF CEMETERY OR CREMATORY: Twinn Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twinn Falls, Idaho

DATE REC'D BY LOCAL REG.: 10-7-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Leland L. Maus LICENSE NO.: E-443
FIRM NAME: Mountain View Funeral Home, Boise

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 21 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4230
Local Reg. No. 542
Reg. Dist. No. 370

BIRTH NO. 65-8725

RECEIVED NOV 12 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 01
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 820 Lenham Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Tammie	Lynn	Powell	Oct.	2.	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never Married	Sept. 28, 1965			3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY: 60
11. BIRTHPLACE (State or foreign country): Boise Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Dell Powell — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Dell Powell — ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

760.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (d) pneumonitis (b) paraventricular hemorrhage (both autopsy findings)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/28, 1965, *to* 10/2, 1965, *that I last saw the deceased alive on* 10/1, 1965, *and that death occurred at* 8:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hap Myers 384	III MD	200 E Bannock Boise	10/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Oct. 7, 1965	Cloverdale Memorial Park	Boise	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-8-65	Myrtle Palmer	Earl Relyea	E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4231
Local Reg. No. 508
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 21 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 45 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 807 Ada Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 807 Ada Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
David	Edmond	Garlock	Oct. 2 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	April 6, 1896	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Labor 06	Asphalt & Paving 20	Mount Pleasant Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David Garlick	Mount Pleasant Utah.	Mary Campbell	American Fork Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-05-9798	Mrs. Leona Garlock	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Heart Disease Arteriosclerosis	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	With Decompensation	6 Yrs
DUE TO (c)	Hypertension Arterial	8 Yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

4433

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7-17-, 1965, *to* 10-2-, 1965, *that I last saw the deceased alive on* 9-17-, 1965, *and that death occurred at* 4 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl B. Smithson 484 M.D.	Eastman Bldg. Boise Idaho	10-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 5, 1965	Cloverdale Memorial Park	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-15-65	Myrtle Palmer	Carl B. Smithson	E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

FEB 28 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 14 1965

Certificate of Death

STATE OF IDAHO

State File No. 4232
Local Reg. No. 225
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3010 N. 36th St. 077

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 01
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1003 N. 12th St.

3. NAME OF DECEASED (Type or Print): a. (First) Elizabeth; b. (Middle) Ann; c. (Last) Nelson

4. DATE OF DEATH (Month) (Day) (Year): Oct. 2, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Oct. 3, 1869

9. AGE (In years last birthday): 95 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 61

10b. KIND OF BUSINESS OR INDUSTRY: Home 61

11. BIRTHPLACE (State or foreign country): Cornwall, England

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Hooper — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Ann — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Inez L. Wilson — ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 334X Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-6-62, 19___, *to* 10-2-65, 19___, *that I last saw the deceased alive on* 7-6-65, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. Rudd M.D.

23b. ADDRESS: 848 La Cassia Boise, Idaho

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/4/1965

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-13-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: John F. Wilkerson

LICENSE NO.: E-435

FIRM NAME: McBratney-Alden-Waggoner

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

OCT 14 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4233
Local Reg. No. 226
Reg. Dist. No. 371

RECEIVED STATE OF IDAHO
OCT 15 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN: Boise, Idaho
c. LENGTH OF STAY (If hospital or institution): 79 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 130 Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location): Box 208

3. NAME OF DECEASED (Type or Print): a. (First) Harold b. (Middle) G c. (Last) BREWSTER

4. DATE OF DEATH: (Month) 10 (Day) 3 (Year) 65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 2-23-92
9. AGE (In years last birthday): 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Club Operator 14
10b. KIND OF BUSINESS OR INDUSTRY: Same 11
11. BIRTHPLACE (State or foreign country): Minn
12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Edward Brewster
BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Martha Rolinson
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I 3
16. SOCIAL SECURITY NO.: 519 36 2047
17. INFORMANT'S OWN SIGNATURE: John D Wilkerson ADDRESS: VA Records, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pulmonary emphysema	6years
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Cor pulmonale	4 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Diabetes mellitus	2 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-19, 1965, to 10-6, 1965, and that death occurred at 6:45PM., from the causes and on the date stated above.

23a. SIGNATURE: O. F. SWINDELL, M.D. 597 Boxwell (Degree or title)
23b. ADDRESS: VA Center, Boise, Idaho
23c. DATE SIGNED: 10-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-6-65
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-13-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John D Wilkerson LICENSE NO. E-436
FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 15 1965

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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

OCT 15 1965 VAC BOISE, IDAHO REGISTRAR DIVISION

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4234
Local Reg. No. 499
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
OCT 15 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1119 North 23rd 602

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1119 North 23rd

3. NAME OF DECEASED (Type or Print): a. (First) Harrison b. (Middle) M. c. (Last) Cole

4. DATE OF DEATH (Month) (Day) (Year): October 3, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: April 24, 1886
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): radio technician
10b. KIND OF BUSINESS OR INDUSTRY: 87 communication
11. BIRTHPLACE (State or foreign country): Buffalo, New York
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George F. Cole 92 — BIRTHPLACE: Buffalo, New York
14. MOTHER'S MAIDEN NAME: Elizabeth Blacklock — BIRTHPLACE: Buffalo, N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 491-14-1800
17. INFORMANT'S OWN SIGNATURE: Edwin C. Fairwick — ADDRESS: 6705 Randolph, Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 334X Acute Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 48h

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Vascular Disease — 20yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive Heart Failure — 10yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/15/65, 19___, *to* 10/3/65 19___, *that I last saw the deceased alive on* 10/3/65 19___, *and that death occurred at* 7:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) — 23b. ADDRESS: 1703 Hill Road Boise — 23c. DATE SIGNED: 10/5/65

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: Oct. 4, 1965
24c. NAME OF CEMETERY OR CREMATORY: Highland Cemetery
24d. LOCATION (City, town, or county) (State): Havre Montana

DATE REC'D BY LOCAL REG.: 10-11-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] — LICENSE NO.: E-419
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4235
Local Reg. No. 493
Reg. Dist. No. 370

Certificate of Death

BIRTH NO. RECEIVED

STATE OF IDAHO

OCT 14 1965 011 000

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bureau of Vital Statistics Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1519 No. 25th.

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Elmer
c. (Last): Peters

4. DATE OF DEATH (Month) (Day) (Year): October 3, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: October 10, 1909
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor 62 62
10b. KIND OF BUSINESS OR INDUSTRY: State Rehab. Serv. 00
11. BIRTHPLACE (State or foreign country): Sparks, Nevada
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Peters — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW 2 4 451X
16. SOCIAL SECURITY NO.: 530-10-2887
17. INFORMANT'S OWN SIGNATURE: Maria Peters — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ruptured aortic aneurysm — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 Oct, 1965, *to* 3 Oct, 1965, *that I last saw the deceased alive on* 3 Oct, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 236 Robert Holden (Degree or title): MD
23b. ADDRESS: 815 Ranch Rd
23c. DATE SIGNED: 8 Oct 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 10/6/65
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-13-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John J. Wilkerson — LICENSE NO. E-435

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McBratney-Alden-Waggoner Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 1 4 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to record the facts shall sign HIS name in addition to giving the source of information.

OCT 22 1965

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4236
Local Reg. No. 502
Reg. Dist. No. 370

RECEIVED OCT 15 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 28 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada 01
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise 2-01
d. STREET ADDRESS (If rural, give location): 1106 North 13th Street

3. NAME OF DECEASED (Type or Print)
a. (First): CORA JANE
b. (Middle): BROOKOVER
c. (Last): PETERS

4. DATE OF DEATH (Month) (Day) (Year): Oct. 4, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 8, 1875
9. AGE (In years last birthday): 89
IF UNDER 1 YEAR — Months / Days
IF UNDER 24 HRS. — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At home 01
11. BIRTHPLACE (State or foreign country): Jackson County, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Washington Brookover
BIRTHPLACE: Manchester, Ohio
14. MOTHER'S MAIDEN NAME: Mary Leedom
BIRTHPLACE: Manchester, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE AND ADDRESS: S.E. Brookover 919 Harrison Blvd. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility 602X — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Renal Stone — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO (c): Hematuria — INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-18-65
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* Oct 4, 1965, *and that death occurred at* 9:40 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: T.B. Jeppesen 359
(Degree or title): M D
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 10/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-7-65
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-12-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: T. Richard Reed
LICENSE NO.: E-440
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

FEB 16 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. FEB 25 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4237
Local Reg. No. 500
Reg. Dist. No. 370

Certificate of Death

RECEIVED
OCT 15 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middleton, Idaho
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): Avadna
b. (Middle): Bernice
c. (Last): King

4. DATE OF DEATH (Month) 10 (Day) 4 (Year) 65

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: June 22, 1959
9. AGE (In years last birthday): 6
IF UNDER 1 YEAR: Months 3 Days 12
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03
10b. KIND OF BUSINESS OR INDUSTRY: School 01
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wesley King
BIRTHPLACE: Nampa, Idaho
14. MOTHER'S MAIDEN NAME: Anna Lee Flanary
BIRTHPLACE: Nampa, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Wesley King
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

936.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary edema (prob. hem. on hyg.)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Head injury
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 01 at home
21c. (CITY, TOWN, OR TOWNSHIP) 141 **(COUNTY)** 13 Caldwell, Idaho **(STATE)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Patient fell from a horse

22. *I hereby certify that I attended the deceased from* 10-2-65, 19__, *to* 10-4-65, 19__, *that I last saw the deceased alive on* 10-4, 1965, *and that death occurred at* 5:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Edwin Kreft 281 (Degree or title) M.D.
23b. ADDRESS: 616 Eastman Bldg. Boise Ida.
23c. DATE SIGNED: 10-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 10/7/65
24c. NAME OF CEMETERY OR CREMATORY: Middleton
24d. LOCATION (City, town, or county) (State): Middleton, Idaho

DATE REC'D BY LOCAL REG.: 10-11-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Leonard C. Flahiff
LICENSE NO.: E-481

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 28 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4238
Local Reg. No. 488
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
OCT 8 1965
Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 2 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 316 W. Washington St.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor N. H. ~~292~~

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Sophia	Bertha	Davis	10	5	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed 2	12- 30- 1886	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Victor Hendrickson — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Ingeborg Andersen — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov 23 1963, *to* Oct 5, 1965, *that I last saw the deceased alive on* Oct 5, 1965, *and that death occurred at* 8:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	333	1320 Vista Ave. Boise	Oct 5-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	10-6-1965	Lewiston Cemetery	Lewiston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-5-65	Myrtle Palmer	Daniel C. Gibson	E-400

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Gibson Funeral Home

APR 4 1968

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 15 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4239
Local Reg. No. 228
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01 — 2-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise — LENGTH OF STAY (in this place): 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Nursing Home 302

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01 — b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6315 Poplar St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Paris	Joseph	Parks	Oct. 5, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 7	Feb. 12, 1877	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farming 01	Wayne Co., West Virginia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hurston Parks	West Virginia	Clara Marrs	West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Cornelia Parks	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of pancreas — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9/20/65, 19___, *to* 10/3/65, 19___, *that I last saw the deceased alive on* 10/3/65, 19___, *and that death occurred at* 11 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
054 [illegible] MD	[illegible], Idaho	10/7/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-8-65	Cloverdale Memorial Park	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-11-65	Myrtle Palmer	G. W. Waters	E-461

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Cloverdale Funeral Home

DEC 22 1989

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 21 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4240
Local Reg. No. 235
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural--Eagle
c. LENGTH OF STAY (in this place): 100
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 Miles North of Eagle 1½ West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 016
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Eagle
d. STREET ADDRESS (If rural, give location): Rural # 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Lester	Blaine 002	Kipper	Oct.	6	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	Aug. 14, 1951	14				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 77	02	Idaho Falls, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David Lee Kipper	Missouri	Margaret Eilene Merrill	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None		David L. Kipper	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Ruptured Pulmonary Artery & Bronchus — INTERVAL BETWEEN ONSET AND DEATH: 2½ hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Depressed skull fracture
DUE TO (c) Automobile accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Oct 6 1965	Tracheotomy	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Street	13 Boise	Ada	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
					Automobile Accident

22. *I hereby certify that I attended the deceased from* Oct 6, 1965, *to* 2½ hrs later, 19___, *that I last saw the deceased alive on* Oct 6, 1965, *and that death occurred at* ___ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hugh Orion 1167	MD	123 E. Idaho St. Boise Idaho	Oct 14-1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Oct. 11, 1965	Dry Creek Cemetery	Boise	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-20-65	Myrtle Palmer	Grant Sears	E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4241
Local Reg. No. 243
Reg. Dist. No. 371

Certificate of Death

RECEIVED
OCT 28 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 010 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 125 W. Cherry Lane 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 125 W. Cherry Lane

3. NAME OF DECEASED (Type or Print)
a. (First): Susan
b. (Middle): B.
c. (Last): Longstaff

4. DATE OF DEATH (Month) (Day) (Year): Oct. 6, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 29, 1871
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Bailey — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Elizabeth Brass — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Elsie Riddlemoser — ADDRESS: Meridian

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

903.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bleeding Stress ulcer — INTERVAL BETWEEN ONSET AND DEATH: 24 H

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) fx l humerus — Seml days
DUE TO (c) arteria sclerosis generalized & a fall Seml yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT XX **SUICIDE HOMICIDE** (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 01 Home
21c. (CITY, TOWN, OR TOWNSHIP) 13 Meridian — 010 (COUNTY) Ada — (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-29-65 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: She fell down

22. *I hereby certify that I attended the deceased from* 1960, 19__, *to* Oct 6, 1965, *that I last saw the deceased alive on* Oct 5, 1965, *and that death occurred at* 4:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Brunn Md 065
23b. ADDRESS: Meridian Idaho
23c. DATE SIGNED: 10/7/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 10-8-65
24c. NAME OF CEMETERY OR CREMATORY: O'Neill
24d. LOCATION (City, town, or county) (State): O'Neill, Nebraska

DATE REC'D BY LOCAL REG.: 10-26-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Lee Jerread — LICENSE NO.: E-366

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Robison Chapel of the Chimes

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4242
Local Reg. No. 501
Reg. Dist. No. 370

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

OCT 15 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY: 4 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1713 Shoshone Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): JACK
b. (Middle): RAY
c. (Last): STEPHENSON

4. DATE OF DEATH (Month) (Day) (Year): Oct. 6, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never-married
8. DATE OF BIRTH: Oct. 15, 1958
9. AGE (In years last birthday): 6 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03
10b. KIND OF BUSINESS OR INDUSTRY: School 01
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Leon R. Stephenson, Boise, Idaho
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Phyllis Waits, Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Leon R. Stephenson, 1713 Shoshone St. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/5, 1965, *to* 10/6, 1965, *that I last saw the deceased alive on* 10/6, 1965, *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 558 MD
23b. ADDRESS: 218 N 1st Boise
23c. DATE SIGNED: 10/7/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-9-65
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-11-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-419
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 18 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4243
Local Reg. No. 231
Reg. Dist. No. 371

BIRTH NO.

RECEIVED STATE OF IDAHO
OCT 20 1965

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho Bureau
c. LENGTH OF STAY (in this place): 65 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 38 Oregon
b. COUNTY: 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baker
d. STREET ADDRESS (If rural, give location): 2194 Grove Street

3. NAME OF DECEASED (Type or Print): a. (First) Guy; b. (Middle) L; c. (Last) DERRICK

4. DATE OF DEATH: (Month) 10 (Day) 7 (Year) 65

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: 12-19-00

9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Miner 07

10b. KIND OF BUSINESS OR INDUSTRY: Same 01

11. BIRTHPLACE (State or foreign country): Washington, Walla Walla

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ed Derrick — BIRTHPLACE: Oregon

14. MOTHER'S MAIDEN NAME: Nellie Vessey — BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II 4

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: VA Records, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, bilateral — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchogenic carcinoma, right upper lung. — 3 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I last attended the deceased from 8-3, 1965, to 10-7, 1965, and that death occurred at 3 PM m., from the causes and on the date stated above.

23a. SIGNATURE: M. G. STROMBERG, M.D. 597 (Degree or title)

23b. ADDRESS: VA Center, Boise, Idaho

23c. DATE SIGNED: 10-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 10-8-65

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Baker, Oregon

DATE REC'D BY LOCAL REG.: 10-20-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: John F. Wilkerson — LICENSE NO.: E 435

FIRM NAME: McBratney-Alden-Waggoner

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

OCT 20 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 28 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 3 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 4244
Local Reg. No. 544
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 NOV 16 1965 008
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise — Bureau of Vital Statistics — c. LENGTH OF STAY (in this place):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011 b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Thompson Nursing Home 223
d. STREET ADDRESS (If rural, give location): 1509 W. Jefferson

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Nellie	Blanche	Phillips	Oct. 7, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	April 11, 1875	91				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Henry County, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel E. Inglebright — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Clarissa Shuman — BIRTHPLACE: Ohio
Elmer E. Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE / ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

795.4
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 10/9/64
19b. MAJOR FINDINGS OF OPERATION: Dx Left Hip - Intertrochanteric
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 125 (Degree or title) MD
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 10/14/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 11, 1965
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 11-12-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Merville D Davis
LICENSE NO.: E-399

FIRM NAME: Peckham-Dakan-Davis Chapel, Caldwell

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OUTLES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED

State File No. 4245
Local Reg. No. 247
Reg. Dist. No. 371

BIRTH NO.

OCT 28 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 010 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian rural
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010 b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian rural
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Audra	C.	Burns	Oct. 7, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Feb. 12, 1905	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Contractor 72	Building 07	Meridian, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Martin L. Burns	Mo.	Ara Ann Moots	Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-22-0503	Ruby C. Burns	Meridian

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Emphysema 5271	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic Lung Disease	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4 Oct *1965, to* 7 Oct *1965, that I last saw the deceased alive on* 5 Oct *1965, and that death occurred at* 1:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Howard Merrill MD 357	Boise Ida	10-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-11-65	Joplin Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-26-65	Myrtle Palmer	Leo Snead	E-366

FIRM NAME: Robison Chapel of the Chimes

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4246
Local Reg. No. 494
Reg. Dist. No. 370

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

OCT 14 1965

1. PLACE OF DEATH a. COUNTY: 011 Ada 000	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 011 b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise Bureau	c. LENGTH OF STAY (in this place)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Treasure Valley Nursing Home	d. STREET ADDRESS (If rural, give location): 2309 N. 25th St.

3. NAME OF DECEASED (Type or Print): a. (First) Thomas b. (Middle) Edward 293 c. (Last) Hoyt

4. DATE OF DEATH (Month) (Day) (Year): October 7, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Sept. 6, 1878

9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): DesMoines, Iowa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert Hoyt — BIRTHPLACE

14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: + Kenneth Hoyt — ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.0 Arteriosclerotic Heart Disease progressive — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-17, 1961, *to* Oct, 1965, *that I last saw the deceased alive on* Sept 28, 1965, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Donald W. Mack 318 (Degree or title) M.D.

23b. ADDRESS: 40100 Orchard Boise Idaho

23c. DATE SIGNED: 10-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 9, 1965

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-13-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: John F. Wilkerson — LICENSE NO. E435

FIRM NAME: McBratney-Alden-Waggoner

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to certify the facts shall sign HIS name in addition to giving the source of information.

OCT 14 1965

OCT 21 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 4247
Local Reg. No. 571
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01 — OCT 20 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise — Bureau of V
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor 297

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01 — b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2629 El Rancho Drive

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ROBERT	HAROLD	SIGLER	October 8, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	August 10, 1881	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
photographer 84	photography 00	Penns boro, West Virginia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Sigler	Unknown	Add Lowther	West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	---	519-36-1408	Mascea Sigler	2629 El Rancho Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 332X Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Severe Arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov, 1955, *to* Oct 8, 1965, *that I last saw the deceased alive on* Oct 7, 1965, *and that death occurred at* 12:12p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C C Johnson MD 26	Boise Ida	10-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Oct. 11, 1965	Morris Hill Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-20-65	Myrtle Palmer	W Dale McMurtrey	E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DCT 2 0 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAY 22 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4248
Local Reg. No. 515
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
OCT 25 1965
Bureau of Vital Statistics

STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. St. Alphonsus 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada 001
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4702 Corporal

3. NAME OF DECEASED (Type or Print): a. (First) Earle; b. (Middle) Myron; c. (Last) Evans

4. DATE OF DEATH: (Month) Oct. (Day) 8, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Feb. 12, 1903

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driver- Clerk 29

10b. KIND OF BUSINESS OR INDUSTRY: Railway Express 050

11. BIRTHPLACE (State or foreign country): Meridian, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Walter T. Evans
BIRTHPLACE: Macon, Missouri

14. MOTHER'S MAIDEN NAME: Sarah Ella Lyda
BIRTHPLACE: Atlanta, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 712-16-6047

17. INFORMANT'S OWN SIGNATURE: Mrs. Earle M. Evans
ADDRESS: Boise, I

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction 420.1
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): atherosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 9:15 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 054
(Degree or title): M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 10/22/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-12-65
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-25-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John L. Wilkerson
LICENSE NO.: E 433
FIRM NAME: McBratney-Alden-Waggoner

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

OCT 25 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 2 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 7 1977

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAY 3 1 1994

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr Glenn E Talbey

RECEIVED

OCT 15 1965

Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4249
Local Reg. No. 504
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 — 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): BRUCE
b. (Middle): ALLEN
c. (Last): BLANK

4. DATE OF DEATH (Month) 10 (Day) 8 (Year) 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: 10/2/1950
9. AGE (In years last birthday): 15 — IF UNDER 1 YEAR: Months -, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY: School 02
11. BIRTHPLACE (State or foreign country): Weiser, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: F.Donald Blank — BIRTHPLACE: Cambridge
14. MOTHER'S MAIDEN NAME: Jewel L. Marx — BIRTHPLACE: Mt.Pleasant,Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ----
17. INFORMANT'S OWN SIGNATURE: x Donald L. Blank — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

823.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal Skull fracture with brain stem hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Laceration of liver — 2 days

19a. DATE OF OPERATION: 10/6/65
19b. MAJOR FINDINGS OF OPERATION: Brain swelling
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 06 rural road
21c. (CITY, TOWN, OR TOWNSHIP) 010 (COUNTY): 13 Ada (STATE): Idaho

21d. TIME OF INJURY (Month) Oct. (Day) 6, (Year) 1965 (Hour) 8 a.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? passenger of auto which crashed into tree.

22. *I hereby certify that I attended the deceased from* 10-6-, 1965, *to* 10-8-, 1965, *that I last saw the deceased alive on* 10-8, 1965, *and that death occurred at* 12:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glenn E Talbey 520
23b. ADDRESS: 125 S Idaho Boise, Idaho
23c. DATE SIGNED: 10/8/1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/12/65
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county): Weiser Annex (State): Oregon

DATE REC'D BY LOCAL REG.: 10/11/65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: L. Dee Thomason
LICENSE NO.: E-388

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4250
Local Reg. No. 495
Reg. Dist. No. 370

RECEIVED Certificate of Death

STATE OF IDAHO

BIRTH NO. OCT 14 1965

1. PLACE OF DEATH
a. COUNTY: Ada R... 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1815 Rand

3. NAME OF DECEASED (Type or Print)
a. (First): RUTH
b. (Middle): I. 003
c. (Last): FOSTER

4. DATE OF DEATH (Month) (Day) (Year): October 8, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: March 27, 1894
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: at home 01
11. BIRTHPLACE (State or foreign country): Star, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Abraham Hughes — BIRTHPLACE: Tennessee
14. MOTHER'S MAIDEN NAME: Flora Downing — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 518-32-7833
17. INFORMANT'S OWN SIGNATURE: Donald W. Foster — ADDRESS: 6110 Edgewater Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: MIN.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio Vascular Disease
~~DUE TO (c)~~ Coronary atherosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-8, 1952, *to* 10-8, 1965, *that I last saw the deceased alive on* 8-18, 1965, *and that death occurred at* 11:55a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Jn. E. Cripps 0940 (Degree or title) M.D.
23b. ADDRESS: 311 Idaho St Boise
23c. DATE SIGNED: 10-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct. 11'65
24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery
24d. LOCATION (City, town, or county) (State): Star Idaho

DATE REC'D BY LOCAL REG.: 10-14-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: A. Dale McMaster — LICENSE NO. E-410

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 14 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 22 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4251
Local Reg. No. 503
Reg. Dist. No. 370

RECEIVED OCT 15 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01 2-02
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place): 2 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hosp. 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN: Boise
d. STREET ADDRESS (If rural, give location): 211 Lexington St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Louise	Subisarreta	Bartlett	10	8	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 2	Sept. 16, 1919	46				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home 01	Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Femin XX Subisarreta	Spain	Antonia Uranga	Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	----------	518-18-4420	Vester Bartlett	Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 163X LUNG CANCER — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8-16-65, 19___, *to* 10-8-65, 19___, *that I last saw the deceased alive on* 10-8-65, 19___, *and that death occurred at* 3:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Maurice M. Rudolph, M.D.	848 La Cassia Boise, Idaho	10/12/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-12-1965	Terrace Lawn Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-13-65	Myrtle Palmer	Daniel G. Gibson	E - 400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 3 1 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4252
Local Reg. No. 230
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

BIRTH NO. RECEIVED

1. PLACE OF DEATH
a. COUNTY Ada 011 OCT 21 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise Bureau of Vital Statistics
c. LENGTH OF STAY (in this place) 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ada County Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 5709 Fairview Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN
b. (Middle) K. 300
c. (Last) DRAKE

4. DATE OF DEATH (Month) (Day) (Year) October 8, 1965

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH Sept. 30, 1965
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired laborer 06
10b. KIND OF BUSINESS OR INDUSTRY 03
11. BIRTHPLACE (State or foreign country) Budds Lake, New Jersey
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Daniel D. Drake — BIRTHPLACE Pennsylvania
14. MOTHER'S MAIDEN NAME Eliza A. Stephens — BIRTHPLACE New Jersey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) --- (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Hospital Records — ADDRESS Boise, I.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral vascular accident

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/8/65, 19__, *to* 10/8/65, 19__, *that I last saw the deceased alive on* 10/8/65, 19__, *and that death occurred at* 10:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE 054 (Degree or title) M.D.
23b. ADDRESS Boise Idaho
23c. DATE SIGNED 10/14/65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Oct. 12'65
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) Boise (State) Idaho

DATE REC'D BY LOCAL REG. 10-15-65
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER F. Richard Reed
LICENSE NO. E-440

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 22 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4253
Local Reg. No. 232
Reg. Dist. No. 371

RECEIVED OCT 20 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
LENGTH OF STAY (in this place): 29 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1122 Blue Lakes North

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Hugh	W	BEAN	10	8	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	9-3-92	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Auto Mechanic	Same	Kansas	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wilbur N Bean	Kansas	Velma Hughes	Mich.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE
Yes	WW I	519 09 7737	VA Records, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	INTERVAL BETWEEN ONSET AND DEATH
(a)	Rupture of abdominal aortic aneurysm into inferior vena cava.	Terminal
DUE TO (b)	Arteriosclerosis, generalized, advanced; with incomplete obstruction of iliac and renal arteries.	Unknown
DUE TO (c)		

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES XXX NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VA m.		

22. [redacted] attended the deceased from 9-9-, 1965, to 10-8, 1965, [redacted], and that death occurred at 10:15 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. G. STROMBERG, M.D.	VA Center, Boise Idaho	10-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	10-8-65		Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-20-65	Myrtle Palmer	John F. Wilkerson FIRM NAME: McBratney Arden Waggoner	E 435

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 20 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 22 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4254
Local Reg. No. 525
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 3 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2849 Park Circle Drive

3. NAME OF DECEASED (Type or Print)
a. (First): Ford
b. (Middle):
c. (Last): Merrill

4. DATE OF DEATH (Month) (Day) (Year): October 8, 1965

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: 3/16/1900
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer-cattleman 04
10b. KIND OF BUSINESS OR INDUSTRY: farm 01
11. BIRTHPLACE (State or foreign country): Smithfield, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: A. J. Merrill — BIRTHPLACE: Smithfield, Utah
14. MOTHER'S MAIDEN NAME: Ida Harper — BIRTHPLACE: Smithfield, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 528-10-2678
17. INFORMANT'S OWN SIGNATURE: Arden D. Merrill — ADDRESS: Boise

18. CAUSE OF DEATH 446X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): uremia — INTERVAL BETWEEN ONSET AND DEATH: weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): nephrosclerosis — years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 June 1963, *to* 8 Oct, 1965, *that I last saw the deceased alive on* 8 Oct, 1965, *and that death occurred at* 4:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J Hugh Attleby 014 MD
23b. ADDRESS: 401 Idaho Boise
23c. DATE SIGNED: 28 Oct 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 10/9/65
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: 11-2-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] — LICENSE NO.: E-460-

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 4 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4255
Local Reg. No. 512
Reg. Dist. No. 370

Certificate of Death

RECEIVED
OCT 20 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1302 Hazel St.

3. NAME OF DECEASED (Type or Print)
a. (First): Orval
b. (Middle): Best
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): Oct. 9 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 20, 1889
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Whitesville, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas K. Smith — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Leona Belle Agee — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Marion Smith — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9/30/65
19b. MAJOR FINDINGS OF OPERATION: Ca. lung with Metastasis
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/22, 1965, *to* 10/9, 1965, *that I last saw the deceased alive on* 10/8/, 1965, *and that death occurred at* 6:05A *m., from the causes and on the date stated above.* 10/9/65

23a. SIGNATURE (Degree or title): Richard A. Forney, M.D. 17 Forney M.D.
23b. ADDRESS: 105 North 8th Boise, Idaho
23c. DATE SIGNED: 10/14/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 11, 1965
24c. NAME OF CEMETERY OR CREMATORY: Terrace Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-20-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Elach M. Sears
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 21 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4256
Local Reg. No. 506
Reg. Dist. No. 370

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 011 OCT 15 1965 000	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 011 b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise Bureau of Vital Statistics	c. LENGTH OF [illegible] place):
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes 002	d. STREET ADDRESS (If rural, give location): 906 Franklin St.

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle)	c. (Last) Baxter
4. DATE OF DEATH	(Month) October	(Day) 10,	(Year) 1965
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3	8. DATE OF BIRTH: June 15, 1888
9. AGE (In years last birthday): 77	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self-employed 06	10b. KIND OF BUSINESS OR INDUSTRY: Foundry & Machine 03	11. BIRTHPLACE (State or foreign country): Newark, New Jersey	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Charles F. Baxter	BIRTHPLACE: Patterson, N. J.	14. MOTHER'S MAIDEN NAME: Kitty Kane	BIRTHPLACE: Newark, N. J.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes, give war or dates of service): W.W. I 3	16. SOCIAL SECURITY NO.: 518-07--0110	17. INFORMANT'S OWN SIGNATURE: James Baxter Jr. ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

200.2

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Malignant Lymphoma	4 mo
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Congestive Heart Failure	4 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/18/65, 19___, *to* 10/10/65, 19___, *that I last saw the deceased alive on* 10/10/65, 19___, *and that death occurred at* 2:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 516	23b. ADDRESS: 1703 Hill Road, Boise	23c. DATE SIGNED: 10/10/65
24a. BURIAL, CREMATION, REMOVAL (Specify): Entombment 4	24b. DATE: Oct. 12, 1965	24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Mausoleum
24d. LOCATION (City, town, or county) (State): Boise, Idaho		
DATE REC'D BY LOCAL REG.: 10-15-65	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: John F. Wilkerson LICENSE NO. E435

FIRM NAME: McBratney-Alden-Waggoner

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 1 8 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 3 1974

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 1 1985

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4257
Local Reg. No. 513
Reg. Dist. No. 270

RECEIVED OCT 21 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 001 — 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 Month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hosp. 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2503 Joretta Drive

3. NAME OF DECEASED (Type or Print): a. (First) Cleason b. (Middle) Clair c. (Last) Bozman

4. DATE OF DEATH: (Month) 10 (Day) 10 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-18-1893

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic 10

10b. KIND OF BUSINESS OR INDUSTRY: Automotive 01

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: W. T. Bozman — BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: [redacted] Unknown — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Eugene C Bozman — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Upper gastrointestinal bleeding — 1 month
DUE TO (c) Esophageal Varices — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Metastatic Carcinoma — 2 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 31 May, 1965, *to* 10 Oct., 1965, *that I last saw the deceased alive on* 9 Oct., 1965, *and that death occurred at* 9:40 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harold M. Fallen (Degree or title) MD

23b. ADDRESS: 6003 Overland Boise Ida.

23c. DATE SIGNED: 18 Oct 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-12-1965

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-20-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Daniel G. Gibson — LICENSE NO.: E - 400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 27 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4258
Local Reg. No. 239
Reg. Dist. No. 371

BIRTH NO.

RECEIVED
OCT 27 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 230
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): RT # 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	M	DEXTER	10	10	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	11-09-01	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Worker 04
10b. KIND OF BUSINESS OR INDUSTRY: Same 02
11. BIRTHPLACE (State or foreign country): Indianna
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: August Dexter — BIRTHPLACE: Ind.
14. MOTHER'S MAIDEN NAME: Grace W Paxton — BIRTHPLACE: Ia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 525 10 5728
17. INFORMANT'S OWN SIGNATURE: John W Dexter ADDRESS: VA Records, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage, acute. — INTERVAL BETWEEN ONSET AND DEATH: Terminal.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rupture of aneurysm of anterior cerebral artery. — Unknown.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypertensive vascular disease. — Unknown.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
VA m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. [redacted] attended the deceased from 10-8, 19 65, to 10-10, 19 65, [redacted] and that death occurred at 7 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. G. STROMBERG, M.D.	VA Center, Boise, Idaho	10-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Oct. 13, 1965	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-26-65	Myrtle Palmer	Glenn W Beatty	E392

FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4259
Local Reg. No. 235
Reg. Dist. No. 371

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

011 OCT 26 1965 3-09
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 9 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): RT # 2

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): A
c. (Last): WEBER

4. DATE OF DEATH (Month) 10 (Day) 10 (Year) 65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: 2-9-99
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Highway Depart. 62
10b. KIND OF BUSINESS OR INDUSTRY: Same 05
11. BIRTHPLACE (State or foreign country): New Zealand
12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Charles B Weber — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW 1 3
16. SOCIAL SECURITY NO.: 561 30 5511
17. INFORMANT'S OWN SIGNATURE: John D Stark — ADDRESS: VA Redords, Boise, Idaho

18. CAUSE OF DEATH 002.2
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Tuberculosis of lungs, adrenals and testes. — INTERVAL BETWEEN ONSET AND DEATH: Unknown.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that I~~ *attended the deceased from* 10-1, 1965, *to* 10-10, 1965, ~~[illegible]~~ *and that death occurred at* 2:15PM *m., from the causes and on the date stated above.*

23a. SIGNATURE M G Stromberg (Degree or title): M. G. STROMBERG, M.D. 597
23b. ADDRESS: VA Center, Boise, Idaho
23c. DATE SIGNED: 10-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 13, 1965
24c. NAME OF CEMETERY OR CREMATORY: Wilder Cemetery
24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: Oct. 26, 1965
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Merville D Davis — LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Dakan-Davis Chapel, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 5 1965

SEP 23 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED STATE OF IDAHO

NOV 10 1965

State File No. 4260
Local Reg. No. 539
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada (011)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise (Bureau of V.S.)
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (01)
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1906 Owyhee St.

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) Arthur c. (Last) Lee Jr.

4. DATE OF DEATH: (Month) Oct. (Day) 11 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married.

8. DATE OF BIRTH: Oct. 25, 1957

9. AGE (In years last birthday): 7 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 93

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Honolulu Hawaii

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Arthur Lee — BIRTHPLACE: Florida

14. MOTHER'S MAIDEN NAME: Joan Marshall — BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Joe Viker — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

812.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Depress Skull Fracture Right Parietal — INTERVAL BETWEEN ONSET AND DEATH: Instant.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Struck by automobile

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 04 Street

21c. (CITY, TOWN, OR TOWNSHIP): 13 Boise (COUNTY): Ada (STATE): Idaho

21d. TIME OF INJURY: (Month) Oct. (Day) 11 (Year) 1965 (Hour) 2:29 P.M.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Crossing street at Owyhee and Nez Perce St.

22. *I hereby certify that I attended the deceased from* did not see alive *, 19__, to __, 19__, that I last saw the deceased alive on* did not see alive *, 19__, and that death occurred at* 2:29 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: 583 Edgar D. Paris — (Degree or title): Corner

23b. ADDRESS: 3720 Meadow Dr. Boise, Idaho

23c. DATE SIGNED: 11-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 14 65

24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-8-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Clark Sears — LICENSE NO.: E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

JAN 21 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

64-11580
BIRTH NO.

RECEIVED
OCT 14 1965
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 4261
Local Reg. No. 497
Reg. Dist. No. 370

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1602 Lemp St.

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) Michael; c. (Last) Capporelli

4. DATE OF DEATH (Month) (Day) (Year): Oct. 11, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	Oct. 14, 1964	0	11 / 27	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child 02
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John C. Capporelli — BIRTHPLACE: Boise, Idaho
14. MOTHER'S MAIDEN NAME: Judith Ann Lucht — BIRTHPLACE: Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: John C. Capporelli — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 345X Diffuse Cerebral Sclerosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
with bulbar palsy
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Terminal bronchopneumonia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-17, 1965, *to* 10-10, 1965, *that I last saw the deceased alive on* 10-10, 1965, *and that death occurred at* 7:50 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: W R Cunning (Degree or title) MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 10/13/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-13-65
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-14-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John J. Wilkerson
LICENSE NO.: E 435
FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

OCT 14 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4262
Local Reg. No. 505
Reg. Dist. No. 370

BIRTH NO. OCT 15 1965

Bureau of Vital Statistics

1. PLACE OF DEATH 011
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2½ years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor Nursing Home 292

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5904 Norwood Drive

3. NAME OF DECEASED (Type or Print)
a. (First): Lawrence
b. (Middle): Augustus
c. (Last): Kern

4. DATE OF DEATH (Month) (Day) (Year): Oct. 11, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 11, 1884
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): telegrapher 70
10b. KIND OF BUSINESS OR INDUSTRY: railroad 03
11. BIRTHPLACE (State or foreign country): Traer, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Simon Kern — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Lillian Loup — BIRTHPLACE: Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: 701-07-4622
17. INFORMANT'S OWN SIGNATURE: Wilson S. Kern — ADDRESS: 5904 Norwood Drive, Boise, I.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.0 Arteriosclerotic heart disease. — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Cerebral arteriosclerosis — 10 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1958, 19__, *to* present, 19__, *that I last saw the deceased alive on* Oct 8, 1965, *and that death occurred at* 7:25p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. J. Blackburn 046 MD
23b. ADDRESS: 1320 Nesta Boise.
23c. DATE SIGNED: Oct 14, 65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct. 14, 1965
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-15-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Gay A. Heikkila — LICENSE NO. E-419

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 15 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4263
Local Reg. No. 509
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
OCT 20 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 01 — 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3274 Cherry Lane

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Margaret	O.	Swank	Oct.	11	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed	Sept. 2, 1893	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Same 01	Skelton England	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Richard Witherell	England	Sarah Jane Atkinson	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None		Margaret O. Swank	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac Arrhythmia — 4280 — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10/10, 1965, *to* 10/11, 1965, *that I last saw the deceased alive on* 10/10, 1965, *and that death occurred at* 1:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	303 N 5th Boise, Ida	10/14/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 13, 1965	Cloverdale Park	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-15-65	Myrtle Palmer	[signature]	E460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

OCT 21 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 27 1989

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 20 1996

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4264
Local Reg. No. 229
Reg. Dist. No. 321

BIRTH NO.

RECEIVED OCT 15 1965

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Ada 011 — 3-02

b. CITY OR TOWN (If outside corporate limits, write RURAL and give Bureau township): Boise, Idaho

c. LENGTH OF STAY (in this place): 2 Days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 011

b. COUNTY:

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. STREET ADDRESS (If rural, give location): 1110 Oakland Ave

3. NAME OF DECEASED (Type or Print): a. (First) Benjamin — b. (Middle) R — c. (Last) COLLINS

4. DATE OF DEATH: (Month) 10 (Day) 11 (Year) 65

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: 8-18-23

9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk, Job Corps 29

10b. KIND OF BUSINESS OR INDUSTRY: Same 00

11. BIRTHPLACE (State or foreign country): Washington

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Henry H Collins — BIRTHPLACE: Washington

14. MOTHER'S MAIDEN NAME: Martha Waggoner — BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II & PL 28 4

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: John D Stewart — VA Records, Boise, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.11

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Ventricular Tachycardia — INTERVAL BETWEEN ONSET AND DEATH: 2 da.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Coronary Heart Disease — 4 yr.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. I last attended the deceased from 10-9, 1965, to 10-11, 1965, and that death occurred at 8:50 PM., from the causes and on the date stated above.

23a. SIGNATURE AND (Degree or title): O. F. SWINDELL, M.D. 579

23b. ADDRESS: VA Center, Boise, Idaho

23c. DATE SIGNED: 10-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-14-65

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-15-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Clark Mortuary

LICENSE NO.: E-460

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

OCT 18 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 21 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 9 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

APR 1 1976

APR 3 1978

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4265
Local Reg. No. 514
Reg. Dist. No. 370

RECEIVED OCT 25 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-08
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 6003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1315 W. State, Street

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): John Patrick Gray

4. DATE OF DEATH (Month) (Day) (Year): 10-12-65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 12-26-79
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Hw'd. Mgr. 74
10b. KIND OF BUSINESS OR INDUSTRY: Hw'd. Store 02
11. BIRTHPLACE (State or foreign country): Lake Geneva, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George A. Gray — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Sarah Nolan, Newport, R.I. — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): –
16. SOCIAL SECURITY NO.: 518-22-0275
17. INFORMANT'S OWN SIGNATURE: Mrs J P Gray — ADDRESS: 1315 State Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebrovascular Accident 331X

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ~~Carcer~~
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Carcinoma of Cecum

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/9, 1965, *to* 10/12, 1965, *that I last saw the deceased alive on* 10/12, 1965, *and that death occurred at* 10:00 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 654 [signature] MD.
23b. ADDRESS: 303 N 5th Boise Ida.
23c. DATE SIGNED: 10/14/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Entombment 4
24b. DATE: 10/15/65
24c. NAME OF CEMETERY OR CREMATORY: Mt'n. View Mausoleum
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-19-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Richard L. Maus
LICENSE NO.: E-443

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Mountain View Funeral Home, Boise

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4266
Local Reg. No. 496
Reg. Dist. No. 370

RECEIVED
OCT 14 1965
Bureau of Vital

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Sumac Street, P. O. Box 983

3. NAME OF DECEASED (Type or Print)
a. (First): Betty
b. (Middle): O.
c. (Last): Eby

4. DATE OF DEATH (Month) (Day) (Year): Oct. 12, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 2, 1909
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe Store Operator 74
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Store 02
11. BIRTHPLACE (State or foreign country): Payette, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Percy H. Brown — BIRTHPLACE: London, England
14. MOTHER'S MAIDEN NAME: Albertina Grothe — BIRTHPLACE: Dundee, Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-10-6237
17. INFORMANT'S OWN SIGNATURE: Susan B. Clark — ADDRESS: Three Creek, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

170X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Metastasis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Breast — 5 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1961
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO Yes

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1963, *to* Oct 12, 1965, *that I last saw the deceased alive on* Oct 11, 1965, *and that death occurred at* 4:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: N M Kalaupha 088 — (Degree or title): MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 10/13/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/14/65
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county): Boise — (State): Idaho

DATE REC'D BY LOCAL REG.: 10-14-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Ashdale McMurtrey
LICENSE NO.: E-410

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 14 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4267
Local Reg. No. 236
Reg. Dist. No. 371

BIRTH NO.

RECEIVED OCT 26 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 124 Freeport Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clyde	O	HARRITT	10	13	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	4-8-87	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Highway Dept.	Same	Nebraska	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John D. Harritt	Ill	Florence Barber	Ill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	Unknown	John O Harritt	VA Records, Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cardiac arrest.	Terminal.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic heart disease with cardiomegaly and congestive failure.	Unknown.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Bronchitis, chronic.	40 years.

420.0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VA m.		

22. I attended the deceased from 10-11, 1965, to 10-13, 1965, and that death occurred at 6:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. G. STROMBERG, M.D. 597	VA Center, Boise, Idaho	10-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 15, 1965	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 26, 1965	Myrtle Palmer	Merville R Davis	E-399

FIRM NAME: Dakan-Davis Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 2 1977

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 12 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4268
Local Reg. No. 518
Reg. Dist. No. 370

BIRTH NO.

RECEIVED OCT 28 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 011
b. CITY OR TOWN Boise
c. LENGTH OF STAY (in this place) 14 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ada County Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 010
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Eagle
d. STREET ADDRESS (If rural, give location) Village of Eagle

3. NAME OF DECEASED (Type or Print) a. (First) Fredrick b. (Middle) ------- c. (Last) Billman

4. DATE OF DEATH (Month) (Day) (Year) 10 14 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 10-16-1886

9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY Farming 01

11. BIRTHPLACE (State or foreign country) Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Billman BIRTHPLACE Iowa

14. MOTHER'S MAIDEN NAME Elizabeth James Barns BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) -------

16. SOCIAL SECURITY NO. 519-20-7521

17. INFORMANT'S OWN SIGNATURE E. F. Billman ADDRESS Eden Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/2/65 19___, *to* 10/14/65 19___, *that I last saw the deceased alive on* 10/14/65 19___, *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 054 (Degree or title) M.D.

23b. ADDRESS [illegible] Idaho

23c. DATE SIGNED 10/25/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10-19-1965

24c. NAME OF CEMETERY OR CREMATORY Dry Creek Cemetery

24d. LOCATION (City, town, or county) Boise (State) Idaho

DATE REC'D BY LOCAL REG. 10-27-65

REGISTRAR'S SIGNATURE Myrtle Palmer

25. EMBALMER Daniel G. Gibson LICENSE NO. E - 400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 7 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 20 1970

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4269
Local Reg. No. 516
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED OCT 26 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA 011 3-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 343 Winther Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): Jessie
b. (Middle): Pearl
c. (Last): Bell

4. DATE OF DEATH (Month) (Day) (Year): October 15, 1965

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 28, 1886
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 01
10b. KIND OF BUSINESS OR INDUSTRY: Housewife 01
11. BIRTHPLACE (State or foreign country): Jerico Springs, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William H. Ballinger — BIRTHPLACE: Tennessee
14. MOTHER'S MAIDEN NAME: Emaline Ray — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Donald C. Bell — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

903.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary embolism, suspected

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fracture of hip.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION: 10/3/65
19b. MAJOR FINDINGS OF OPERATION: Fracture of hip
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 01 Home
20c. (CITY, TOWN, OR TOWNSHIP) 430 **(COUNTY)** 13 McCall **(STATE)** Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10 2 65 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Fell at home

22. *I hereby certify that I attended the deceased from* 10/3, 1965, *to* 10/15, 1965, *that I last saw the deceased alive on* 10/15, 1965, *and that death occurred at* 6 40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE 523 (Degree or title): Kent A Taylor M.D.
23b. ADDRESS: 119 E Idaho, Boise
23c. DATE SIGNED: Oct 20, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/18/65
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.: 10-26-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Larry J. Krouch — LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4270
Local Reg. No. 238
Reg. Dist. No. 371

Certificate of Death

RECEIVED
OCT 27 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 010 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise - Rural
c. LENGTH OF STAY (in this place): Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East near Stone Airport on Strawberry Glenn Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 05 California
b. COUNTY: 555 Madrea
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fresno
d. STREET ADDRESS (If rural, give location): 543 East Scott Street

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle): ARTHUR 000
c. (Last): STEEVES

4. DATE OF DEATH (Month) (Day) (Year): Oct. 16, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 16, 1934
9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pilot 66
10b. KIND OF BUSINESS OR INDUSTRY: Charter service
11. BIRTHPLACE (State or foreign country): Bridgeport, Connecticut
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE 03: Harold W. Steeves, Bridgeport, Conn.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Elsie Monnier, Bridgeport, Conn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 040-26-7171
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Telephone w/ Dale McMurtney Boise Idaho family

18. CAUSE OF DEATH 866X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Air and Fat emboli to lungs + brain — INTERVAL BETWEEN ONSET AND DEATH: about 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Traumatic injuries
DUE TO (c) Airplane Crash

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to* 17 oct, 1965, *that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Helen Beeman, M.D. 037
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 25 oct. 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 10-18-65
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Fresno, California

DATE REC'D BY LOCAL REG.: 10-26-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Gay A. Hickle
LICENSE NO.: E-419
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 29 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 1 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

NOV 3 - 1965

APR 13 1966

JUN 16 1966

APR 5 1968

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4271
Local Reg. No. 237
Reg. Dist. No. 371

Certificate of Death

RECEIVED
OCT 26 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 010 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise-Rural
c. LENGTH OF STAY (in this place): Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East of Stone Airport on Strawberry Glenn Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 011 Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2725 Ash Park Lane

3. NAME OF DECEASED (Type or Print)
a. (First): MARVIN
b. (Middle): ERNIE 000
c. (Last): HORNBACK

4. DATE OF DEATH (Month) (Day) (Year): Oct. 16, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 21, 1915
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner-Operator 271
10b. KIND OF BUSINESS OR INDUSTRY: Pistol Creek Ranch 01
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Oscar James Hornback, Alliance, Neb.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Lillian Saxton, Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 519-18-1284
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Barbara L Hornback 2725 Ash Park Lane Boise, Ida

18. CAUSE OF DEATH 866X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): subarachnoid + intracerebral hemorrage — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): traumatic injuries — "
DUE TO (c): airplane crash — "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to* 17 Oct, 1965, *that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE 037 (Degree or title): Hugh Beeman, MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 25 Oct 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-19-65
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-26-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Gay A. Heikkila
LICENSE NO.: E-419

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 26 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JAN 10 1975

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4272
Local Reg. No. 510
Reg. Dist. No. 370

BIRTH NO.

RECEIVED

STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 01
OCT 20 1965
Bureau of Vital Statistics
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Treasure Valley Manor 293

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1421 No. 21st

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Grace	Ford	Horst	Oct. 16, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married 3	Feb. 6, 1894	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home 01	Sparta, Illinios	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Ford	England	Margaret Baird	U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	none	R. T. Horst	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis 292.4 — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Aplastic anemia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7/5, 1961, *to* Oct. 16, 1965, *that I last saw the deceased alive on* Oct. 16, 1965, *and that death occurred at* 9:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
005 Howard E. Allen M.D.	220 N. 1st St., Boise, Idaho	10/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 19, 1965	Cloverdale	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-20-65	Myrtle Palmer	John F. Wilkerson	E 435

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

OCT 20 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 28 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 1 1965 Bureau of Vital Statistics

State File No. 4273
Local Reg. No. 521
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 24 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 909 North 9th Street

3. NAME OF DECEASED (Type or Print)
a. (First): GRACIA
b. (Middle): LYDIA 300
c. (Last): OLDS

4. DATE OF DEATH (Month) (Day) (Year): Oct. 17, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 11, 1890
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At home 01
11. BIRTHPLACE (State or foreign country): Davisville, California
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: W. D. Farren — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Ada Lula Ultz — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Floyd I. Olds — ADDRESS: 909 N. 9th St. Boise, Idaho

18. CAUSE OF DEATH 493X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Atherosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/23/65, 19__, *to* 10/1/65, 19__, *that I last saw the deceased alive on* 10/16/65, 19__, *and that death occurred at* 7:00 AM *from the causes and on the date stated above.*

23a. SIGNATURE 054 (Degree or title): [signature] M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 10/25/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-19-65
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-28-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Ray A. Hikkila — LICENSE NO. E-419

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED
Bureau of Vital Statistics
NOV 1 1965

State File No. 4274
Local Reg. No. 522
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 15 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 907 East Krall Street

3. NAME OF DECEASED (Type or Print)
a. (First): CLELLA
b. (Middle): IDESA
c. (Last): SMITH

4. DATE OF DEATH: Oct. 17, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 22, 1896

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Sundance, Wyoming

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles F. Baker
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Arzola Waite
BIRTHPLACE: Boone, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Lillian F Miles
ADDRESS: 907 E. Krall Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 3 Wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* 10/5/60, 19__, *to* 10/17, 1965, *that I last saw the deceased alive on* 10/12, 65, *and that death occurred at* 1:00 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 10/25/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-19-65

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-28-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Gayle Heikkila
LICENSE NO.: E-419
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4275
Local Reg. No. 242
Reg. Dist. No. 371

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

OCT 28 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 010 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna rural
c. LENGTH OF STAY (If not in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna rural
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Guy
b. (Middle): D.
c. (Last): Dunlap

4. DATE OF DEATH (Month) (Day) (Year): Oct. 18, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Aug. 6, 1892
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Penn.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas J. Dunlap — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 712-07-7263
17. INFORMANT'S OWN SIGNATURE: L Ardena Dunlap — ADDRESS: Kuna

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-1-, 1955, *to* 10-18-, 1965, *that I last saw the deceased alive on* 10-13, 1965, *and that death occurred at* 12:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D. 560
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 10-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-21-65
24c. NAME OF CEMETERY OR CREMATORY: Kuna Cemetery
24d. LOCATION (City, town, or county) (State): Kuna, Idaho

DATE REC'D BY LOCAL REG.: 10-26-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Geo Jerread
LICENSE NO.: E-366

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Robison Chapel of the Chimes

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 12 1977

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4276
Local Reg. No. 533
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Ada — NOV 8 1965 — 4-04 — 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): few hours

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 011 — b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1918 North Sixteenth 010
d. STREET ADDRESS (If rural, give location): 1918 North Sixteenth

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MAE	C.	BONECHER	October 18, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	married 2	Dec. 14, 1904	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired beautician
10b. KIND OF BUSINESS OR INDUSTRY: 36 hairdressing
11. BIRTHPLACE (State or foreign country): Van Wyck, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Sult — BIRTHPLACE: 06 Fredora, Kansas
14. MOTHER'S MAIDEN NAME: Grace Hall — BIRTHPLACE: Johnson County, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 538-18-3531
17. INFORMANT'S OWN SIGNATURE: M. P. Boecher — ADDRESS: 1918 N. 16 Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8910

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) carbon monoxide poisoning

DUE TO (c) accident

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) 011 13 Boise (COUNTY) Ada (STATE) State
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): October 18, 1965 m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY occur? Garage doors close - while washing Car Carbon Monoxide -

22. *I hereby certify that I attended the deceased from* INVESTIGATION & AUTOPSY, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* add 12 noon *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. H. Cromwell 583 — (Degree or title) Acting Coroner Justice of the Peace
23b. ADDRESS: 1520 Washington Boise Idaho
23c. DATE SIGNED: 10-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 22, 1965
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) Boise (State) Idah

DATE REC'D BY LOCAL REG.: 11-8-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Dale McMasters
LICENSE NO.: E-410
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

NOV 8 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

DDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4277
Local Reg. No. 234
Reg. Dist. No. 371

STATE OF IDAHO

BIRTH NO.

RECEIVED
OCT 25 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN: Boise, Id
c. LENGTH OF STAY (in this place): 270 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: 2-06
c. CITY OR TOWN: Boise
d. STREET ADDRESS (If rural, give location): 2210 West Bannock

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) H c. (Last) McCLURG

4. DATE OF DEATH: (Month) 10 (Day) 18 (Year) 65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 12-15-92
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Janitor 11
10b. KIND OF BUSINESS OR INDUSTRY: Same 01
11. BIRTHPLACE (State or foreign country): Ill
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Henry McClurg — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Ella Rothwell — BIRTHPLACE: Wisc

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW 1 3
16. SOCIAL SECURITY NO.: 517 03 3053
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: VA Records, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cholangitis and cirrhosis. — INTERVAL BETWEEN ONSET AND DEATH: 6 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Obstruction common bile and pancreatic ducts. — 6 Months
DUE TO (c) Carcinoma head of pancreas. — 2 Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that I~~ attended the deceased from 5-1, 1965, to 10-18, 1965, ~~that I last saw the deceased alive on~~ and that death occurred at 11/30AM., from the causes and on the date stated above.

23a. SIGNATURE: Wm. W. Laxson — (Degree or title): 597
W. W. LAXSON, M.D.
23b. ADDRESS: VA Center, Boise, Idaho
23c. DATE SIGNED: 10-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/21/65
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-25-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John T. Wilkerson — LICENSE NO.: E 435
FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 25 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 5 1992

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4278
Local Reg. No. 240
Reg. Dist. No. 371

RECEIVED STATE OF IDAHO OCT 28 1965

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Bureau (Township) number): Boise, Idaho
c. LENGTH OF STAY in this place: 89 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): Box 355

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	S	FISHER	10	19	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	7-18-26	39				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Service Station Op. 74	Same 04	Sublet, Wyoming	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John L Fisher	Ind	Jennie Jesenko	Wyo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II 4	518 30 1122	John S Fisher	VA Records, Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Left pleural hemorrhage	2 Days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Metastatic fibrosarcoma of lungs with recent chest trauma.	1 Year
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VA m.		

22. ~~I last saw the deceased alive on~~ I attended the deceased from 7-22, 1965, to 10-19, 1965, ~~and last viewed the body on~~ and that death occurred at 4:40 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. W. Laxson W. W. LAXSON, M.D. 597	VA Center, Boise, Idaho	10-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	10/21/65	Marsing Homedale	Near Marsing

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-26-65	Myrtle Palmer	Lucy M. Flahiff	E 393

FIRM NAME: Flahiff Funeral Cahpel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

NOV 3 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 1 3 1995

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4279
Local Reg. No. 523
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 1 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor Nursing HOme

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5717 Cruzen

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle): MABLE 292
c. (Last): BAIRD

4. DATE OF DEATH (Month) (Day) (Year): October 20, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: May 5, 1885
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: at home 01
11. BIRTHPLACE (State or foreign country): Cawker City, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Hezekiah Shepherd — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Elizabeth Ann Adams — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: 519-58-1459
17. INFORMANT'S OWN SIGNATURE: Betty A. Gardner — ADDRESS: 5711 Cruzen Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cerebral arteriosclerosis — several yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Hypertensive heart disease — 4-5 yrs.

332X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-11, 1960, *to* 10-20, 1965, *that I last saw the deceased alive on* 10-19, 1965, *and that death occurred at* 6:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Paul F. Miner MD 364 (Degree or title)
23b. ADDRESS: 105 N. 8th St Boise, Idaho
23c. DATE SIGNED: 10/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct. 22'65
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.: 10-28-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Ray A. Heikkila — LICENSE NO.: E-419

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4280
Local Reg. No. 529
Reg. Dist. No. 370

RECEIVED NOV 5 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN: Boise
LENGTH OF STAY (in this place): 1 Week
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN: Boise
d. STREET ADDRESS: 905 Day Dr.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Ruth	Alva	Hall	Oct.	21	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Feb. 2, 1896	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Same 01
11. BIRTHPLACE (State or foreign country): Valparaiso, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: R.B. Wison — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Ida Will — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-54-0063
17. INFORMANT'S OWN SIGNATURE: Ruth M. Lott — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Ovary — INTERVAL BETWEEN ONSET AND DEATH: 6mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1965 *to* Oct 21, 1965, *that I last saw the deceased alive on* Oct 21, 1965, *and that death occurred at* 8:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Glenn E. Cullyford M.D. (Degree or title)
23b. ADDRESS: 125 E. Idaho
23c. DATE SIGNED: 10/25/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 25, 1965
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 11-3-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Carl [illegible]
LICENSE NO.: E-460
FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 30 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 9 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 12 [illegible]

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Swanson

Certificate of Death

RECEIVED OCT 27 1965 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 4281
Local Reg. No. 517
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 65 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 529 Bacon Drive

3. NAME OF DECEASED (Type or Print)
a. (First): Theodore
b. (Middle): Kenniston
c. (Last): Thomas

4. DATE OF DEATH (Month) (Day) (Year): 10 21 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 6-9-1912
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auditor 34
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Government 14
11. BIRTHPLACE (State or foreign country): Wyoming
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ridhard Thomas — BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Gertrude Kenniston — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II 4
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Mrs Thea K. Thomas — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Left Kid & Tumor Pancreas
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): C
DUE TO (c): Metastasis General

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-1, 1963 *to* 10-21, 1965 *that I last saw the deceased alive on* 10-21, 1965, *and that death occurred at* 4 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl B. Smithson MD 484
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 10-25-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-25-1965
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county): Boise — (State): Idaho

DATE REC'D BY LOCAL REG.: 10-27-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Daniel G. Gibson — LICENSE NO.: E - 400

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 27 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 1 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 4 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4282
Local Reg. No. 244
Reg. Dist. No. 371

RECEIVED
NOV 2 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 01 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
LENGTH OF STAY (in this place): 17 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 16 Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 516 16th Ave South

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Albert	L	COFFMAN	10	22	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	9-10-96	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Boiler Fireman	Same 60	Nebr.	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Coffman 32	Ind	Mary Barthes	Pa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW 1	519 03 6318	[signature]	VA Records, Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute myocardial infarction. — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease. — Unknown.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
VA m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. I last attended the deceased from 10-5, 1965, to 10-22, 1965, and that death occurred at 11:15 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. B. HINE, M.D. 597	VA Center, Boise, Idaho	10-25-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	October 25/65	Kohlerlawn Cemetery	Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-1-65	Myrtle Palmer	[signature]	E 446

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 39-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 3 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4283
Local Reg. No. 250
Reg. Dist. No. 371

BIRTH NO. 65-4168

RECEIVED NOV 16 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6608 Fairview, #9 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1115 Beachwood Drive

3. NAME OF DECEASED (Type or Print)
a. (First): TRACY
b. (Middle): LINETTE
c. (Last): DICK

4. DATE OF DEATH (Month) (Day) (Year): October 22, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: May 22, 1965
9. AGE (In years last birthday): -
IF UNDER 1 YEAR: Months 5 Days 0
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02-infant---
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alvin Curtis Dick
BIRTHPLACE: Boise, Idaho
14. MOTHER'S MAIDEN NAME: Clara Jean Britton
BIRTHPLACE: Long Beach, Cal.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): n0
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: ----
17. INFORMANT'S OWN SIGNATURE: Curtis Dick
ADDRESS: 1115 Beachwood Dr. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

491X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia c̄ acute pulmonary edema

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Klebsiella pneumoniae septicemia

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* autopsy only *19*___, *to* ___, *19*___, *that I last saw the deceased alive on* ___, *19*___, *and that death occurred at* app. 9 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Miles E. Thomas MD 529
23b. ADDRESS: 506 N 5th, Boise
23c. DATE SIGNED: 4 Nov 65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct. 25'65
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Canyon County, Idaho

DATE REC'D BY LOCAL REG.: 11-12-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: F. Richard Reed
LICENSE NO.: E-440

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4284
Local Reg. No. 520
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED NOV 1 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011 2-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 127 East Bannock Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 307 North Twenty-first Street

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): O. 600
c. (Last): BAKER

4. DATE OF DEATH (Month) (Day) (Year): October 23, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: June 23, 1872
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: at home 01
11. BIRTHPLACE (State or foreign country): Clyde, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Carey John Page — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Josephine Reed — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: ----
17. INFORMANT'S OWN SIGNATURE: L. R. Baker — ADDRESS: 417 9th Ave. North Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral vascular hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Arterial sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* for investigation only *to* app. 5 :00a *, 19___, that I last saw the deceased alive on* 583 *, 19___, and that death occurred at* 5 :00a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Justice of the Peace, Acting Ada County Coroner
23b. ADDRESS: Rm 105, Ada Co. Courthouse, Boise, Idaho
23c. DATE SIGNED: 10-25-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct. 25, 1965
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county): Boise — (State): Idaho

DATE REC'D BY LOCAL REG.: 10-28-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: J. Richard Reed
LICENSE NO.: E-440

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 30 1998

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4285
Local Reg. No. 540
Reg. Dist. No. 370

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

NOV 10 1965

1. PLACE OF DEATH
a. COUNTY: Ada 011 Bureau of Vital Statistics 2-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10. Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor Nursing Home 292

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3701 State St. Veterans Home.

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Henry
c. (Last): Wooley

4. DATE OF DEATH (Month) Oct. (Day) 24 (Year) 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Jan. 2, 1896
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor 06
10b. KIND OF BUSINESS OR INDUSTRY: 08
11. BIRTHPLACE (State or foreign country): Caldwell, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: William Luther Wooley — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Cora Ellen Harris — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW I 3
16. SOCIAL SECURITY NO.: 518-16-0601
17. INFORMANT'S OWN SIGNATURE: Roberta Abrams — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Injury c̄ Coma — 3 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1965, *to* Oct 24, 1965, *that I last saw the deceased alive on* Oct 24, 1965, *and that death occurred at* 5:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 333 — **23b. ADDRESS**: 1320 Vista Ave — **23c. DATE SIGNED**: Oct 30 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-27-65
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county): Boise — (State): Idaho

DATE REC'D BY LOCAL REG.: 11-8-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] — **LICENSE NO.**: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 19 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4286
Local Reg. No. 545
Reg. Dist. No. 370

RECEIVED
NOV 16 1965
Bureau of Vital Statistics

BIRTH NO. 3-21

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 WKS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem 23P
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Mounted Route

3. NAME OF DECEASED (Type or Print): a. (First) Fred b. (Middle) c. (Last) Mills

4. DATE OF DEATH (Month) (Day) (Year): October 24, 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: May 27, 1899

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR Months: 4 Days: 27
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: farm 01

11. BIRTHPLACE (State or foreign country): Oakley, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Mills

14. MOTHER'S MAIDEN NAME: Argenta Tanner

BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-07-3716

17. INFORMANT'S OWN SIGNATURE: X Mrs Fred Mills
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

163X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of lung with generalized metasteses — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-3-65, 19__, *to* 10-24-65, 19__, *that I last saw the deceased alive on* 10-24-65, 19__, *and that death occurred at* 10:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. Burkholder MD

23b. ADDRESS: 848 La Cassia Boise, Idaho

23c. DATE SIGNED: 11/1/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Oct. 28, 1965

24c. NAME OF CEMETERY OR CREMATORY: Emmett

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 11-12-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Glen W Beatty

LICENSE NO.: E-392

FIRM NAME: THE BEATTY CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

NOV 16 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4287
Local Reg. No. 526
Reg. Dist. No. 370

RECEIVED NOV 5 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 438 b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
d. STREET ADDRESS (If rural, give location): Box 312

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Sylvia	Estelle	Knudson	Oct. 25, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If UNDER 1 YEAR: Months / Days	If UNDER 24 HRS.: Hours / Min.
Female	White	Divorced	Nov. 10, 1882	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Own	Winterset, Iowa	U. S. A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles T. Rusk	Iowa	Elizabeth Singer	Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Mildred Bentley	Cascade Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes mellitus — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-4-65, 19___, *to* 10-25-65, 19___, *that I last saw the deceased alive on* 10-25-65 19___, *and that death occurred at* 3:00 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Maurice M. Burkley MD	848 La Cassia Boise, Idaho	10/29/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 27, 1965	Evergreen Cemetery	Ontario, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-2-65	Myrtle Palmer	Robert J Bertelsen	308

FIRM NAME: Bertelsen-Lienkaemper-Ontario, Ore

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4288
Local Reg. No. 527
Reg. Dist. No. 370

RECEIVED NOV 5 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY IN HOSPITAL OR INSTITUTION: 6 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Valley Sunset Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1118 North 12th Street

3. NAME OF DECEASED (Type or Print)
a. (First): ALEXANDER
b. (Middle): 235
c. (Last): MUHONEN

4. DATE OF DEATH: (Month) (Day) (Year): Oct. 25, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: April 23, 1886

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister-Retired

10b. KIND OF BUSINESS OR INDUSTRY: Religious 01

11. BIRTHPLACE (State or foreign country): St. Petersburg, Russia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alexander Zarekowsky
BIRTHPLACE: Poland

14. MOTHER'S MAIDEN NAME: Christina Muhonen
BIRTHPLACE: Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 519-10-0841

17. INFORMANT'S OWN SIGNATURE: Martha E. Muhonen
ADDRESS: 1118 N. 12th Boise, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia 493X
INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cerebrovascular sclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct., 1965, *to* Oct 25, 1965, *that I last saw the deceased alive on* Oct 24, 1965, *and that death occurred at* 3:45 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Blanchard MD
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-27-65
24c. NAME OF CEMETERY OR CREMATORY: Terrace Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-2-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Paul E. Stickels
LICENSE NO.: E-419
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 5 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4289
Local Reg. No. 245
Reg. Dist. No. 371

BIRTH NO.

RECEIVED NOV 5 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 011 Ada 3-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise, Idaho
LENGTH OF STAY (in this place) 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011 b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 3005 Hester Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Francis	H	SHOWALTER		10-	26	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	10-15-11	54				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY Same 0 1
11. BIRTHPLACE (State or foreign country) Oregon
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Leo Showalter
BIRTHPLACE Virginia
14. MOTHER'S MAIDEN NAME Mary Harrala
BIRTHPLACE Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 518 09 9478
17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS VA Records, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420 011

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease with coronary occlusion. — 5 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that I attended the deceased from~~ 10-22, 1965, to 10-26, 1965, ~~that I last saw the deceased alive on~~ and that death occurred at 6:30AM., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. G. STROMBERG	M.D. 5978	VA Center, Boise, Idaho	10-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-29-65	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-2-65	Myrtle Palmer	[signature]	E-419

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 3 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended November 10, 1965

Certificate of Death

STATE OF IDAHO

State File No. 4290
Local Reg. No. 536
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 011 -2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3½ Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2305 Pleasanton

3. NAME OF DECEASED (Type or Print)
a. (First): Clarence
b. (Middle): C.
c. (Last): Robinson

4. DATE OF DEATH: (Month) (Day) (Year): October 26, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 17, 1895
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction 06
10b. KIND OF BUSINESS OR INDUSTRY: Same 20
11. BIRTHPLACE (State or foreign country): Hohne, Colorado
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas Robinson — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Sally Ann Gossert — BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: James R. Jeppson — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c). 181.0

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Bladder — INTERVAL BETWEEN ONSET AND DEATH: 15 yr

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): c Secondary anemia
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Hypertension - Diabetes — 5 yr

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 19 53, *to* Oct 26, 19 65, *that I last saw the deceased alive on* Oct 26, 19 65, *and that death occurred at* 7:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. M. Chaloupka, M.D. 088 (Degree or title)
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 11-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-29-65
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-8-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Clark Sears
LICENSE NO.: E-460

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

11-10-65

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No.

Date Filed Nov. 8, 1965

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)
for Clarence C Robinson (Name on Original Certificate) who died (Was Born or Died) on Oct. 26, 1965 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Item 8 Date of Birth	Dec. 17, 1965	Dec. 17, 1895

Subscribed and sworn to before me this 10th day of November, 1965

Claude V. Magnus
Notary Public, residing at Boise
My commission expires 3/30/68
(Seal)

Signed Mary Jean Robinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2002 Tenday Dr. Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of November, 1965

J. M. Riggs
Notary Public, residing at Boise
My commission expires 7-8-69
(Seal)

Signed Bettylee Robinson
(Signature of Any Credible Person)

2002 Tenday Drive Boise, Ida
(Street Address, City, State)

FORM DH 60-155

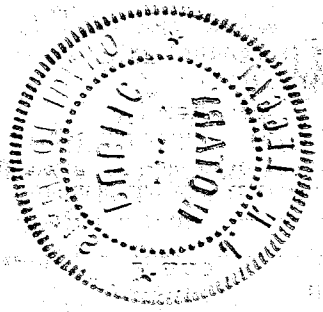

State File No.
Local Reg. No. 536
Reg. Dist. No. 370

Certificate of Death

RECEIVED
NOV 8 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3½ Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2305 Pleasanton

3. NAME OF DECEASED (Type or Print)
a. (First): Clarence
b. (Middle): C.
c. (Last): Robinson

4. DATE OF DEATH (Month) (Day) (Year): Oct. 26 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 17, 1965
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Hohne Colorado
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas Robinson — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Sally Ann Gossert — BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: James R. Jeppson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Bladder & Secondary Anemia — INTERVAL BETWEEN ONSET AND DEATH: 15 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Hypertension Diabetes — 5 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1963, *to* Oct 26, 1965, *that I last saw the deceased alive on* 10/26, 1965, *and that death occurred at* 3:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M D
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 11/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-28-65
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-8-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 8 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 10 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4291
Local Reg. No. 519
Reg. Dist. No. 370

BIRTH NO.

NOV 1 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor N. H. 292

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 011
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1009 No. 19th. St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Edward	Hall	Way	10 27, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married 3	9-1-1873	92				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Accountant 72	Unknown	Washington D. C.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Way	Maine	Kate Virginia Barber	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	----------	518-07-8391	Dale F. Walden	Boise

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Nephrosclerosis 4468	several mos.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerosis-generalized	(??) yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Chronic abscess from diverticulitis of Colon	2 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8-29, 1951 *to* 10-27, 1965, *that I last saw the deceased alive on* 10-25, 1965, *and that death occurred at* 8:15 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul F. Miner 364 M.D.	105 N. 8th St. Boise, Idaho	10/27/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-29-1965	Morris Hill Cem.	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-28-65	Myrtle Palmer	Daniel G. Gibson	E-400

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Gibson Funeral Home

NOV 1 6 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4292
Local Reg. No. 246
Reg. Dist. No. 371

BIRTH NO.

NOV 5 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada (011) 2-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 143 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (011) b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3701 State Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Charles	E	GREENWAY	10-27		65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced 4	7-29-99	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Carpenter 37	Same	Ill	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harry Greenway	Ill	Alice Burd Byron	Ill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II 44	451 10 4908	[signature]	VA Records, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Cachexia	3 Weeks
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Squamous cell carcinoma of left lower alveolar ridge.	Unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
VA m.		

22. I last attended the deceased from 6-16, 19 65, to 10-27, 19 65, and that death occurred at 8 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. J. BUNGARD M.D.	VA Center, Boise, Idaho	10-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	10-28-65		Houston, Texas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-4-65	Myrtle Palmer	[signature]	E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4293
Local Reg. No. 524
Reg. Dist. No. 370

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 NOV 2 1965 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (If not in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Treasure Valley Manor 293

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2312 Overland Rd.

3. NAME OF DECEASED (Type or Print): a. (First) Carl b. (Middle) Philip c. (Last) Tanner

4. DATE OF DEATH (Month) 10 (Day) 27 (Year) 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 5-8-1891
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Worker 70
10b. KIND OF BUSINESS OR INDUSTRY: Railroad 10
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: August Tanner — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Louise Ottman — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---------
16. SOCIAL SECURITY NO.: 486-16-5487
17. INFORMANT'S OWN SIGNATURE: Fred Edgin — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

163X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Ang — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cor pulmonale + pulmonary emphysema — 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1960, *to* 10/27, 1965, *that I last saw the deceased alive on* 0225, 1968, *and that death occurred at* 2:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 046 MD (Degree or title)
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 10-28-1965
24c. NAME OF CEMETERY OR CREMATORY: Riverview Jefferson City Cem.
24d. LOCATION (City, town, or county) (State): Jefferson City, Missouri

DATE REC'D BY LOCAL REG.: 11-1-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Daniel G. Gibson — LICENSE NO.: E - 400

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 15 1965 -

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 21 1983

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4294
Local Reg. No. 532
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 5 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: 011 Ada
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place): 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1405 East Fort Street

3. NAME OF DECEASED (Type or Print): a. (First) MATILDA b. (Middle) M. c. (Last) COLLINS

4. DATE OF DEATH: (Month) (Day) (Year): Oct. 28, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Aug. 22, 1898

9. AGE (In years last birthday): 67 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 81

10b. KIND OF BUSINESS OR INDUSTRY: at home 01

11. BIRTHPLACE (State or foreign country): St. Cloud, Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Hoagland — BIRTHPLACE: no record

14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 518-32-9727

17. INFORMANT'S OWN SIGNATURE: M. M. Collins — ADDRESS: 1405 E. Fort Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene of left foot — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — several yrs. (14 yrs.)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Coronary heart disease — 3+ yrs
Arteriosclerotic Kidney disease — 3+ yrs
thrombosis of extremity (left lower) gangrene of foot.

19a. DATE OF OPERATION: 10/27/65

19b. MAJOR FINDINGS OF OPERATION: Arteriosclerosis

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 11 1963, *to* Oct 28, 1965, *that I last saw the deceased alive on* Oct 28, 1965, *and that death occurred at* 4:45 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul F. Munert M.D.

23b. ADDRESS: 105 N 8th St Boise, Idaho

23c. DATE SIGNED: 11/1/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-30-65

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-5-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: J. Richard Reed — LICENSE NO.: E-440

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

NOV 5 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 4295
Local Reg. No. 247
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 — NOV 4 1965 — 3-25
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho — Bureau of V.S.
c. LENGTH OF STAY (in this place): 25 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 011
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Valley View Nursing Home: Boise Id
d. STREET ADDRESS (If rural, give location): Valley View Nursing Home: Boise, Id

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	K	PATTERSON	10	28	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	10-5-94	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer 04	Same 01	Ill	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Melvin Patterson	Ill	Eva Wilbur	Ill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW 1	Unknown	[signature]	VA Records, Boise, Idaho

260X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pyelitis — INTERVAL BETWEEN ONSET AND DEATH: 3½ weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes mellitus — 3 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral and coronary arteriosclerosis 5 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VA m.		

22. I hereby certify that I attended the deceased from 10-3, 1965, to 10-28, 1965, [redacted], and that death occurred at 6:PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
GLENN Q VOYLES, M.D. 597	VA Center, Boise, Idaho	10-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-1-65	Morris Hill	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-4-65	Myrtle Palmer	[signature]	E 435

FIRM NAME McBratney-Alden- Waggoner

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 5 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. NOV 8 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4296
Local Reg. No. 541
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
NOV 9 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 7 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4314 Teton St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harold	Charles	Campbell	Oct.	29	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	Oct. 30, 1918	46				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Transport Operator 13	Trucking 01	Montour, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles F. Campbell	Iowa	Elizabeth Ekstrom	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
W.W. II 4-3-41--10-18-41 1316	518-10-4207	Mona P Campbell,	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb. , 19 64 , *to* Oct 30 , 1965 , *that I last saw the deceased alive on* Oct 30 , 1965 , *and that death occurred at* 11:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Melf L. Bell, 021 M.D	Boise, Idaho	11/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-1-65	Terrace Lawn Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-9-65	Myrtle Palmer	Frank W Relyea	E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

NOV 10 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 19 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 23 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4297
Local Reg. No. 528
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED NOV 5 1965 Bureau of Vital Statistics

1. PLACE OF DEATH 011
a. COUNTY: Ada 3-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3621 Hawthorne Drive

3. NAME OF DECEASED (Type or Print)
a. (First): FRED
b. (Middle): G.
c. (Last): ENGLAND

4. DATE OF DEATH (Month) (Day) (Year): Oct. 29, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 27, 1889
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Yard Engineer 16
10b. KIND OF BUSINESS OR INDUSTRY: Canadian Pacific RR 03
11. BIRTHPLACE (State or foreign country): Rutland, North Dakota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Olaf England — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Carrie (Unknown) — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S OWN SIGNATURE: Geraldine Golden — ADDRESS: 3621 Hawthorne Boise, Idaho

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Infarct — INTERVAL BETWEEN ONSET AND DEATH: 7-10 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Congestive Failure
DUE TO (c): ASHD

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Pleural Effusion

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ?, 1964, *to* 10/30, 1965, *that I last saw the deceased alive on* 10/30, 1965, *and that death occurred at* 6:25 AM, *from the causes and on the date stated above.*

23a. SIGNATURE 368 R Bruce Moody (Degree or title): MD
23b. ADDRESS: 2429 N. Cole Rd
23c. DATE SIGNED: 10/31/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 10-30-65
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Calgary, Canada

DATE REC'D BY LOCAL REG.: 11-3-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Ray A. Heikkila — LICENSE NO.: E-419
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 21 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Information, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 5 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4298
Local Reg. No. 530
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 100 Warm Springs Avenue

3. NAME OF DECEASED (Type or Print): a. (First) PARKE b. (Middle) PAXTON c. (Last) GAVIN

4. DATE OF DEATH (Month) (Day) (Year): October 29, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Sept. 4, 1883
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): realtor 19
10b. KIND OF BUSINESS OR INDUSTRY: realty 01
11. BIRTHPLACE (State or foreign country): Barnard, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: (Unknown) Gavin — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 519-36-0960
17. INFORMANT'S OWN SIGNATURE: Mrs Barbara A. Gavin ADDRESS: 2316 Sunrise Rim Rd., Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

570.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary edema + cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Electrolyte imbalance — 36 hrs
DUE TO (c) Small bowel obstruction — 36 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease — yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1959, *to* 10-29, 1965, *that I last saw the deceased alive on* 10-29, 1965, *and that death occurred at* 11:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. D. Jones M.D. (Degree or title)
23b. ADDRESS: 303 No 5th Boise
23c. DATE SIGNED: 11-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 2, 1965
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 11-4-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Gay C. Heikkila — LICENSE NO.: E-419
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES: NOV 8 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4299
Local Reg. No. 531
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED NOV 4 1965 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 011 b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise	c. LENGTH OF STAY (in this place)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2026 Harrison Blvd. 000	d. STREET ADDRESS (If rural, give location): 2026 Harrison Blvd.

3. NAME OF DECEASED (Type or Print)	a. (First): Frank	b. (Middle): E.	c. (Last): Mayol	4. DATE OF DEATH (Month) (Day) (Year): October 30, 1965
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3	8. DATE OF BIRTH: Feb. 8, 1886	9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mdse. Executive 42	10b. KIND OF BUSINESS OR INDUSTRY: Mdse. Industry 00	11. BIRTHPLACE (State or foreign country): Ouray, Colorado	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Fred Mayol	BIRTHPLACE: France	14. MOTHER'S MAIDEN NAME: Ida Barnhardt	BIRTHPLACE: Tennessee	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 531-01-1664	17. INFORMANT'S OWN SIGNATURE: Lurline Bowles Mayol	ADDRESS	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 241X Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Bronchial Asthma & Since Childhood

DUE TO (c) Emphysemia

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Gastric hemorrhage cause undet. 3 wks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 10, 1965, *to* Oct 10, 1965, *that I last saw the deceased alive on* Oct 10, 1965, *and that death occurred at* 1230 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Carl B. Smithson MD 484 (Degree or title)	23b. ADDRESS: Boise Idaho	23c. DATE SIGNED: 11-3-65	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Nov. 3, 1965	24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: 11-4-65	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: Earl Waggoner	LICENSE NO.: E 422

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: McBratney-Alden-Waggoner Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 5 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 17 1977

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 9 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4300
Local Reg. No. 334
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada 011 3-14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise | LENGTH OF STAY (in this place) 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Restful Manor Nursing Home 392

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011 b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1708 Heron St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mattie	Jane	Ferguson	Oct. 31, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Aug. 23, 1876	89				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	01	Rodman, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Williams S. Sloan	Ohio	Bettie L.	W. Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-42-1128	Janelle Williams	Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Myocardial infarct

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Ventricular aneurism

DUE TO (c) arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
3 - 4 wks
and yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12 4 6, 19__, *to* Oct 31, 1965, *that I last saw the deceased alive on* Oct 29, 1965, *and that death occurred at* 3:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J Burns MD 065	Meridian Idaho	11/2/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-3-65	Kuna Cemetery	Kuna, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-8-65	Myrtle Palmer	Jes Snead	E-366

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Robison Chapel of the Chimes

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4301
Local Reg. No. 25
Reg. Dist. No. 300

RECEIVED OCT 14 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council 000
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 440
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	HOWARD	HERMAN 017	TAYLOR		10	3	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	12/1/1906	58	10	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farm 01	Clinch Port, Virginia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Richard Taylor	----	Rebecca Thomason	----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	540-40-9583	Emma V. Taylor	Weiser

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction 420.1 — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Council	Adams	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased* ~~alive~~ dead *on* 10-3-65, 19__, *and that death occurred at* 11:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harold Whitbeck 583 Adams County Coroner 4	Council, Idaho	10/3/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Removal 3	10/6/65	Hillcrest Cemetery	Weiser	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10/12/65		T. Dale Thomason	E-388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 19 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 26 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4302
Local Reg. No. 26
Reg. Dist. No. 300

RECEIVED
OCT 26 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams 020 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Indian Valley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 020
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Indian Valley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MARIE
b. (Middle): M.
c. (Last): McDOWELL

4. DATE OF DEATH (Month) (Day) (Year): Oct. 11, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2
8. DATE OF BIRTH: May 10, 1885
9. AGE (In years last birthday): 80 — If under 1 year: Months 5, Days 1 — If under 24 hrs.: Hours ---, Min. ----

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home 01
11. BIRTHPLACE (State or foreign country): Hautsdale, Penna.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Michael Moroz — BIRTHPLACE: ----------
14. MOTHER'S MAIDEN NAME: — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Jesse McDowell — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypertensive Heart disease — INTERVAL BETWEEN ONSET AND DEATH: gradual

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1965, *to* 10/11, 1965, *that I last saw the deceased alive on* 10/3, 1965, *and that death occurred at* 1:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles E. Palmer M.D. 698
23b. ADDRESS: Ontario, Oregon
23c. DATE SIGNED: 10-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10-14-65
24c. NAME OF CEMETERY OR CREMATORY: Indian Valley
24d. LOCATION (City, town, or county) (State): Indian Valley, Idaho

DATE REC'D BY LOCAL REG.: 10-20-65
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: R. Dale Thomason
LICENSE NO.: E-388

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 26 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4303
Local Reg. No. 27
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams 020 3-21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 020
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Meadows
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MARGUERITE
b. (Middle): 017
c. (Last): CAMPBELL

4. DATE OF DEATH (Month) (Day) (Year): October 18, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: February 25, 1892
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Educator 12
10b. KIND OF BUSINESS OR INDUSTRY: Ida. Schools 01
11. BIRTHPLACE (State or foreign country): Lafayette, Oregon
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Vestal Allen — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Emma Wright — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-38-5664
17. INFORMANT'S OWN SIGNATURE: David M. Campbell — ADDRESS: New Meadows, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Thour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-22, 1965, *to* 10-18, 1965, *that I last saw the deceased alive on* 10-18, 1965, *and that death occurred at* 9:55a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Edwards 154
23b. ADDRESS: Council, Idaho
23c. DATE SIGNED: 10-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 21, '65
24c. NAME OF CEMETERY OR CREMATORY: Meadows Valley Cem.
24d. LOCATION (City, town, or county): Meadows — (State): Idaho

DATE REC'D BY LOCAL REG.: 10-23-65
REGISTRAR'S SIGNATURE: J. E. Edwards
25. EMBALMER: Burton E. Walker — LICENSE NO.: E-386

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: WALKER FUNERAL HOME

NOV 1 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4304
Local Reg. No. 28
Reg. Dist. No. 300

BIRTH NO.

OCT 27 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Council
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Council Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240
b. COUNTY Washington 080
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cambridge
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) STELLA
b. (Middle) 017
c. (Last) BEIGH

4. DATE OF DEATH (Month) 10 (Day) 19 (Year) 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH May 1, 1887

9. AGE (In years last birthday) 78
IF UNDER 1 YEAR: Months 5 Days 18
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Own Home 01

11. BIRTHPLACE (State or foreign country) Nappanee, Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry L. Snyder
BIRTHPLACE Indiana

14. MOTHER'S MAIDEN NAME Mary Ann Hartman
BIRTHPLACE Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE x Willard Beigh
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 572.1 General Peritonitis — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured Sigmoid Diverticulum — 3 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-9- , 1965, *to* 10-19 , 1965 *that I last saw the deceased alive on* 10-19 , 1965, *and that death occurred at* 9:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS

23c. DATE SIGNED 10/19/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10/23/65

24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery

24d. LOCATION (City, town, or county) Weiser (State) Idaho

DATE REC'D BY LOCAL REG. 10/19/65

REGISTRAR'S SIGNATURE

25. EMBALMER T. Dale Thomsen

LICENSE NO. E-388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 22 1984

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 13 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4305
Local Reg. No. 392
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 15 intersate So. Pocatello

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Rt 1 Box 113, Swain Trailer Court

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	ELDON	RICHARD 000	WARD		Oct.	3	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	single	Oct 23, 1945	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
construction 06	construction 20	Malad, Oneida, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
ELDON T. WARD	Malad, Idaho	LOIS ANDREWS	Logan, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
			Eldon T. Ward	RT # 1 Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 800.1 Skull Fracture, Basal — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. + Multiple Injuries

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / ~~SUICIDE~~ / ~~HOMICIDE~~ (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident 30	Unfinished Interstate	13	Bannock Co.	Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
10-3-65 1200 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Collided with Asphalt Spreading Machine.

22. *I hereby certify that I attended the deceased from* — , 19— , *to* — , 19— , *that I last saw the deceased alive on* 10-3-, 1965, *and that death occurred at* ? m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Burton R. John 583	Coroner	Bannock Co. Idaho	10-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	Oct. 4, 1965	Malad City Cemetery	Malad, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
OCT 11 1965	Lacey Kelley	Rainford G. Benson	Malad, Idaho

BENSON FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

JAN 12 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Raiford G. Benson Lic. No. E-353 at Malad, Idaho on Oct. 4, 1965

ADDITIONAL REMARKS by Physician .....

State File No. 4306
Local Reg. No. 591
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 13 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 139 Melrose

3. NAME OF DECEASED (Type or Print)
a. (First): CARL
b. (Middle): P.
c. (Last): NELSON

4. DATE OF DEATH (Month) (Day) (Year): October 3, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 11, 1900
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Communications Chief 10
10b. KIND OF BUSINESS OR INDUSTRY: U.P.R.R. 00
11. BIRTHPLACE (State or foreign country): Pegram, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Nelson — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Rose Swa — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War II 4
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Frances C Nelson — ADDRESS: 139 Melrose

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease & cardiac arrest. — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Pulmonary Emphysema — Yes

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960, 19__, *to* 10-3-, 1965, *that I last saw the deceased alive on* 9-30, 1965, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. Miller 362, M.D.
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 10-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 6, 1965
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Memorial Gardens
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Ida.

DATE REC'D BY LOCAL REG.: OCT 8 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: F. B. [signature]
LICENSE NO.: F418

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 1 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 12 1981

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAY 14 1981

PENALTIES: Under the Idaho law, it is a misdemeanor to

JUL 30 1982

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4307
Local Reg. No. 593
Reg. Dist. No. 510

RECEIVED OCT 18 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 422½ South Second Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): ISABELL
b. (Middle): 018
c. (Last): RASMUSSEN

4. DATE OF DEATH (Month) (Day) (Year): Oct. 4, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 7, 1895
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Iman, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John A. Martin — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: June — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXXX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Oliver Rasmussen — ADDRESS: Pocatello

18. CAUSE OF DEATH 451X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) aortitis - active and inflammatory — INTERVAL BETWEEN ONSET AND DEATH: approx. 3wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) generalized athero sclerosis & hypertension — sev. yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cancerous hilar nodes. Primary few months site not found.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept. 22, 1965, *to* Oct. 4, 1965, *that I last saw the deceased alive on* Oct. 4, 1965, *and that death occurred at* 4:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Comstock, M.D.
23b. ADDRESS: Box 852, Pocatello, Idaho
23c. DATE SIGNED: 10/11/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 6, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: OCT 11 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: F. B. [signature]
LICENSE NO.: E418
FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4308
Local Reg. No. 592
Reg. Dist. No. 57

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03 OCT 22 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello, Idaho
c. LENGTH OF STAY (in this place): 11 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 048
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Gertrude	Ester	Young	Oct. 6 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	Mar. 3, 1880	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	01	Olin Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Corlus John Hopkins	Pennsylvania	Jennie Stoddard	Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY (If yes, give war or dates of service)	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-26-1745D	Frank J. Young	Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 331X Cerebral Accident — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Pocatello Bannock Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 26 65, *to* Oct 6 65, *that I last saw the deceased alive on* Oct 6, 19 65, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
248 R. Healey MD	Pocatello	Oct 18-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	Oct. 9, 1965	Montpelier Cemetery	Montpelier Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
OCT 21 1965	Sally Kellogg	John P. Gorman	E-292

FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4309
Local Reg. No. 597
Reg. Dist. No. 510

RECEIVED
OCT 22 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock (031)
b. CITY OR TOWN: Pocatello (002)
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (031) b. COUNTY: Bannock
c. CITY OR TOWN: Pocatello
d. STREET ADDRESS (If rural, give location): 324 West Sherman Street

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) W. (018) c. (Last) LATTIN

4. DATE OF DEATH: (Month) October (Day) 8 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed (2)

8. DATE OF BIRTH: December 15, 1891

9. AGE (In years last birthday): 73 (74) — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager

10b. KIND OF BUSINESS OR INDUSTRY: Apartment building (05)

11. BIRTHPLACE (State or foreign country): Gahn Kansas

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: No data — BIRTHPLACE

14. MOTHER'S MAIDEN NAME: No data — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If yes, give war or dates of service): *****

16. SOCIAL SECURITY NO.: 518-12-7355

17. INFORMANT'S OWN SIGNATURE: Mrs. J. O. Reed — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — Autopsy

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.0

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 8, 1965, *to* October 8, 1965, *that I last saw the deceased alive on* October 8, 1965, *and that death occurred at* 10:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (009) (Degree or title): M D — **23b. ADDRESS**: Pocatello, Idaho — **23c. DATE SIGNED**: Oct. 11, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Oct. 11, 1965 — **24c. NAME OF CEMETERY OR CREMATORY**: Restlawn Memorial Gardens — **24d. LOCATION** (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: OCT 18 1965 — REGISTRAR'S SIGNATURE: [signature] — **25. EMBALMER**: [signature] — LICENSE NO.: E 349

FIRM NAME: Henderson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 2 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 14 1979

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4310
Local Reg. No. 594
Reg. Dist. No. 511

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 18 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 030 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Marsh Valley Hospital 020

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): LONETTA
b. (Middle):
c. (Last): HANCOCK

4. DATE OF DEATH (Month) (Day) (Year): Oct. 10, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Sept. 17, 1885
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Syracuse, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Criddle — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Sarah Ellen Bennett — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Iva Denney — ADDRESS: Downey, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Artery Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis
DUE TO (c): Congestive Heart Failure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1952, *to* Oct, 1965, *that I last saw the deceased alive on* Oct, 1965 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 070
23b. ADDRESS: Downey Id
23c. DATE SIGNED: 10-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 13, 1965
24c. NAME OF CEMETERY OR CREMATORY: Downey Cemetery
24d. LOCATION (City, town, or county) (State): Downey, Bannock, Idaho

DATE REC'D BY LOCAL REG.: OCT 14 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: F. B. [signature]
LICENSE NO.: E418

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 4311
Local Reg. No. 2757
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 NOV 8 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY in this place: Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 914 North Main Street

3. NAME OF DECEASED (Type or Print)
a. (First): DAGNEY
b. (Middle): E. 019
c. (Last): PETERSON

4. DATE OF DEATH: October 12 1965 (Month) (Day) (Year)

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: January 14, 1890
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Beauty Operator 06
10b. KIND OF BUSINESS OR INDUSTRY: Beauty Shop 36
11. BIRTHPLACE (State or foreign country): Laramie Wyoming
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: James Larsen — BIRTHPLACE: Gjeurtrup, Denmark
14. MOTHER'S MAIDEN NAME: Christine Johnson — BIRTHPLACE: Gjeurtrup, Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): *****
16. SOCIAL SECURITY NO.: 518-32-9155
17. INFORMANT'S OWN SIGNATURE: Agnes Humerick — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia 903.0 — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Vascular Accident — 13 days
DUE TO (c): & Rt Femur

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-26-65
19b. MAJOR FINDINGS OF OPERATION: & Rt. Femur
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 01 Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 03 Pocatello, Bannock, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 26 65 10A.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: fell

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* October 12, 19 65, *that I last saw the deceased alive on* Oct. 12, 19 65, *and that death occurred at* 10:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Gilbert A Bacon 016 MD (Degree or title)
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Oct. 14, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Oct. 15, 1965
24c. NAME OF CEMETERY OR CREMATORY: Green Hill Cemetery
24d. LOCATION (City, town, or county) (State): Laramie Wyoming

DATE REC'D BY LOCAL REG.: 10-28-65
REGISTRAR'S SIGNATURE: Nancy Kenyon
25. EMBALMER: Jack Henderson
LICENSE NO.: E 349
FIRM NAME: Henderson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 8 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4312
Local Reg. No. 3758
Reg. Dist. No. 510

RECEIVED NOV 8 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1730 North Main Street

3. NAME OF DECEASED (Type or Print)
a. (First): SHON
b. (Middle):
c. (Last): PRIEST

4. DATE OF DEATH (Month) (Day) (Year): Oct. 13, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: July 18, 1963
9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child 02
10b. KIND OF BUSINESS OR INDUSTRY: XXXX 00
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jay Ronald Priest — BIRTHPLACE: Pocatello, Ida.
14. MOTHER'S MAIDEN NAME: Karon Whitaker — BIRTHPLACE: Twin Falls, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXX
16. SOCIAL SECURITY NO.: XXX
17. INFORMANT'S OWN SIGNATURE: Jay R Priest — ADDRESS:

18. CAUSE OF DEATH 812.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Basal Fracture - Skull — INTERVAL BETWEEN ONSET AND DEATH: Immed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident 04
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): City Street
21c. (CITY, TOWN, OR TOWNSHIP): 13 Pocatello 031 (COUNTY): Bannock (STATE): Idaho.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-13-65 4:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Struck by pickup.

22. *I hereby certify that I attended the deceased from* —, 19__, *to* —, 19__, *that I ~~last~~ saw the deceased* ~~alive on~~ dead 10-13, 1965, *and that death occurred at* 4:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Burton H John 583 Coroner
23b. ADDRESS: Bannock Co. Idaho
23c. DATE SIGNED: 10-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 15, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery,
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: OCT 25 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: J. B. Ashley
LICENSE NO.: E418

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 9 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 4313
Local Reg. No. 598
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH 030 OCT 22 1965
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inkom
c. LENGTH OF STAY (in this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home - no st. no. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inkom
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle):
c. (Last): PHILLIPS

4. DATE OF DEATH (Month) (Day) (Year): Oct. 13, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 12, 1884
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 01
11. BIRTHPLACE (State or foreign country): Malad, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edward Phillips — BIRTHPLACE: Wales
14. MOTHER'S MAIDEN NAME: Elizabeth Jones — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-42-9441
17. INFORMANT'S OWN SIGNATURE: Grace Phillips — ADDRESS: Inkom, Ida.

18. CAUSE OF DEATH 422.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic Cardio-Vascular — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES — Disease with recurrent cerebral thrombosis

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960, 19__, *to* 10-13, 1965, *that I last saw the deceased alive on* 10-11-, 1965, *and that death occurred at* 11 P *m., from the causes and on the date stated above.*

23a. SIGNATURE David C. Miller 362 (Degree or title) MD
23b. ADDRESS Pocatello, Idaho
23c. DATE SIGNED 10-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 18-65
24c. NAME OF CEMETERY OR CREMATORY: Inkom Cem.
24d. LOCATION (City, town, or county) (State): Inkom, Idaho

DATE REC'D BY LOCAL REG. OCT 21 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. FUNERAL DIRECTOR — ADDRESS: Downard Funeral Home, Pocatello, Idaho

John P. Gromm

Federal Security Agency
United States Public Health Service

Form DPH-48021

E-292

DUTIES:

OCT 25 1965

JUL 24 1984

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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State File No. 4314
Local Reg. No. 599
Reg. Dist. No. 510

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 030 OCT 22 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Bannock County
c. LENGTH OF STAY (in this place): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): County rd. 2½ miles west of Lava Hot Springs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 937 Wayne

3. NAME OF DECEASED (Type or Print)
a. (First): ERNEST
b. (Middle): L. 000
c. (Last): SALT

4. DATE OF DEATH (Month) (Day) (Year): Oct. 13, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 16, 1901
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): locomotive engineer 16
10b. KIND OF BUSINESS OR INDUSTRY: Railroad 03
11. BIRTHPLACE (State or foreign country): Eureka, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 712-07-2255
17. INFORMANT'S OWN SIGNATURE: Erma Salt — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

800.8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fracture-Dislocation Cervical Verlebrae — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Basal Fracture-Skull

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident 10
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 2½ mi W. of Lava H.S.
21c. (CITY, TOWN, OR TOWNSHIP) 030 (COUNTY) (STATE): 13 Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-13-65 7 P.m. 05
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Emergency Train stop. Engineer fell from trestle his unit was on.

22. *I hereby certify that I attended the deceased from* —, 19__, *to* —, 19__, *that I ~~last~~ saw the deceased* ~~alive~~ *on* 10-13-1965, *and that death occurred at* 7:05 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Burton Dohn 583 Coroner 4
23b. ADDRESS: Bannock County Idaho
23c. DATE SIGNED: 10-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct.16-65
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: OCT 21 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. FUNERAL DIRECTOR — ADDRESS: Downard Funeral, Home, Pocatello, Idaho

John P. Gomm

Federal Security Agency
United States Public Health Service

Form DPH-48021

E-292

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 25 1965

NOV 26 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

State File No. 4315
Local Reg. No. 3759
Reg. Dist. No. 510

RECEIVED NOV 8 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1144 Yellowstone

3. NAME OF DECEASED (Type or Print)
a. (First): MADGE
b. (Middle): 018
c. (Last): INGLE

4. DATE OF DEATH (Month) (Day) (Year): October 13, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 9, 1897
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): DeSoto, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph C. Rude — BIRTHPLACE: DeSoto, Ill.
14. MOTHER'S MAIDEN NAME: Minnie Long — BIRTHPLACE: White Oak, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXX
16. SOCIAL SECURITY NO.: 506-26-5333
17. INFORMANT'S OWN SIGNATURE: Wm H Matthews — ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

527.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Emphysema — INTERVAL BETWEEN ONSET AND DEATH: Several years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1963, *to* Oct 13, 1965, *that I last saw the deceased alive on* Oct 13, 1965, *and that death occurred at* P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. S. Call, M.D. 077 [signature]
23b. ADDRESS: Box 852, Pocatello, Idaho
23c. DATE SIGNED: 10/15/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Oct. 14, 1965
24c. NAME OF CEMETERY OR CREMATORY: Vase Mortuary
24d. LOCATION (City, town, or county) (State): Rock Springs, Wyoming

DATE REC'D BY LOCAL REG.: OCT 2 3 1965
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: F. B. [signature] — LICENSE NO. E418
FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 9 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4316
Local Reg. No. 607
Reg. Dist. No. 510

BIRTH NO. RECEIVED STATE OF IDAHO

OCT 22 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 03
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 1331 Yellowstone

3. NAME OF DECEASED (Type or Print) a. (First) GRACE b. (Middle) 018 c. (Last) ANDERSON

4. DATE OF DEATH (Month) (Day) (Year) Oct. 14, 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH May 12, 1912

9. AGE (In years last birthday) 53
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Anderson Trailer Court

10b. KIND OF BUSINESS OR INDUSTRY 00

11. BIRTHPLACE (State or foreign country) Hurbeak, Tennessee

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME 06 William Prather
BIRTHPLACE

14. MOTHER'S MAIDEN NAME Azzillee Gray
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) XXXX

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Ralph E. Anderson
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis
INTERVAL BETWEEN ONSET AND DEATH July 22,65

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of the Colon

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 599 Lee W. Wratten M.D.

23b. ADDRESS B4 Center Plaza, Poc. Idaho

23c. DATE SIGNED 10/18/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct. 18, 1965

24c. NAME OF CEMETERY OR CREMATORY Restlawn Mem. Gardens

24d. LOCATION (City, town, or county) (State) Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG. OCT 20 1965

REGISTRAR'S SIGNATURE Lucy Lemmon

25. EMBALMER T. B. Manning

LICENSE NO. E418

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4317
Local Reg. No. 600
Reg. Dist. No. 510

Certificate of Death

BIRTH NO.

RECEIVED STATE OF IDAHO

OCT 22 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031 2-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 4 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hillcrest Haven Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1071 Renee Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): LLOYD 294
c. (Last): CUMMINGS

4. DATE OF DEATH (Month) (Day) (Year): Oct. 14, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Aug. 26, 1903
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railway Mail Clerk
10b. KIND OF BUSINESS OR INDUSTRY: 19
11. BIRTHPLACE (State or foreign country): Hailey, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John B. Cummings 10 ~~29~~
BIRTHPLACE: Norfolk, Virginia
14. MOTHER'S MAIDEN NAME: Ada Pearson
BIRTHPLACE: Opher, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 712102024
17. INFORMANT'S OWN SIGNATURE: Patricia L. Cummings
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of lung with cerebral metastases.
INTERVAL BETWEEN ONSET AND DEATH: 15 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/13, 1965, *to* 10/14, 1965, *that I last saw the deceased alive on* 10/13, 1965, *and that death occurred at* 6:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jay P. Merkley, M.D. 354
23b. ADDRESS: P.O. Box 4064, Pocatello, Idaho
23c. DATE SIGNED: 10/14/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 18, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: OCT 19 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: F. B. [signature]
LICENSE NO.: E418

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 10 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4318
Local Reg. No. 3760
Reg. Dist. No. 510

RECEIVED
Bureau of Vital Statistics
NOV 8 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 031 Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
LENGTH OF STAY (In this place) 008
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 031
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 827 South 10th Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	PEARLE	LORENE	BRIGGS	October 14 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	April 7 1896	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper 01	At Home 01	Guthrie Oklahoma	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Prough	Indiana	Celia Nelson	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	*****		Fergus Briggs, Sr.	Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Posterior myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 3-4 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Cardiovascular disease — 1 year

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral insufficiency — None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1962 19__, *to* Oct. 14, 19 65 *that I last saw the deceased alive on* Oct. 14 19 65, *and that death occurred at* 8:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Clark Darley 406 M D		Pocatello, Idaho	Oct. 16, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 16, 1965	Restlawn Memorial Gardens	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-28-65	Lacey Kellogg	Jack Henderson	E 349

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Henderson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 8 1965
MAY 9 1966
MAY 19 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES:- Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4319
Local Reg. No. 3761
Reg. Dist. No. 510

Certificate of Death

RECEIVED
NOV 8 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 625 N. Garfield

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle):
c. (Last): STEELE

4. DATE OF DEATH (Month) (Day) (Year): Oct. 16, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Feb. 4, 1893
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian 11
10b. KIND OF BUSINESS OR INDUSTRY: School 01
11. BIRTHPLACE (State or foreign country): LaSalle, Colorado
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William T. Steele — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Sabina Flinn — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 522-10-6610
17. INFORMANT'S OWN SIGNATURE: Margaret Fowler — ADDRESS: DPA Office Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

450.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9 Sept, 1965, *to* 16 Oct, 1965, *that I last saw the deceased alive on* 16 Oct, 1965, *and that death occurred at* 3 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Glendall MD 113
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 19 Oct 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 19-65
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: OCT 22 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: John P. Gromm
LICENSE NO.: E-292

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 1 6 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 1 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4320
Local Reg. No. 3762
Reg. Dist. No. 510

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

NOV 8 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 031
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 419 North 12th Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) IRMA
b. (Middle)
c. (Last) WALTMAN

4. DATE OF DEATH (Month) (Day) (Year) Oct. 19, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Apr. 10, 1896
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home 01
11. BIRTHPLACE (State or foreign country) Petersburg, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ira N. Barkdull — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Mary Ann Bates — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) XXXXX
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Joseph A Wigant — ADDRESS Pocatello, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Sarcoma — INTERVAL BETWEEN ONSET AND DEATH 3½ y[redacted]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Sarcoma of right leg — 3½ y[redacted]
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 5, 1963, *to* Oct 19, 1965, *that I last saw the deceased alive on* Oct 19, 1965, *and that death occurred at* 11 35 p m., *from the causes and on the date stated above.*

23a. SIGNATURE L H Anderson MD (Degree or title) 009
23b. ADDRESS Pocatello Idaho
23c. DATE SIGNED 25 Oct 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 23, 1965
24c. NAME OF CEMETERY OR CREMATORY Mountainview Cemetery
24d. LOCATION (City, town, or county) (State) Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG. OCT 29 1965
REGISTRAR'S SIGNATURE Sally Kellogg
25. EMBALMER F. B. [signature]
LICENSE NO. E418

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
NOV 8 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4321
Local Reg. No. 3763
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH 031
a. COUNTY Bannock 2-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 5½ mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 030
b. COUNTY County
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Pocatello
d. STREET ADDRESS (If rural, give location) Mink Creek Road

3. NAME OF DECEASED (Type or Print)
a. (First) LOLA
b. (Middle) A.
c. (Last) HART

4. DATE OF DEATH (Month) (Day) (Year) Oct. 19, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Jan. 14, 1896
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home 01
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Calvin Summers — BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE E. O. Hart — ADDRESS San Carlos, Cali

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

176.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Squamous cell carcinoma of Vulva with abdominal metastases — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1964, 19__, *to* to 10-19, 1965, *that I last saw the deceased alive on* 10-19-, 1965, *and that death occurred at* 11 30 *m., from the causes and on the date stated above.*

23a. SIGNATURE David R. Miller, JMD (362) (Degree or title)
23b. ADDRESS Pocatello Idaho
23c. DATE SIGNED 10-22-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-22-65
24c. NAME OF CEMETERY OR CREMATORY Fielding Mem. Park
24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. 9-28-65
REGISTRAR'S SIGNATURE Sally Kellogg
25. EMBALMER John P. Gorman — LICENSE NO. E-292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4322
Local Reg. No. 602
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 17 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1414 North Garfield Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): FRED
b. (Middle): H.
c. (Last): KAY

4. DATE OF DEATH (Month) (Day) (Year): October 21 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: February 8, 1893
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher - Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Cattle - Farm 01
11. BIRTHPLACE (State or foreign country): St. Augustine, Florida
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Julliette Arrent — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: James Kay — BIRTHPLACE: Copenhagen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ******
16. SOCIAL SECURITY NO.: 518-42-8127
17. INFORMANT'S OWN SIGNATURE: X Louise Kay — ADDRESS: Pocatello

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

177X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Metastatic Carcinoma — 1 year
DUE TO (c) Carcinoma of Prostate — 3 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 9/12/61
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of prostate
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1961, *to* Oct. 21, 1965, *that I last saw the deceased alive on* Oct. 21, 1965, *and that death occurred at* 7:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C E Groom, M.D. 190
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Oct. 23, '65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 23, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pioneer Cemetery
24d. LOCATION (City, town, or county) (State): Rigby, Idaho

DATE REC'D BY LOCAL REG.: NOV 12 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Jack Henderson
LICENSE NO.: E 349

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Henderson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 22 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4323
Local Reg. No. 5765
Reg. Dist. No. 510

RECEIVED NOV 8 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural McCammon
c. LENGTH OF STAY (in this place) 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock 037
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 5000 Chinook

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHARLES	L.	SEATON	Oct. 23, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	Jan. 29, 1922	43				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician--Fishback & Moore Co 45
10b. KIND OF BUSINESS OR INDUSTRY 81
11. BIRTHPLACE (State or foreign country) Omaha, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John R. Seaton — BIRTHPLACE Nebraska
14. MOTHER'S MAIDEN NAME Mary Lovelady — BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO. 518-05-6161
17. INFORMANT'S OWN SIGNATURE Kathryn Seaton ADDRESS Pocatello, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fract. Skull — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 30 N. 2 Miles E. of McCammon
21c. (CITY, TOWN, OR TOWNSHIP) 030 (COUNTY) 13 Bannock (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-23-65 1A 30 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Car out of Control.

22. *I hereby certify that I attended the deceased from* —, 19—, *to* —, 19—, *that I last saw the deceased alive on* 10-23-, 1965, *and that death occurred at* 1:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Curtis John 583 (Degree or title) Coroner 23b. ADDRESS Bannock County 23c. DATE SIGNED 10-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 28, 1965
24c. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery
24d. LOCATION (City, town, or county) (State) Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG. NOV 2 1965
REGISTRAR'S SIGNATURE Lucy Ludwig
25. FUNERAL DIRECTOR Manning Chapel ADDRESS 510 North 12th

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 9 1965

MAR 10 1966

SEP 21 1966

OCT 18 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of [illegible] Lic. No. 409 at Pocatello on 10/23/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 4324
Local Reg. No. 576
Reg. Dist. No. 510

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Bannock 031 — NOV 8 1965 — b. CITY OR TOWN: Pocatello — LENGTH OF STAY (in this place) — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 031 — b. COUNTY: Bannock — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello — d. STREET ADDRESS (If rural, give location): 255 South Hayes

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	DENNIS	GEORGE	PLEDGER	Oct. 23, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	July 28, 1947	18				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 77	High School 05	Boise, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George H. Pledger	McCammon, Idaho	Alba Whitehead	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXXX		William B. Whitehead	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3254

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Severe brain injury — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) No other significant conditions

DUE TO (c) - he did have multiple fractures of extremities.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
no		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 030 (COUNTY) (STATE)
Accident	65th & Yellowstone	12 Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Oct. 23, 1965 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Automobile accident

22. *I hereby certify that I attended the deceased from* 10-23-65, 19___, *to* 10-23-65, 19___, *that I last saw the deceased alive on* 10-23-65, 19___, *and that death occurred at* 4:25 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	448 E. Center Pocatello, Idaho	10-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 26, 1965	Restlawn Mem. Gardens	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
OCT 2 - 1965	[signature]	[signature]	E418

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 9 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4325
Local Reg. No. 3766
Reg. Dist. No. 510

RECEIVED NOV 8 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 610 Zener

3. NAME OF DECEASED (Type or Print)
a. (First): JIM
b. (Middle): JOHNSTON
c. (Last): BAILEY

4. DATE OF DEATH (Month) (Day) (Year): Found Oct. 26, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 9, 1929
9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Massey-Ferguson 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Melvin K. Bailey — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Stella Johnston — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): Korean 6
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Jim J. Bailey — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

903.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Exposure (elements) — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Concussion, Severe brain
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 01
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home (Garage)
21c. (CITY, TOWN, OR TOWNSHIP): 13 Pocatello 031 (COUNTY): Bannock (STATE): Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10 - ? m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fell in Garage on cement floor.

22. *I hereby certify that I attended the deceased from* —, 19__, *to* —, 19__, *that I* ~~last~~ *saw the deceased* Rec'd on 10-26-, 1965, *and that death occurred at* ? *m., from the causes and on the date stated above.*

23a. SIGNATURE: Burton H. John 583 (Degree or title): Coroner 4
23b. ADDRESS: Bannock Co. Idaho
23c. DATE SIGNED: 10-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Oct. 29, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Bannock, Idaho

DATE REC'D BY LOCAL REG.: NOV 2 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: F. B. [signature]
LICENSE NO.: E418

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 9 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 9 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 16 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4326
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

OCT 18 1965

Bear Lake Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bear Lake 040
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place) 7 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home 077

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 040
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier, Idaho
d. STREET ADDRESS (If rural, give location) 828 Jackson

3. NAME OF DECEASED (Type or Print) a. (First) Glenn b. (Middle) Wood c. (Last) Lyons

4. DATE OF DEATH (Month) Oct. (Day) 9 (Year) 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH July 30, 1908

9. AGE (In years last birthday) 57 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 04

10b. KIND OF BUSINESS OR INDUSTRY 01

11. BIRTHPLACE (State or foreign country) Dingle Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Hugh W. Lyons
BIRTHPLACE Alta, Utah

14. MOTHER'S MAIDEN NAME Alice H. Cook
BIRTHPLACE Dingle Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-44-1424

17. INFORMANT'S OWN SIGNATURE Max Lyons
ADDRESS Montpelier, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____ *and that death occurred at* 10:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Jonathan H. Davies M.D. 675 (Degree or title)

23b. ADDRESS Montpelier Idaho

23c. DATE SIGNED 10/14/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct. 12, 1965

24c. NAME OF CEMETERY OR CREMATORY Dingle Cemetery

24d. LOCATION (City, town, or county) Dingle Idaho (State)

DATE REC'D BY LOCAL REG. 10/14/65

REGISTRAR'S SIGNATURE

25. EMBALMER Nile Matthews

LICENSE NO. E359

FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

NOV 1 6 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 8 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 2 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUL 3 1972

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4327
Local Reg. No.
Reg. Dist. No. 552

RECEIVED
NOV 2 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake 040
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place) 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 040
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
d. STREET ADDRESS (If rural, give location) 54 North 8th

3. NAME OF DECEASED (Type or Print)
a. (First) Iva
b. (Middle) Mae
c. (Last) Kolppa

4. DATE OF DEATH (Month) (Day) (Year) Oct 15 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Feb. 1 1907
9. AGE (In years last birthday) 58 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Lyons Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lyle Ramey
BIRTHPLACE Kansas
14. MOTHER'S MAIDEN NAME Nora Nelson
BIRTHPLACE Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 723-01-0995
17. INFORMANT'S OWN SIGNATURE George Kolppa
ADDRESS Montpelier Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

277X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Severe Steroid Osteoporosis — 8 years
DUE TO (c) Cushings Synd. 2° Steroids — 8 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Complete Hysterectomy + Bilat Oophorectomy — 25 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/15, 1965, *to* 10/11, 1965, *that I last saw the deceased alive on* 10/11, 1965, *and that death occurred at* 11 30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Jonathan H. Raines M.D. 675 (Degree or title)
23b. ADDRESS Montpelier Id
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE Oct 16 1965
24c. NAME OF CEMETERY OR CREMATORY Missoula Cemetery
24d. LOCATION (City, town, or county) (State) Missoula Montana

DATE REG'D BY LOCAL REG. 10/16/65
REGISTRAR'S SIGNATURE H. H. King
25. EMBALMER Nile Matthews
LICENSE NO. E359

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 3 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4328
Local Reg. No.
Reg. Dist. No. 552

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED NOV 17 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bear Lake 040 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 048
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bern Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Donald
b. (Middle): S 024
c. (Last): Sorenson

4. DATE OF DEATH (Month) (Day) (Year): Oct. 21, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 17, 1926
9. AGE (In years last birthday): 39 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Ovid, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Richard Spencer Sorenson — BIRTHPLACE: Smoot, Wyo.
14. MOTHER'S MAIDEN NAME: Marietta Johnson — BIRTHPLACE: Ovid Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 723-03-0375
17. INFORMANT'S OWN SIGNATURE: Donna Le Kunz Sorenson — ADDRESS: Bern Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

193.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Brain — INTERVAL BETWEEN ONSET AND DEATH: 2½ months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8-7-65
19b. MAJOR FINDINGS OF OPERATION: Cancer Brain
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 6, 1965, *to* Oct 21, 1965, *that I last saw the deceased alive on* Oct 21, 1965, *and that death occurred at* 10:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Keith Rich MD
23b. ADDRESS: Montpelier Idaho
23c. DATE SIGNED: 11-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 25, 1965
24c. NAME OF CEMETERY OR CREMATORY: Bern Idaho Cemetery
24d. LOCATION (City, town, or county) (State): Bern Idaho

DATE REC'D BY LOCAL REG.: 11/8/65
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Nile Matthews
LICENSE NO.: E359

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: NOV 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4329
Local Reg. No.
Reg. Dist. No. 552

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

NOV 17 1965

1. PLACE OF DEATH
a. COUNTY 040 Bear Lake 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho 040
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier, Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) 024 Laurence
c. (Last) Larsen

4. DATE OF DEATH (Month) (Day) (Year) Oct. 28 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH July 22, 1893
9. AGE (In years last birthday) 12 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engineer
10b. KIND OF BUSINESS OR INDUSTRY U. P. Rail Road
11. BIRTHPLACE (State or foreign country) Denmark
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lars Larsen
BIRTHPLACE 03 Denmark
14. MOTHER'S MAIDEN NAME Karen Marie Hansen
BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | (If yes, give war or dates of service) World War I 3
16. SOCIAL SECURITY NO. 712-09-6254
17. INFORMANT'S OWN SIGNATURE Mrs. John Larsen
ADDRESS Montpelier Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Emphysema — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Asthma — 25 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1965, *to* Oct 28, 1965, *that I last saw the deceased alive on* Oct 28, 1965, *and that death occurred at* 7:50 p m., *from the causes and on the date stated above.*

23a. SIGNATURE 675 Lyndhurst H. Daines MD (Degree or title)
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 11/2/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov 1, 1965
24c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery
24d. LOCATION (City, town, or county) (State) Montpelier Idaho

DATE REC'D BY LOCAL REG. 11/8/65
REGISTRAR'S SIGNATURE N. N. Kerig
25. EMBALMER Nile Matthews
LICENSE NO. E359

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 22 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 18 1965 Bureau of Vital Statistics

State File No. 4330
Local Reg. No. 43
Reg. Dist. No. 13

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 050 Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emida
c. LENGTH OF STAY (in this place) 25 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 058
b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emida
d. STREET ADDRESS (If rural, give location) - - - -

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Mathias c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year) Oct. 8 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH May 15, 1893

9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Woodswork 08

10b. KIND OF BUSINESS OR INDUSTRY Logging 07

11. BIRTHPLACE (State or foreign country) Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mathias Smith

BIRTHPLACE no data

14. MOTHER'S MAIDEN NAME no data

BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes

(If yes, give war or dates of service) 1914-1915 3

16. SOCIAL SECURITY NO. 516-16-6591

17. INFORMANT'S OWN SIGNATURE Belle L. Smith ADDRESS Emida, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metabolic Acidosis & Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinomatosis — 6 wks

DUE TO (c) Ca of Sigmoid Colon — 4-6 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

153.3

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1965, to Oct., 1965, that I last saw the deceased alive on Oct. 8, 1965, and that death occurred at 10:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE 058 (Degree or title) MD

23b. ADDRESS Moscow, Idaho

23c. DATE SIGNED Oct. 12, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct. 11, 1965

24c. NAME OF CEMETERY OR CREMATORY Corvallis Cemetery

24d. LOCATION (City, town, or county) Corvallis (State) Montana

DATE REC'D BY LOCAL REG. 10-13-65

REGISTRAR'S SIGNATURE Wanda Ainis

25. EMBALMER Gerald Browning

LICENSE NO. E-411

FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to sign the facts shall sign HIS name in addition to giving the source of information.

FEB 17 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4331
Local Reg. No. 50
Reg. Dist. No. 130

Certificate of Death

RECEIVED
OCT 25 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 050
a. COUNTY Benewah 3-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
c. LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Benewah Community Hospital 025

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 050
b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
d. STREET ADDRESS (If rural, give location) Rt. 1 St. Maries

3. NAME OF DECEASED (Type or Print)
a. (First) Thomas
b. (Middle) Henry
c. (Last) Goddard Jr.

4. DATE OF DEATH (Month) (Day) (Year) October 17 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH July 3, 1913
9. AGE (In years last birthday) 52 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 04
10b. KIND OF BUSINESS OR INDUSTRY Diversified 01
11. BIRTHPLACE (State or foreign country) Montana
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Thomas Henry Goddard Sr. BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Hulda C. Johnson BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 535-18-8498
17. INFORMANT'S OWN SIGNATURE Jane Goddard ADDRESS St. Maries, Idaho

18. CAUSE OF DEATH 204.4
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular Fibrilation Heart — INTERVAL BETWEEN ONSET AND DEATH 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Endocarditis — 10 days
DUE TO (c) Chronic Leukemia — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-24, 19 64, *to* 17 Oct., 19 65 *that I last saw the deceased alive on* 17 Oct., 19 65, *and that death occurred at* 6:32p *m., from the causes and on the date stated above.*

23a. SIGNATURE Bruce E Rabuck 427 (Degree or title) MD
23b. ADDRESS St. Maries, Idaho
23c. DATE SIGNED 10-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 21, 1965
24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State) St. Maries, Idaho

DATE REC'D BY LOCAL REG. 10-20-65
REGISTRAR'S SIGNATURE Wanda Dimico
25. EMBALMER Gerald Browning LICENSE NO. E-411

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 28 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 29 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 23 1978

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4332
Local Reg. No. 51
Reg. Dist. No. 130

RECEIVED NOV 8 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah 050 — 3-06
b. CITY OR TOWN: St. Maries — LENGTH OF STAY (in this place): 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Benewah Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 050 — b. COUNTY: Benewah
c. CITY OR TOWN: St. Maries
d. STREET ADDRESS (If rural, give location): 718 Center Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Barney (Bernhardt)	025	Sorenson	October 29, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	June 21, 1881	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fireman 32	Mill (Lumber) 20	Norway	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Soren Erikson	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-01-6333	Mrs. E. Sorensen	St. Maries Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION — 428.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion & Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Nephritis & Anemia 2 wks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-29, 1965 *to* 10-29, 1965, *that I last saw the deceased alive on* 10-29, 1965, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. D. Thurston MD	St. Maries Idaho	11-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/3/1965	Woodlawn Cemetery	St. Maries Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-3-65	Wanda Simms	W. E. Weaver	E 214

FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 15 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4333
Local Reg. No. 52
Reg. Dist. No. 130

RECEIVED NOV 8 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah 050 3-14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Benewah Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 050
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 325 Main Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Clara
b. (Middle): Marie 050
c. (Last): Nevin

4. DATE OF DEATH (Month) (Day) (Year): October 30, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 25, 1878
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Domestic 01
11. BIRTHPLACE (State or foreign country): Switzerland
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Fritz Montanden — BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: Sofia Meystre — BIRTHPLACE: France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [illegible] — ADDRESS: 325 Main Ave.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia (Terminal) — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): CA of bile ducts — 11 mo
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-30-64
19b. MAJOR FINDINGS OF OPERATION: CA of bile ducts
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-28, 1964, *to* 10-30, 1965, *that I last saw the deceased alive on* 10-30, 1965, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. D. Thurston 533, MD
23b. ADDRESS: St Maries
23c. DATE SIGNED: 10-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/4/1965
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State): St. Maries Idaho

DATE REC'D BY LOCAL REG.: 11-3-65
REGISTRAR'S SIGNATURE: Wanda Dimico
25. EMBALMER: N. E. Wesson — LICENSE NO.: E-214

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 16 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. FEB 7 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4334
Local Reg. No. 128
Reg. Dist. No. 600

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 06 — OCT 22 1965 — 2-02
b. CITY OR TOWN: Blackfoot — c. LENGTH OF STAY: 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION: State Hospital South 033

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 210 — b. COUNTY: Franklin
c. CITY OR TOWN: Clifton
d. STREET ADDRESS: Unknown

3. NAME OF DECEASED (Type or Print): a. (First) Ira — b. (Middle) W. — c. (Last) Sant

4. DATE OF DEATH (Month) (Day) (Year): September 23 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: December 28, 1899

9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer-Ret. Teacher

10b. KIND OF BUSINESS OR INDUSTRY: 04 01

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas Sant — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Jane Winterbottom — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT'S OWN SIGNATURE — ADDRESS: Med. Records-State Hospital South

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis — 420.1 — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Chronic Brain Syndrome - unknown cause — 14 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 23 July, 19 65, *to* 23 Sept 1965, *that I last saw the deceased alive on* September 19 65 *and that death occurred at* 6:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Leon F. Marlowe 594 — (Degree or title): M.D. — **23b. ADDRESS**: State Hospital-Blackfoot — **23c. DATE SIGNED**: 9/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3 — **24b. DATE**: Sept 23, 1965 — **24c. NAME OF CEMETERY OR CREMATORY** — **24d. LOCATION** (City, town, or county) (State): Preston Idaho

DATE REC'D BY LOCAL REG.: OCT 19 1965 — **REGISTRAR'S SIGNATURE**: Dorothy J. Jones — **25. EMBALMER**: L. Dean Hill — **LICENSE NO.**: E-466

FIRM NAME: for Webb Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4335
Local Reg. No. 122
Reg. Dist. No. 600

RECEIVED
OCT 22 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bingham 006
b. CITY OR TOWN Blackfoot
LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 060 b. COUNTY Bingham
c. CITY OR TOWN Fort Hall
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM b. (Middle) W. 039 c. (Last) PERRY

4. DATE OF DEATH (Month) (Day) (Year) Sept. 28, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 4

8. DATE OF BIRTH Jan. 21, 1891

9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bureau of Indian Affairs

10b. KIND OF BUSINESS OR INDUSTRY 00

11. BIRTHPLACE (State or foreign country) McCammon, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Perry
BIRTHPLACE 34

14. MOTHER'S MAIDEN NAME Margaret Stowe
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) XXX

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE William Perry Jr. ADDRESS Fort Hall, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 420.1 Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 3 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1965, *to* Death, 19____, *that I last saw the deceased alive on* Sep 27, 1965, *and that death occurred at* 2:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Ralph Yeates 183 (Degree or title) MD

23b. ADDRESS Blackfoot Idaho

23c. DATE SIGNED Sep 30 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct. 1, 1965

24c. NAME OF CEMETERY OR CREMATORY McCammon Cemetery

24d. LOCATION (City, town, or county) McCammon, Bannock, (State) Idaho

DATE REC'D BY LOCAL REG. Oct. 8, 1965

REGISTRAR'S SIGNATURE Dorothy J. Jones

25. EMBALMER T. Ba[illegible]

LICENSE NO. E418

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4336
Local Reg. No. 129
Reg. Dist. No. 600

RECEIVED

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 061 — OCT 22 1965 — 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 110 Sumac St. 080

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 06 b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 383 South Alder

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT b. (Middle) LEE c. (Last) HUMPHERYS

4. DATE OF DEATH: (Month) (Day) (Year) September 30 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: July 21, 1964

9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02

10b. KIND OF BUSINESS OR INDUSTRY: none 00

11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Rulon Dee Humpherys — BIRTHPLACE: Shelley, Idaho

14. MOTHER'S MAIDEN NAME: Lynda Beus — BIRTHPLACE: Preston, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Lynda Humpherys — ADDRESS: Blackfoot, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe burns over total body — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Burning home
DUE TO (c) Children playing with matches

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home

21c. (CITY, TOWN, OR TOWNSHIP) 061 13 Blackfoot (COUNTY) Bingham (STATE) Idaho

21d. TIME OF INJURY: (Month) 9 (Day) 30 (Year) 65 (Hour) 11:30 AM

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased* ~~xxx~~ Sept 30, *19* 65, ~~xxxx

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4337
Local Reg. No. 120
Reg. Dist. No. 600

BIRTH NO.

RECEIVED
OCT 22 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham (06)
b. CITY OR TOWN: Blackfoot
c. LENGTH OF STAY IN (this place): 2 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION: 110 Sumac St. (602)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (06)
b. COUNTY: Bingham
c. CITY OR TOWN: Blackfoot
d. STREET ADDRESS (If rural, give location): 39 North University

3. NAME OF DECEASED (Type or Print): a. (First) Curtis; b. (Middle) Evan; c. (Last) LeFevre

4. DATE OF DEATH (Month) (Day) (Year): Sept 30 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married (7)

8. DATE OF BIRTH: Feb 7, 1965

9. AGE (In years last birthday): 7 | If under 1 year: Months 7, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none (02)

10b. KIND OF BUSINESS OR INDUSTRY: none (00)

11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Leonard LeFevre — BIRTHPLACE: Blackfoot, Idaho

14. MOTHER'S MAIDEN NAME: Ilene Bercier — BIRTHPLACE: Belcourt, N. Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe burns over total body — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Burning home
DUE TO (c) Children playing with matches

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): (01) home

21c. (CITY, TOWN, OR TOWNSHIP) (13) Blackfoot (COUNTY) Bingham (STATE) Idaho

21d. TIME OF INJURY (Month) 9 (Day) 30 (Year) 65 (Hour) 11:30 AM

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 30, *1965, that I last saw the deceased alive on ~~xxxxxxxxxxxxxxxx~~, and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (583) — (Degree or title) Coroner, Bingham county

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: Oct 4,65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Oct 4, 1965

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: OCT 19 1965

REGISTRAR'S SIGNATURE: Dorothy L. Jones

25. EMBALMER: [signature]

LICENSE NO.: E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4338
Local Reg. No. 137
Reg. Dist. No. 601

RECEIVED
OCT 22 1965
Bureau of Vital Statistics

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham 060 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley, R#1
c. LENGTH OF STAY (at this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060 b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley,
d. STREET ADDRESS (If rural, give location): R#1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Elenora	Arave	Cox	Oct 1 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White;	Widowed 2	16 Sept 1871	94				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	01	Hooper Utah	U.S.A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Nelson Arave	Canada	Susan Arline Wadsworth	Main

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Lenora Cox	R#1 Shelley Idah

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 493X Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: Approx 3 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Arteriosclerotic heart disease

Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis Chronic brain syndrome

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1 Oct, 1965, *to* 1 Oct, 1965, *that I last saw the deceased alive on* 1 Oct, 1965, *and that death occurred at* 11:00 PM m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Sam O. Johnson 262	MD	Idaho Falls Idaho	9 Oct 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 5, 1965	Taylor	Idaho Falls, Rt. Bonneville Ida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 19, 1965	Dorothy J. Jones	L. M. Walder	E 275

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Walder Funeral Home

DUTIES:

SEP 28 1981

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 28 1982

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4339
Local Reg. No. 126
Reg. Dist. No. 600

RECEIVED
Bureau of Vital Statistics
OCT 22 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
c. LENGTH OF STAY (in this place) 2 years

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 061 b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
d. STREET ADDRESS (If rural, give location)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bingham county nursing home

3. NAME OF DECEASED (Type or Print) a. (First) MINNIE b. (Middle) JANE 304 c. (Last) SMITH

4. DATE OF DEATH (Month) (Day) (Year) October 1, 1965

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH Sept 2, 1882
9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home 01
11. BIRTHPLACE (State or foreign country) South Cottonwood, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Hobley BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Sophia Severson BIRTHPLACE Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE Ruth D. Hopkins ADDRESS Blackfoot, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Sclerosis — Not known

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes mellitus — 10 yrs
Hypertension — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ? *1960, to* Oct 1 *, 1965, that I last saw the deceased alive on* Oct 1 *, 1965, and that death occurred at* 6:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE Jon Sadler 404 (Degree or title) M.D.
23b. ADDRESS Blackfoot, Idaho
23c. DATE SIGNED Oct 3, 65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Oct 4, 1965
24c. NAME OF CEMETERY OR CREMATORY Grove City Cemetery
24d. LOCATION (City, town, or county) Blackfoot (State) Idaho

DATE REC'D BY LOCAL REG. OCT 19 1965
REGISTRAR'S SIGNATURE Dorothy L. Jones
25. EMBALMER C. Dean Hill
LICENSE NO. E-466

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Sandberg-Hill Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 22 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4340
Local Reg. No. 123
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BINGHAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 46 yr 2 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL SOUTH 033

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 00 TRANSIENT
b. COUNTY: 000
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DIONISIO	(NONE)	FLORES	OCT. 7, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
MALE	MEXICAN	SINGLE	May 22, 1879	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABORER 06	UNKNOWN 00	MEXICO	MEXICO

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
MANUEL FLORES	MEXICO	MARGUERITA GONZALES	MEXICO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Unknown		Mary Wayne	Records State Hosp. South Blft, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident, — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension, Severe — 2 months

DUE TO (c) Atherosclerotic Vascular dis. — 15 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. COPD; senile brain disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9/27, 1965, *to* 10/7, 1965, *that I last saw the deceased alive on* 10/7, 1965, *and that death occurred at* 2:41 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Eric F. Holt MD	Blackfoot, Idaho State Hospital South	10/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-13-65	State Hosp. So. Cem.	Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct. 14, 1965	Dorothy L. Jones	Howard Packham	Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

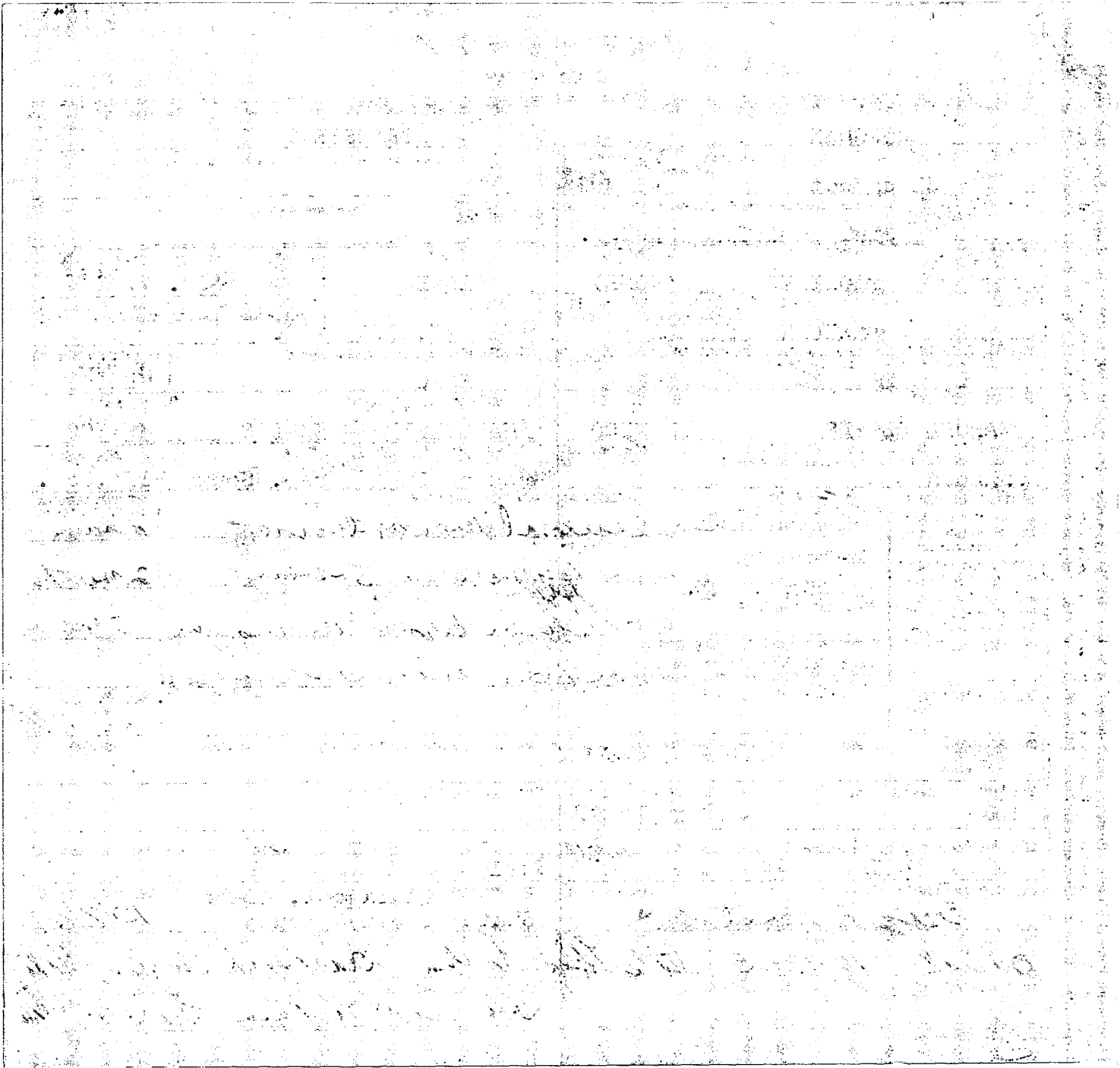

Certificate of Death

STATE OF IDAHO

State File No. 4341
Local Reg. No. 127
Reg. Dist. No. 600

RECEIVED
Bureau of Vital Statistics
OCT 22 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bingham 06
b. CITY OR TOWN Blackfoot
c. LENGTH OF STAY (in this place) 17yr3mon
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital South 033

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 01
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 4727 Wylie Lane

3. NAME OF DECEASED (Type or Print)
a. (First) Arvid
b. (Middle) Lee
c. (Last) Hallstrom

4. DATE OF DEATH (Month) (Day) (Year) October 8 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 7
8. DATE OF BIRTH October 13 1910
9. AGE (In years last birthday) 54 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck-Driver 13
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Carl J. Hallstrom
BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Arvie L. Lorton
BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT'S OWN SIGNATURE Mary O Payne **ADDRESS** Med. Records - State Hospital South

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 29, 1948, *to* 8 October, 1965, *that I last saw the deceased alive on* 8 October, 1965, *and that death occurred at* 6:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE 594 Leon F. Marlowe **(Degree or title)** M.D.
23b. ADDRESS Blackfoot, Idaho State Hospital South
23c. DATE SIGNED 10/8/1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE Oct 8, 1965
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Caldwell (State) Idaho

DATE REC'D BY LOCAL REG. OCT 19 1965
REGISTRAR'S SIGNATURE Dorothy J. Jones
25. EMBALMER C. Dean Hill
LICENSE NO. E-466
FIRM NAME: For Flahiff Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4342
Local Reg. No. 125
Reg. Dist. No. 600

RECEIVED Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 06 | OCT 22 1965 | 1-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot | LENGTH OF STAY (in this place): 6 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 06 | b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 265 East Pacific

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	HARRY	ALBERT	PENOYER	October 12, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	divorced 4	Dec 3, 1885	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Syracuse, New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Saccor Penoyer — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Mary Lacker — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 519-14-0909
17. INFORMANT'S OWN SIGNATURE: X Robert L. Penoyer — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric Thrombosis — 450.9 — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1965, *to* Oct 12, 1965, *that I last saw the deceased alive on* Oct 12, 1965, *and that death occurred at* 3:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
LaVar M. Wathers M.D.	Blackfoot, Idaho	Oct 13,65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 14,65	Grove City Cemetery	Blackfoot Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
OCT 19 1965	Dorothy J. Jones	C. Dean Hill	E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 25 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Hoge

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 4343
Local Reg. No. 133
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 061 Bingham NOV 15 1965
b. CITY OR TOWN Blackfoot
c. LENGTH OF STAY IN THIS PLACE 51
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 159 South Fisher

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 061
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
d. STREET ADDRESS (If rural, give location) 159 South Fisher

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Rhoda	Mary	Wilson	October 17, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	widowed 2	March 24, 1892	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper 01	Hotel and Own Home 01	Millcreek, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James T. Walters	England	Jane Evans	Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-24-2207	Vena M. Kline	Blft., Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pneumonia	1 week
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Diabetes mellitus	10 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Old Stroke	6 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12 Oct, 19 65, to 17 Oct, 19 65, *that I last saw the deceased alive on* 12 Oct, 19 65, *and that death occurred at* 4:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Walter L Hoge 234	M.D.	53 Poplar Blackfoot, Idaho	10-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-21-65	Grove City Cemetery	Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 22, 1965	Dorothy L Jones	Howard Packham	E-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 1 4 1965

APR 1 4 1966

SEP 13 1982

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4344
Local Reg. No. 124
Reg. Dist. No. 600

BIRTH NO.

RECEIVED OCT 22 1965 2-04

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham 06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): Bureau of Vital Statistics 4 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham county nursing home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham 06
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 10 North Stout

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): H.
c. (Last): YOST

4. DATE OF DEATH: October 18, 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: August 1, 1886

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 01

11. BIRTHPLACE (State or foreign country): Harvard, Nebraska

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry H. Yost
BIRTHPLACE: Norka, Russia

14. MOTHER'S MAIDEN NAME: Magdeline Dianes
BIRTHPLACE: Norka, Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-10-2662

17. INFORMANT'S OWN SIGNATURE: Anna M. Yost
ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Brain Tumor 237X
INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9 June, 1965, *to* Oct 18, 1965, *that I last saw the deceased alive on* Oct 18, 1965, *and that death occurred at* 2:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter B Hoge 234
(Degree or title): M.D.

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: Oct 19,65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct 21,65

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: OCT 19 1965

REGISTRAR'S SIGNATURE: Dorothy J Jones

25. EMBALMER: L. Dean Hill
LICENSE NO.: E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

OCT 25 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED

State File No. 4345
Local Reg. No. 134
Reg. Dist. No. 6.0.0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 061 NOV 15 1965 2-04 Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 4mo22days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South 033

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1130 Lincoln Street

3. NAME OF DECEASED (Type or Print): a. (First) Willard b. (Middle) C c. (Last) Miller

4. DATE OF DEATH (Month) (Day) (Year): October 18 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: March 22, 1888

9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal-Miner 07

10b. KIND OF BUSINESS OR INDUSTRY: Coal mining 01

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Miller — BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: Nan ~~McRaskey~~ Ratliff — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mary P Payne — ADDRESS: Med. Records State Hospital South

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 5 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) cerebral arteriosclerosis and Thrombosis.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 26 May, 19 65, *to* 18 October 19 65, *that I last saw the deceased alive on* 18 October 19 65 *and that death occurred at* 9:50a m., *from the causes and on the date stated above.*

23a. SIGNATURE Eric F. Holt M.D. 594 (Degree or title)

23b. ADDRESS State Hospital So. Blackfoot, Idaho

23c. DATE SIGNED 10/19/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-20-65

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Oct 22, 1965

REGISTRAR'S SIGNATURE: Dorothy L. Jones

25. EMBALMER: Howard Packham — LICENSE NO.: E-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 1 3 1988

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4346
Local Reg. No. 132
Reg. Dist. No. 601

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 15 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 060 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Blackfoot
c. LENGTH OF STAY (In this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1½ mi.W,1 mi. N. Rockford 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 061
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 1130 So. Broadway Box 191

3. NAME OF DECEASED (Type or Print)
a. (First): Roy
b. (Middle):
c. (Last): Butterfield

4. DATE OF DEATH (Month) (Day) (Year): Oct. 23, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2
8. DATE OF BIRTH: Aug. 15, 1908
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ironworker 06
10b. KIND OF BUSINESS OR INDUSTRY: Construction 20
11. BIRTHPLACE (State or foreign country): Rockland, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Robert Butterfield — BIRTHPLACE: Oxford, Idh.
14. MOTHER'S MAIDEN NAME: Adelia Quigley — BIRTHPLACE: Clarkston, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-09-7868
17. INFORMANT'S OWN SIGNATURE: Freda M. Butterfield — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

919.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shot in chest with 12gs. Shotgun — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Falling forward, using gun as prop and
DUE TO (c) discharging

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 02 Farm
21c. (CITY, TOWN, OR TOWNSHIP) 060 **(COUNTY)** 13 Rockford, Bingham — **(STATE)** Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-23-65 2: P. m. 2
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see him alive, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 2:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl Staley 583 — (Degree or title): Coroner
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 10-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-27-65
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Nov 4, 1965
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: Howard Packham — LICENSE NO.: E-338

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Howard Packham Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 1 6 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can Issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4347
Local Reg. No. 54
Reg. Dist. No. 410

RECEIVED
OCT 22 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural, Ketchum
c. LENGTH OF STAY (in this place) 40D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ole Creek Rd. 7 mi east of Smiley Creek Lodge 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 070
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. STREET ADDRESS (If rural, give location) 615 East Main

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EDWIN	HARLAND	HALVERSON	Sept. 29, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	married 3	Jan. 15, 1908	57		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
contractor 73	construction 02	Stanton, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John N. Halverson, Sr.	Nebraska	Lena Erickson	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-34-2909	Mrs Donna Halverson	Jerome, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Presumed natural causes — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. Scott Rauch MD 583	Coroner Blaine County	Sun Valley Idaho	10/14/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 2, 1965	Jerome Cemetery	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 19-65	Robert A. Wright, per C.B.W.	W. L. Hove	E-431

FIRM NAME: Hove Funeral Chapel, Jerome

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

OCT 25 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4348
Local Reg. No. 33
Reg. Dist. No. 410

OCT 18 1965

Bureau of Vital Statistics

1. PLACE OF DEATH

a. COUNTY: Blaine 070

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ketchum

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sun Valley Hospital 036

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 070

b. COUNTY: Blaine

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ketchum

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): Ruth

b. (Middle): L.

c. (Last): Crabtree

4. DATE OF DEATH (Month) (Day) (Year): Oct. 2 1965

5. SEX: Female

6. COLOR OR RACE: Wht

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Dec. 3, 1912

9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): South Pasadena, Calif.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Walter A. Gillett — BIRTHPLACE: unk

14. MOTHER'S MAIDEN NAME: Unk — BIRTHPLACE: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: Jennell B. Crabtree — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 581.1 Laennec's (alcoholic) cirrhosis — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 30th, 1965, *to* Oct 2, 1965, *that I last saw the deceased alive on* Oct 2, 1965, *and that death occurred at* 10 15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD

23b. ADDRESS: Sun Valley Idaho

23c. DATE SIGNED: Oct 7 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 2

24b. DATE: Oct. 6, 65

24c. NAME OF CEMETERY OR CREMATORY: Mtn. View Memorial

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: Oct 15-65

REGISTRAR'S SIGNATURE: Robert H. Wright

25. EMBALMER: Ruth Bird — LICENSE NO.: E 373

FIRM NAME: Bird Mortuary Hailey, Idaho

Federal Security Agency
United States Public Health Service

Form DH-63021 per CBW

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 16 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 4349
Local Reg. No. 26
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine 070 OCT 29 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sun Valley
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sun Valley Hospital 036

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 020 b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ketchum
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	WALTER	W.	HULIT		Oct.	18,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 2	Dec. 25, 1913	51				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
driver 3	ambulance Fire Truck 01	Beatrice, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harry C. Hulit,	Plainville, Kan.	Effie Maude Pitman,	Plainville, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	WW 2	518-22-8997	Ruby F Hulit	Ketchum, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial infarction	Hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary occlusion	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES X NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 9 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. B. Sowers MD	Sun Valley Idaho	Oct 20 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/22/65	Ketchum Cemetery	Ketchum, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 26-65	Robert A. Wright Reg & Sec	Keith Bird	E-373

FIRM NAME: Bird Funeral Home, Hailey, Idaho

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 2 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4350
Local Reg. No. 37
Reg. Dist. No. 410

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

OCT 29 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Blaine 070 000
b. CITY OR TOWN Hailey
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Blaine Co. Hosp. 037

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 070
b. COUNTY Blaine
c. CITY OR TOWN Hailey
d. STREET ADDRESS 316 3rd Ave. South

3. NAME OF DECEASED (Type or Print)
a. (First) Anthony
b. (Middle) T.
c. (Last) Bonin

4. DATE OF DEATH (Month) (Day) (Year) Oct. 24, 1965

5. SEX male
6. COLOR OR RACE Italian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH Sept. 30, 1887
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gen. Contractor 73
10b. KIND OF BUSINESS OR INDUSTRY retired 01
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Pete Bonin — BIRTHPLACE Italy
14. MOTHER'S MAIDEN NAME Anna Zulania — BIRTHPLACE Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes — (If yes, give war or dates of service) WW 1 3
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs D J Christante — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

526X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHIECTASIS — INTERVAL BETWEEN ONSET AND DEATH MANY YRS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CHRONIC PULMONARY INFECTION
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1964, 19__, *to* OCT 24, 1965, *that I last saw the deceased alive on* OCT. 23, 1965, *and that death occurred at* 3:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Alden M Parker MD 402 (Degree or title)
23b. ADDRESS Box 37 Hailey Idaho
23c. DATE SIGNED 10-25-65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 10/26/65
24c. NAME OF CEMETERY OR CREMATORY Hailey Cemetery
24d. LOCATION (City, town, or county) (State) Hailey, Idaho

DATE REC'D BY LOCAL REG. Oct 27-65
REGISTRAR'S SIGNATURE Robert H. Wright per CBW
25. EMBALMER Keith Bird — LICENSE NO. E 373
FIRM NAME: Bird Funeral Home, Hailey, Ida

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 2 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 5 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4351
Local Reg. No. 38
Reg. Dist. No. 4410

RECEIVED NOV 3 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blaine Co. Hospital 037

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 070
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location): River Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ELVA	ALTHEA	YOUNG	Oct. 25, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed 2	March 5, 1898	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	01	Taylorsville, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James A. Wheller	Salt Lake, Utah	Annie E. Makay	Taylorsville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-30-3385	Reed W Young	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2wk + 1hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — Several years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nov 1, 1965, *to* Oct 25, 1965, *that I last saw the deceased alive on* 10-25, 1965, *and that death occurred at* 4:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
407 Andrew Paulsrud	Hailey, Idaho	10-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/28/65	Hailey Cemetery	Hailey, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 31-65	Robert H. Wright per Keith Bird Keith Bird	Keith Bird	E-373

FIRM NAME: Bird Funeral Home, Hailey, Ida

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 9 1965

FEB 18 2089

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16, inclusive. In case of facts taken from hospital or public records, the person authorized to sign the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4352
Local Reg. No. 39
Reg. Dist. No. 410

Certificate of Death

RECEIVED NOV 5 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine 070 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Carey
c. LENGTH OF CITY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) residence 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 070 b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Carey
d. STREET ADDRESS (If rural, give location) Main Street

3. NAME OF DECEASED (Type or Print)
a. (First) LESLIE GENE b. (Middle) c. (Last) GREEN

4. DATE OF DEATH (Month) (Day) (Year) Oct. 28, 1965

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH July 25, 1900
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 00
10b. KIND OF BUSINESS OR INDUSTRY 00
11. BIRTHPLACE (State or foreign country) St Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Tuberbell Green, BIRTHPLACE St.Louis, Mo.
14. MOTHER'S MAIDEN NAME Luella Cooper BIRTHPLACE FlatRiver, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-34-2622
17. INFORMANT'S OWN SIGNATURE Nubby Lee Green ADDRESS Carey, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH 9 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Emphysema, severe — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1964, *to* October, 1965, *that I last saw the deceased alive on* Oct 12, 1965, *and that death occurred at* 10 am *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 386 (Degree or title)
23b. ADDRESS Box 68 Shoshone Idaho
23c. DATE SIGNED 10-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10/29/65
24c. NAME OF CEMETERY OR CREMATORY Carey Cemetery
24d. LOCATION (City, town, or county) (State) Carey, Idaho

DATE REC'D BY LOCAL REG. Nov-3-65
REGISTRAR'S SIGNATURE Robert H. Wright for Keith Bird
25. EMBALMER Keith Bird LICENSE NO. E-373
FIRM NAME: Bird Funeral Home, Hailey, Ida

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN ... ould be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLAC... record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL ...TICS, BOISE, IDAHO

DUTIES:

DEC 1 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4353
Local Reg. No. 352
Reg. Dist. No.

RECEIVED OCT 12 1965 Bureau of

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 080 Boise 3-02
b. CITY OR TOWN 12 mi.SE Idaho City
LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Meadow Creek area 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 01 b. COUNTY Ada
c. CITY OR TOWN Boise
d. STREET ADDRESS (If rural, give location) 1607 North 15th

3. NAME OF DECEASED (Type or Print)
a. (First) WALTER b. (Middle) LESLIE c. (Last) ELAM

4. DATE OF DEATH (Month) (Day) (Year) October 3 1965

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 4

8. DATE OF BIRTH Nov. 7, 1906

9. AGE (In years last birthday) 59 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) custodian 11

10b. KIND OF BUSINESS OR INDUSTRY school 01

11. BIRTHPLACE (State or foreign country) Codell, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Elam
BIRTHPLACE Iowa

14. MOTHER'S MAIDEN NAME Cora Van Buren
BIRTHPLACE New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. 519-16-1194

17. INFORMANT'S OWN SIGNATURE Norman Green ADDRESS Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 9244 strangulation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) suicide 12

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) forest area 13

21c. (CITY, TOWN, OR TOWNSHIP) Meadow Creek area (COUNTY) 080 Boise (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* INVESTIGATION ONLY, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Ralph Lamaring 583 (Degree or title) Coroner 4

23b. ADDRESS Idaho City, Idaho

23c. DATE SIGNED Oct 9-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct. 8'65

24c. NAME OF CEMETERY OR CREMATORY Dry Creek Cemetery

24d. LOCATION (City, town, or county) Boise (State) Idaho

DATE REC'D BY LOCAL REG. 10/9/65

REGISTRAR'S SIGNATURE Mrs E. S. Robison

25. EMBALMER Daniel L. Gibson

LICENSE NO. E- 400

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4354
Local Reg. No. 352
Reg. Dist. No.

RECEIVED OCT 18 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boise 060 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lowman
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 12 mi. No. Clear Creek 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Mitchell
c. (Last): Howard

4. DATE OF DEATH (Month) (Day) (Year): Oct. 7, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: March 20, 1918
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months 6, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): sawyer 09
10b. KIND OF BUSINESS OR INDUSTRY: lumber 01
11. BIRTHPLACE (State or foreign country): Emmett, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Combs Howrad — BIRTHPLACE: Montana
14. MOTHER'S MAIDEN NAME: Mable Crank — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WWII 4
16. SOCIAL SECURITY NO.: 519-07-5563
17. INFORMANT'S OWN SIGNATURE: X Allen K Howard — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

910.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal hemorrhage, traumatic — INTERVAL BETWEEN ONSET AND DEATH: 3 1/2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) none
DUE TO (c) none

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 12
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Near Lowman, Idaho
21c. (CITY, TOWN, OR TOWNSHIP) 080 (COUNTY) (STATE): 13 Lowman 13 Boise Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): October 7, 1965 10:00 AM
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Apparently struck by a rock dislodged by a tree

22. *I hereby certify that I attended the deceased from* seen only in Emergency Room at St Alphonsus, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 1:15 P *m., from the causes and on the date stated above.* on day of death

23a. SIGNATURE (Degree or title): Quentin E. Howard 247 MD
23b. ADDRESS: 401 Idaho St
23c. DATE SIGNED: Oct 13, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 1
24b. DATE: Oct. 12, 1865
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 10/15/65
REGISTRAR'S SIGNATURE: Mrs E. S. Robeson
25. EMBALMER: Glenn W Beatty
LICENSE NO.: E-392

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: THE BEATTY CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 17 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 5 1986

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4355
Local Reg. No. 331
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

RECEIVED
OCT 20 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Boise 080	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 080 b. COUNTY: Boise
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Horse Shoe Bend	c. LENGTH OF STAY (in this place): 10 Years
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Horse Shoe Bend	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence - Horse Shoe Bend	d. STREET ADDRESS (If rural, give location): Hwy. 15 - Horse Shoe Bend

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mary	Louise 000	Ranft	10 13 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	3 - 22 - 1880	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home 01	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Gribbon	Ireland	Margaret Henvey	Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		No	Mrs Sam Charles	Cardena

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hi Blood pressure

DUE TO (c) & senility HBP

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
	✓	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1940, *to* Sep 28, 1965, *that I last saw the deceased alive on* Sep 28, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
S W Forney 172 MD (Degree or title)	Boise Ida	10/15/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-18-1965	Placerville Cemetery	Placerville Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10/18/65	Mrs E. S. Robison	Daniel G. Gibson	E - 400

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

NR

Certificate of Death

State File No. 4356
Local Reg. No. 352
Reg. Dist. No.

BIRTH NO.

RECEIVED
NOV 8 1965
Bureau of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Boise 080
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Garden Valley
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 miles East Garden Valley

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 080
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crouch
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MICHAEL
b. (Middle): LAUDIE 000
c. (Last): Kalousek

4. DATE OF DEATH (Month) (Day) (Year): Oct. 28, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married 1
8. DATE OF BIRTH: Feb.26, 1946
9. AGE (In years last birthday): 19 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger 68
10b. KIND OF BUSINESS OR INDUSTRY: Logging 02
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Laudie Kalousek — BIRTHPLACE: North Dakota
14. MOTHER'S MAIDEN NAME: Beverly Sebree — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 567 70 2567
17. INFORMANT'S OWN SIGNATURE: Mrs. H.W. Cahill — ADDRESS: Crouch, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Broken neck — 825.4

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): auto accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 7:30P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph Lansing 583 Coroner
23b. ADDRESS: Ida City
23c. DATE SIGNED: Nov. 3 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov.2,1965
24c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery
24d. LOCATION (City, town, or county) (State): Acnyon County Idaho

DATE REC'D BY LOCAL REG.: 11/5/65
REGISTRAR'S SIGNATURE: Mrs E. S. Robison
25. EMBALMER: Larry D. Kroush
LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: ALSIP FUNERAL CHAPEL
ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 12 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 16 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 18 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4357
Local Reg. No. 119
Reg. Dist. No. 110

BIRTH NO. 65-10067

RECEIVED OCT 25 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
LENGTH OF STAY (in this place): 000
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 091
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Raymond b. (Middle) Bruce 039 c. (Last) Davis

4. DATE OF DEATH: (Month) Sept. (Day) 5 (Year) 1965

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ------

8. DATE OF BIRTH: Sept. 5, 1965

9. AGE (In years last birthday): ----- IF UNDER 1 YEAR Months: --- Days: --- IF UNDER 24 HRS. Hours: 1 Min.: 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -------- 02

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Raymond Davis
BIRTHPLACE: Washington

14. MOTHER'S MAIDEN NAME: Mary Ann Bradetich
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ------

17. INFORMANT'S OWN SIGNATURE: Raymond B. Davis
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

762.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 1hr - 25 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prematurity
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-5, 1965 *to* 9-5, 1965, *that I last saw the deceased alive on* 9-5-65, 1965, *and that death occurred at* 2:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert L. Smith (Degree or title) MD
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 9-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 8, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Oct. 21 1965
REGISTRAR'S SIGNATURE: Faylis G. Willetts

25. EMBALMER: L. G. Moon, Jr.
LICENSE NO.: E-405

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form D-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4358
Local Reg. No. 118
Reg. Dist. No. 110

Certificate of Death

RECEIVED
OCT 25 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 27
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Mabel
b. (Middle): Isabella
c. (Last): Dunn

4. DATE OF DEATH (Month) (Day) (Year): Sept. 28 1965

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: May 27, 1912
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher 12
10b. KIND OF BUSINESS OR INDUSTRY: Public Schools 01
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY?: USa

13. FATHER'S NAME: Ole Knudt Walseth — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Alida Nelson Walseth — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 474-14-4788
17. INFORMANT'S OWN SIGNATURE: X Robert D. Dunn — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Melastatic Adenocarcinoma
DUE TO (c) of the Cervix

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1962
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 21, 1965 *to* Sept 27, 1965, *that I last saw the deceased alive on* Sept 26, 1965, *and that death occurred at* 1 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Munson 382 M.D.
23b. ADDRESS: Sandpoint Ida
23c. DATE SIGNED: 10-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: October 2, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Oct. 19, 1965
REGISTRAR'S SIGNATURE: Phyllis Y. Tibbetts
25. EMBALMER: Barry D. Nelson — LICENSE NO.: E-455

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4359
Local Reg. No. 116
Reg. Dist. No. 110

RECEIVED
OCT 18 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091 4-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 091
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 714 Poplar

3. NAME OF DECEASED (Type or Print)
a. (First): Raymond
b. (Middle): G.
c. (Last): Gilbertson

4. DATE OF DEATH (Month) (Day) (Year): Oct. 1 1965

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: Oct. 16, 1890
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY: Retired 01
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Herman G. Gilbertson — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Karia Johnson — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WWI 3
16. SOCIAL SECURITY NO.: 518-12-3766
17. INFORMANT'S OWN SIGNATURE: Johanne Gilbertson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1962 *to* Oct 1, 1965, *that I last saw the deceased alive on* Oct 1, 1965, *and that death occurred at* 10:58 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Fred E Manenaie MD 327
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 10-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Oct. 4, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county): Sandpoint — (State): Idaho

DATE REC'D BY LOCAL REG.: Oct. 11, 1965
REGISTRAR'S SIGNATURE: Phyllis Y. Tibbetts
25. EMBALMER: L. G. Moon, Jr. — LICENSE NO.: E-405

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 19 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4360
Local Reg. No. 126
Reg. Dist. No. 110

RECEIVED NOV 17 1965

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint Manor 262

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Granite
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Edith
b. (Middle): B.
c. (Last): Petit

4. DATE OF DEATH (Month) (Day) (Year): Oct. 3 1965

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb. 18, 1884
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas J. Radabah — BIRTHPLACE: Unobtainable
14. MOTHER'S MAIDEN NAME: Sarah Matilda Walter — BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Russell J. Petit — ADDRESS: Mort Plains

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral thrombosis — 2 weeks.
DUE TO (c) Generalized arteriosclerosis — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-4, 1959, *to* 10-3, 1965, *that I last saw the deceased alive on* 10-3, 1965, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John W. Smith MD
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 10-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial
24b. DATE: Oct. 7, 1965
24c. NAME OF CEMETERY OR CREMATORY: Post Falls
24d. LOCATION (City, town, or county) (State): Post Falls Idaho

DATE REC'D BY LOCAL REG.: Nov. 10, 1965
REGISTRAR'S SIGNATURE: Raymond G. Tibbetts
25. EMBALMER: Barry D. Nelson — LICENSE NO.: E-455
FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4361
Local Reg. No. 117
Reg. Dist. No. 110

RECEIVED OCT 18 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 29 3-17
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 2 1/2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint Manor 262

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sagle
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	--	Bradetich	October 3 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W	Widowed 2	Nov. 29, 1892	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming, retired 04	Own Farm 81	Austria	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Anton Bradetich	Austria	Ann-------- n	Austria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	John Bradetich	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coron Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arterio sclerosis — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July, 1963, *to* Oct 3, 1965, *that I last saw the deceased alive on* Sept 30, 1965, *and that death occurred at* 3:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Fred E Mahanicy 327	MD	Sandpoint Ida	10-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Brurial	Oct. 6, 1965	Pinecrest	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 11 1965	Phyllis G. Tibbetts	Barry D. Nelson	E-455

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 19 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4363
Local Reg. No. 225
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 090 OCT 25 1965 5:05
b. CITY OR TOWN: Rural - Wrencoe District (Bureau of Vital Statistics) c. LENGTH OF STAY (in this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 2 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 48 Washington b. COUNTY 555 Benton
c. CITY OR TOWN: Richland
d. STREET ADDRESS (If rural, give location): 404 Adams

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Earl	Bonny	Hendrix	October 11 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	Married 2	Sept. 23, 1904	61		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): operating enginner 16
10b. KIND OF BUSINESS OR INDUSTRY: 07 Construction
11. BIRTHPLACE (State or foreign country): Arkansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Hendrix — BIRTHPLACE: Unobtainable
14. MOTHER'S MAIDEN NAME: Unobtainable — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 527-09-4322
17. INFORMANT'S OWN SIGNATURE: Thomas R. Hendrix — ADDRESS: Richland, Washington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Multiple traumatic injuries — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Blood alcohol .20

E16.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 66 Highway 13
21c. (CITY, TOWN, OR TOWNSHIP) 090 Wrencoe District (COUNTY) Bonner (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 11 1965 7:30Pm
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Car hit semi truck & trailer

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Barry D. Nelson 583 Coroner 4
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 10/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Oct. 11, 1965
24c. NAME OF CEMETERY OR CREMATORY: Einan's Deseret Chapel
24d. LOCATION (City, town, or county) (State): Richland Washington

DATE REC'D BY LOCAL REG.: Oct 20 1965
REGISTRAR'S SIGNATURE: Phyllis G. Willetts
25. EMBALMER: Barry D. Nelson
LICENSE NO.: E-455

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 26 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 23 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

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3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4363
Local Reg. No. 121
Reg. Dist. No. 110

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 090 OCT 25 1965 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wrencoe District
c. LENGTH OF STAY (In this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 2 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 40 South Dakota
b. COUNTY: 555 Corson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McIntosh
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Roger
b. (Middle): Joseph
c. (Last): Brown

4. DATE OF DEATH (Month) Oct (Day) 11 (Year) 1965

5. SEX: M
6. COLOR OR RACE: Indian 3
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 27, 1917
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alfred Brown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Eva ------ — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WWII 4
16. SOCIAL SECURITY NO.: 501-09-5150
17. INFORMANT'S OWN SIGNATURE: Mrs. Margaret Brown — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Multiple traumatic injuries — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Blood alcohol .21

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 06 highway
21c. (CITY, TOWN, OR TOWNSHIP) 090 (COUNTY) (STATE): 13 Wrencoe dist. Bonner Idaho
21d. TIME OF INJURY (Month) Oct (Day) 11 (Year) 1965 (Hour) 7:30 PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Passenger in car which hit semi trailer truck &

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Barry D. Nelson 583 Carver 4
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 10/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 10/14/65
24c. NAME OF CEMETERY OR CREMATORY: Bullhead Cemetery
24d. LOCATION (City, town, or county) (State): Bullhead, S. Dakota

DATE REC'D BY LOCAL REG.: Oct. 22 1965
REGISTRAR'S SIGNATURE: Phyllis G. Tibbetts
25. EMBALMER: Barry D. Nelson — LICENSE NO.: E-455

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funerl Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 29 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 26 1980

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4364
Local Reg. No. 122
Reg. Dist. No. 110

RECEIVED NOV 8 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 090
b. CITY OR TOWN: Sagle
LENGTH OF STAY (in this place): 22 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner 090
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sagle
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Peter	Rudolph	Berg	October	27	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widowed 7	October 20, 1879	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming 04	Own Farm 01	Germany	Germany

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Berg	Germany	Limbach	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-22-1222	X Karl R Berg	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 420.1 Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 26, 1965, *to* Oct 27, 1965, *that I last saw the deceased alive on* Oct 26, 1965, *and that death occurred at* ——— *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
382 MD	Sandpoint Ida	11-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 30, 1965	Pinecrest	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 5, 1965	Faylles G. Richetts	Barry D. Nelson	E-455

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4365
Local Reg. No. 125
Reg. Dist. No. 110

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

NOV 17 1965

1. PLACE OF DEATH
a. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sagle
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Elsie
b. (Middle): Aurette
c. (Last): Cork

4. DATE OF DEATH (Month) (Day) (Year): October 27 1965

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 22, 1889
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hwusewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Barnhart — BIRTHPLACE: USA
14. MOTHER'S MAIDEN NAME: Unobtainable — BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Mrs Glen E. Long — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): cardiovascular renal disease — 10 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec., 1962, *to* Oct 27, 1965, *that I last saw the deceased alive on* Oct 27, 1965, *and that death occurred at* 4:25P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ted E. Mauerman 327 MD
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 11-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: ~~Oc~~Nov. 1, 1965
24c. NAME OF CEMETERY OR CREMATORY: Peone
24d. LOCATION (City, town, or county) (State): Spokane County Washington

DATE REC'D BY LOCAL REG.: Nov. 10, 1965
REGISTRAR'S SIGNATURE: Phyllis Y. Tichbetts
25. EMBALMER: Barry D. Nelson — LICENSE NO.: E-455

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 17 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAY 19 1981

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4366
Local Reg. No. 128
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 22 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
STAY (in this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint Manor 262

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 091
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mae
b. (Middle):
c. (Last): Norton

4. DATE OF DEATH (Month) (Day) (Year): Oct. 27 1965

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 12, 1871
9. AGE (In years last birthday): 94 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Gardner Vought — BIRTHPLACE: USA
14. MOTHER'S MAIDEN NAME: Unobtainable — BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Thomas Morton — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral and Coronary Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: progressive 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Marked gen-evalized arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 20, 1958, *to* Oct 27, 1965, *that I last saw the deceased alive on* Oct 17, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Fanny Svensen MD 471
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 11/14/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 29, 1965
24c. NAME OF CEMETERY OR CREMATORY: Lakeview
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Nov. 17, 1965
REGISTRAR'S SIGNATURE: Cayellis G. Tibbetts
25. EMBALMER: Barry D. Nelson — LICENSE NO.: E-455

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4367
Local Reg. No. 130
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED NOV 22 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner 091 3-14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark Fork
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle):
c. (Last): Schlicht

4. DATE OF DEATH (Month) (Day) (Year): Oct. 28 1965

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 18, 1900
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Constabel 62
10b. KIND OF BUSINESS OR INDUSTRY: City 02
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Schlicht — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Christine Thompson — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WWI 3
16. SOCIAL SECURITY NO.: 518-03-621
17. INFORMANT'S OWN SIGNATURE: Harry Schlicht — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cachexia — Hepatic Coma — INTERVAL BETWEEN ONSET AND DEATH: 36 Hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Metastic Carcinoma & Liver — 2½ month
DUE TO (c): Unknown Primary — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 26, 1952, *to* Oct 28, 1965, *that I last saw the deceased alive on* Oct 28, 1965, *and that death occurred at* 11:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lanza Siemen 471 M
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 11/14/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Nov. 2, 1965
24c. NAME OF CEMETERY OR CREMATORY: Clark Fork
24d. LOCATION (City, town, or county) (State): Clark Fork Idaho

DATE REC'D BY LOCAL REG.: Nov. 17, 1965
REGISTRAR'S SIGNATURE: Lucille Y. Tibbetts
25. EMBALMER: Barry D. Nelson — LICENSE NO.: E-455

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 23 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 21 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 20 1972

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4368
Local Reg. No. 129
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 22 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 1 week 3-07
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 091
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 333 S. 4th

3. NAME OF DECEASED (Type or Print)
a. (First): Louise
b. (Middle): Pace 039
c. (Last): Templeton

4. DATE OF DEATH (Month) (Day) (Year): Oct. 28 1965

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: August 15, 1913
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Louisiana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Raymond Barley Pace — BIRTHPLACE: Louisiana
14. MOTHER'S MAIDEN NAME: Mita Rogers — BIRTHPLACE: Louisiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 574-10-5168
17. INFORMANT'S OWN SIGNATURE: Robert W. Templeton — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 170X Hepatic Failure - Coma — INTERVAL BETWEEN ONSET AND DEATH: 36 Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastic Carcinoma — 2-3 months
DUE TO (c) Primary Right Breast — Noted Aug 1965

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/5, 1963, *to* 10/28, 1965, *that I last saw the deceased alive on* 10/27, 1965, *and that death occurred at* 7:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Larry Siemsen 471 (Degree or title): MD
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 11/14/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 30, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Nov. 17, 1965
REGISTRAR'S SIGNATURE: Jayelles G. Tibbetts
25. EMBALMER: Barry D. Nelson — LICENSE NO.: E-455

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 23 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4369
Local Reg. No. 123
Reg. Dist. No. 110

BIRTH NO.

RECEIVED
NOV 17 1965

1. PLACE OF DEATH
a. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cocolalla Bur.
c. LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cocolalla
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Earl	N.	Deroshia	October 29 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	Never Married	Aug. 29, 1911	54		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrician 45	Self-Employed 01	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William W. Deroshia	Michigan	Myrtle Bullock	South Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWII 4	533-12-1908	Mrs. W. W. Deroshia	Sandpoint

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Diabetic — years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Barry D. Nelson 583	Coroner	Sandpoint Idaho	Nov. 1, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov 3, 1965	Pinecrest	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 8, 1965	Kayllen G. Tibbetts	Barry D. Nelson	E-455

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 19 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 23 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4370
Local Reg. No. #137
Reg. Dist. No. 110

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

NOV 17 1965

1. PLACE OF DEATH
a. COUNTY: Bonner 09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sagle
d. STREET ADDRESS (If rural, give location): Rt. 1 Round Lake

3. NAME OF DECEASED (Type or Print)
a. (First): Archie
b. (Middle):
c. (Last): Peterson

4. DATE OF DEATH (Month) (Day) (Year): October 31 1965

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 24, 1896
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): State Park Sppt 62
10b. KIND OF BUSINESS OR INDUSTRY: State Park 60
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Antone Peterson — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Barabara Johnson — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WWI 3
16. SOCIAL SECURITY NO.: 518-05-224
17. INFORMANT'S OWN SIGNATURE: x Hazel J. Reynolds — ADDRESS:

420.1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerotic heart disease — 5 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* june 1965, 19__, *to* Oct 31, 19 65, *that I last saw the deceased alive on* Oct 31, 1965, *and that death occurred at* 8:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Fred E. Mauerman 327 (Degree or title)
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 11-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Nov. 3, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county): Sandpoint (State): Idaho

DATE REC'D BY LOCAL REG.: Nov. 10, 1965
REGISTRAR'S SIGNATURE: Raymond Y. Tibbetts
25. EMBALMER: Barry D. Nelson — LICENSE NO.: E-455

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 19 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 28 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 15 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAY 24 1966

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4371
Local Reg. No. 301
Reg. Dist. No. 610

RECEIVED
NOV 3 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 101
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Nursing Home 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Hitt Road

3. NAME OF DECEASED (Type or Print)
a. (First): LOUIS
b. (Middle): ELMO
c. (Last): LAMONT

4. DATE OF DEATH (Month) (Day) (Year): September 15, 1965

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 18, 1886
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, ret. 04
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed 01
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Louis A. Lamont — BIRTHPLACE: No record
14. MOTHER'S MAIDEN NAME: Martha Howell — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 530-12-9315
17. INFORMANT'S OWN SIGNATURE: Dean M. Lamont — ADDRESS: Rt. 2 Box 9 Idaho Falls, Id

18. CAUSE OF DEATH 527.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 12 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): COR Pulmonale
DUE TO (c): Pulmonary Emphysema

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: CA of Colon

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls — Bonneville — Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* Sept 15, 1965, *that I last saw the deceased alive on* Sept 15, 1965, *and that death occurred at* 12:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert F. Hahn 196
23b. ADDRESS: 749 Oxford Drive, Idaho Falls, Idaho
23c. DATE SIGNED: 9/29/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Sept. 17, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pineview Cemetery
24d. LOCATION (City, town, or county) (State): Ashton, Idaho

DATE REC'D BY LOCAL REG.: Oct. 26-1965
REGISTRAR'S SIGNATURE: Anna Bredger
25. EMBALMER: R. W. Madland
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

Idaho, M.D.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4372
Local Reg. No. 276
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 13 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 3 22
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 22 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 33 New York 555
b. COUNTY: Orange
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middletown
d. STREET ADDRESS (If rural, give location): 20 Sunnyside

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): AUGUSTUS
c. (Last): TODT

4. DATE OF DEATH (Month) (Day) (Year): October 2, 1965

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 12, 1890
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager, ret. 76 74
10b. KIND OF BUSINESS OR INDUSTRY: creamery 08
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Michael Todt — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Margaret Auburger — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): W.W. I 3
16. SOCIAL SECURITY NO.: 078-09-5112
17. INFORMANT'S OWN SIGNATURE: X Joyce H. Todt — ADDRESS: Middletown, N.Y.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

428.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cerebral thrombosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-11-65, 19__, *to* 10-2-65, 19__, *that I last saw the deceased alive on* 10-2-65, 19__, *and that death occurred at* 10:55 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John Sh McMillin MD 348
23b. ADDRESS: 550 Fourth St., Idaho Falls
23c. DATE SIGNED: 10-4-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Oct. 3, 1965
24c. NAME OF CEMETERY OR CREMATORY: Phillipsburg Cemetery
24d. LOCATION (City, town, or county) (State): Middletown, New York

DATE REC'D BY LOCAL REG.: Oct. 7-1965
REGISTRAR'S SIGNATURE: Anna Bredges
25. EMBALMER: R. W. Madland
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 25 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 8 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 08 2000

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4373
Local Reg. No. 275
Reg. Dist. No. 611

BIRTH NO.

RECEIVED OCT 20 1965 Bureau of Vital Statistics

1. PLACE OF DEATH 100
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt. # 5 Box 99 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 101
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 224 So. Water Avenue

3. NAME OF DECEASED (Type or Print) a. (First) FRANCES b. (Middle) PAULINE c. (Last) SHANK

4. DATE OF DEATH (Month) (Day) (Year) October 3, 1965

5. SEX Female
6. COLOR OR RACE Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Feb. 26, 1884
9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home 01
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Qurollo BIRTHPLACE Italy
14. MOTHER'S MAIDEN NAME Ella Varble BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE x Ralph C. Shank ADDRESS Idaho Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerotic Heart — INTERVAL BETWEEN ONSET AND DEATH 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Disease with
DUE TO (c) Coronary Thrombosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
& Congestive Failure

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE John 3 Hatten MD (Degree or title) 210
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 2
24b. DATE Oct 7, 1965
24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery
24d. LOCATION (City, town, or county) (State) Independence, Missouri

DATE REC'D BY LOCAL REG. Oct. 14-1965
REGISTRAR'S SIGNATURE Irene B. Burdine
25. EMBALMER R. W. Mallard
LICENSE NO. E-468

FIRM NAME: Buck Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-630-2

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 4 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

Idaho Vital Statistics

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4374
Local Reg. No. 284
Reg. Dist. No. 611

RECEIVED OCT 13 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 100
a. COUNTY: Bonneville 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route # 5 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 100
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route # 5

3. NAME OF DECEASED (Type or Print)
a. (First): Mae
b. (Middle):
c. (Last): Pancheri

4. DATE OF DEATH (Month) (Day) (Year): October 5 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 19, 1909
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Ammon, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Nathaniel Gardner — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Rosetta Bird — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Adell Pancheri — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Fractures, multiple, face, thorax, and skull — INTERVAL BETWEEN ONSET AND DEATH: left femur

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Tractor Accident — instant
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* None known

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 02 farm
21c. (CITY, TOWN, OR TOWNSHIP) 13 Idaho Falls 101 (COUNTY) Bonneville (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE 342 (Degree or title): Hazel L McGaffey MD
23b. ADDRESS: 2525 So Boulevard
23c. DATE SIGNED: 10/5/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 10/8/65
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county): Idaho Falls (State): Idaho

DATE REC'D BY LOCAL REG.: Oct. 8-1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Ralph M. Wood — Ralph M. Wood — LICENSE NO. 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 0 3 2011

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4375
Local Reg. No. 302
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED NOV 3 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 26042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 100
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ririe
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Marrita
b. (Middle): Frances
c. (Last): Pogue

4. DATE OF DEATH (Month) (Day) (Year): October 7 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: September 11, 1944
9. AGE (In years last birthday): 21 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Helena, Montana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Henry Dringle — BIRTHPLACE: Montana
14. MOTHER'S MAIDEN NAME: Dessie Elwess — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [illegible] Pogue — ADDRESS: Ririe, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Multiple severe face fractures — "
DUE TO (c) Automobile accident — "

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Brain damage suspected — "

810.1

19a. DATE OF OPERATION: 7 Oct 65
19b. MAJOR FINDINGS OF OPERATION: Blocked trachea due to blood.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 64 Street
21c. (CITY, TOWN, OR TOWNSHIP) 101 (COUNTY) (STATE): 13 Ririe Bonneville Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 7, 1965 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Car Ran into train.

22. *I hereby certify that I attended the deceased from* 7 Oct, 1965, *to* 7 Oct, 1965, *that I last saw the deceased alive on* 7 Oct, 1965, *and that death occurred at* 10:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Kim O. Johnson 262 (Degree or title): MD
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 18 Oct '65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 10/9/65
24c. NAME OF CEMETERY OR CREMATORY: Kent Cemetery
24d. LOCATION (City, town, or county) (State): Kent Washington

DATE REC'D BY LOCAL REG.: Oct. 26-1965
REGISTRAR'S SIGNATURE: Anna Budzer
25. EMBALMER: Ralph M. Wood Ralph M. Wood — LICENSE NO. 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 27 1971

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 2 1977

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4376
Local Reg. No. 288
Reg. Dist. No. 611

BIRTH NO.

RECEIVED OCT 20 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 100 Bonneville 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ririe
c. LENGTH OF STAY (in this place) 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Highway & Rail Crossing

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 260
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ririe
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) MELVIN c. (Last) HOY

4. DATE OF DEATH (Month) (Day) (Year) Oct. 7, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH Dec. 30, 1960

9. AGE (In years last birthday) 4
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child 02

10b. KIND OF BUSINESS OR INDUSTRY Child 09

11. BIRTHPLACE (State or foreign country) Monterey, California.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Melvin Hoy
BIRTHPLACE California

14. MOTHER'S MAIDEN NAME Andrea Kidder
BIRTHPLACE Vermont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE John M. Hoy
ADDRESS Ririe, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Massive Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: Inst.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street

21c. (CITY, TOWN, OR TOWNSHIP) 100 Ririe (COUNTY) Bonneville (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 7, 1965 7:40 P.M.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Automobile-Train accident. Crossing.

22. *I hereby certify that I attended the deceased from* [illegible] *to* [illegible] *and that death occurred at* 7:40 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Hazel L. McDaffey 58
(Degree or title) Coroner 24
23b. ADDRESS Idaho Falls, Idaho.
23c. DATE SIGNED 12 OCT 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial
24b. DATE Oct. 13, 1965
24c. NAME OF CEMETERY OR CREMATORY Pacific Grove
24d. LOCATION (City, town, or county) (State) Pacific Grove, California.

DATE REC'D BY LOCAL REG. Oct. 15-1965
REGISTRAR'S SIGNATURE Denise Bridges

25. FUNERAL DIRECTOR Bruce A. Eckersell
ADDRESS Rigby, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 25 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4377
Local Reg. No. 393
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 601 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 160
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route # 5

3. NAME OF DECEASED (Type or Print): a. (First) LeRoy (Lee) b. (Middle) c. (Last) Marshall

4. DATE OF DEATH: (Month) October (Day) 8 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: June 15, 1897

9. AGE (In years last birthday): 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming 01

11. BIRTHPLACE (State or foreign country): Beaver City, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Aneurin Zim Marshall BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Mary Ellen Smith BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Norman Y Marshall ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Acute

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — Years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-5, 1964 *to* 10/8, 1965, *that I last saw the deceased alive on* 10/8, 1965, *and that death occurred at* 11 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Clifford 546 (Degree or title) MD **23b. ADDRESS**: Idaho Falls Ida **23c. DATE SIGNED**: 10/13/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial **24b. DATE**: 10/11/65 **24c. NAME OF CEMETERY OR CREMATORY**: Ammon Cemetery **24d. LOCATION** (City, town, or county) Ammon (State) Idaho

DATE REC'D BY LOCAL REG.: Oct. 18-1965 **REGISTRAR'S SIGNATURE**: Irma Bridges

25. EMBALMER: Ralph M. Wood Ralph M. Wood LICENSE NO. 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

64-10808

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4378
Local Reg. No. 291
Reg. Dist. No. 611

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville 01
OCT 25 1965
Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls 002
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Star Route 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 100 b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Star Route

3. NAME OF DECEASED (Type or Print): a. (First) Jesse b. (Middle) Waide c. (Last) Ferguson

4. DATE OF DEATH: (Month) October (Day) 8 (Year) 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married 7	October 28, 1964		11			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None 02	None 00	Idaho Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dearold James Ferguson	Idaho	Leatha Lavon Clark	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	Dearold J. Ferguson	Star Route Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

493X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 4 HOURS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Brain damage 2° to pneumococcal meningitis 2 weeks of age

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct. 28, 1964, *to* Oct. 8, 1965, *that I last saw the deceased alive on* Oct. 16, 1965, *and that death occurred at* 5:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. K. Leibolt	M.D.	Idaho Falls Idaho	8/13/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/11/65	Ririe Shelton Cemetery	Ririe Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 18-1965	Verna Burgess	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4379
Local Reg. No. 292
Reg. Dist. No. 610

Certificate of Death

RECEIVED OCT 25 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 100
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ririe
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Debra
b. (Middle): Elsie
c. (Last): Summers

4. DATE OF DEATH (Month) (Day) (Year): Octoeber 8 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 17, 1953
9. AGE (In years last birthday): 12 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03
10b. KIND OF BUSINESS OR INDUSTRY: Junior High 01
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Delbert Summers — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Vera Summers — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Delbert Summers — ADDRESS: Ririe, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 810.1 Acute Subdural Hematoma — INTERVAL BETWEEN ONSET AND DEATH: (b) hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7 Oct 65
19b. MAJOR FINDINGS OF OPERATION: (a) Subdural Hematoma - massive
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 66 Rine Idaho
21c. (CITY, TOWN, OR TOWNSHIP) 260 **(COUNTY)** **(STATE)**: 13

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 7 65 7:40 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: auto accident

22. *I hereby certify that I attended the deceased from* 10 hrs prior to death, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Thomas Higgs 230 (Degree or title): M.D.
23b. ADDRESS: 539 - 2nd St
23c. DATE SIGNED: 13 Oct 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/12/65
24c. NAME OF CEMETERY OR CREMATORY: Annis Cemetery
24d. LOCATION (City, town, or county) (State): Annis Jefferson Co. Idaho

DATE REC'D BY LOCAL REG.: Oct. 18 - 1965
REGISTRAR'S SIGNATURE: Anna Bridger
25. EMBALMER: Ralph M. Wood — Ralph M. Wood — LICENSE NO.: 413

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Wood Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4380
Local Reg. No. 294
Reg. Dist. No. 610

RECEIVED OCT 25 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 101 Bonneville 2-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 5 mo. 27 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Greenview Chalet Nursing Home 308

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 100
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ucon
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Wilford
b. (Middle) Henry
c. (Last) Tracy

4. DATE OF DEATH (Month) (Day) (Year) October 10 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH June 20, 1881

9. AGE (In years last birthday) 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY Farming 01

11. BIRTHPLACE (State or foreign country) Ogden, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Helon Henry Tracy
BIRTHPLACE Iowa

14. MOTHER'S MAIDEN NAME Mary Jane Burdett
BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Kenneth K. Tracy
ADDRESS Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 5 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — Years
DUE TO (c) Arteriosclerosis — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility. — Years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION none performed

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1961, *to* Oct. 10, 1965, *that I last saw the deceased alive on* Oct. 10, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Orail Tall (Degree or title) M.D.

23b. ADDRESS Rigby, Idaho

23c. DATE SIGNED 14 Oct. 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10/14/65

24c. NAME OF CEMETERY OR CREMATORY Iona Cemetery

24d. LOCATION (City, town, or county) (State) Iona Bonneville Co. Idaho

DATE REC'D BY LOCAL REG. Oct. 18 1965

REGISTRAR'S SIGNATURE Annie Bridges

25. EMBALMER Ralph M. Wood Ralph M. Wood

LICENSE NO. 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 16 1981

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4381
Local Reg. No. 290
Reg. Dist. No. 610

RECEIVED
OCT 25 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 101 3-02

a. COUNTY: Bonneville

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

c. LENGTH OF STAY (in this place): 2 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 101

b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. STREET ADDRESS (If rural, give location): 1040 12th

3. NAME OF DECEASED (Type or Print)

a. (First): William

b. (Middle): Thomas

c. (Last): Loveridge

4. DATE OF DEATH (Month) (Day) (Year): October 11 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: February 13, 1886

9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager 74

10b. KIND OF BUSINESS OR INDUSTRY: Newspaper 12

11. BIRTHPLACE (State or foreign country): Garndiffith, Monmouth, Wales

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William L. Loveridge — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Marth Creswell — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 528 14 9478

17. INFORMANT'S OWN SIGNATURE: X William M. Loveridge — ADDRESS: Ontario Oregon

18. CAUSE OF DEATH 332X

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 17, 1965, *to* Oct. 10, 1965, *that I last saw the deceased alive on* Oct. 10, 1965, *and that death occurred at* 3:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. K. Krantz 294 — L. K. Krantz, M.D.

23b. ADDRESS: 798 South Blvd. Idaho Falls, Idaho

23c. DATE SIGNED: Oct. 16, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial & Removal

24b. DATE: 3 10/13/65

24c. NAME OF CEMETERY OR CREMATORY: Lehi Cemetery

24d. LOCATION (City, town, or county): Lehi — (State): Utah

DATE REC'D BY LOCAL REG.: Oct. 18-1965

REGISTRAR'S SIGNATURE: Anna Bridges

25. EMBALMER: Ralph M. Wood — Ralph M. Wood

LICENSE NO.: 413

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Wood Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4382
Local Reg. No. 295
Reg. Dist. No. 611

RECEIVED OCT 25 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route # 5 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Stewart Cabins Eastern Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Harry b. (Middle) Louis c. (Last) Smith

4. DATE OF DEATH: (Month) October (Day) 11 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: February 6, 1908

9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming 02

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Adam Smith
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Nannie Hensley
BIRTHPLACE: Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW II 4

16. SOCIAL SECURITY NO.: 519 09 2121

17. INFORMANT'S OWN SIGNATURE: Adam J. Smith ADDRESS: Ogden, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CRUSH INJURIES TO THE CHEST AND ABDOMEN — INTERVAL BETWEEN ONSET AND DEATH: 5 MINUTES

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) FARM TRUCK-PEDESTRIAN ACCIDENT
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 62 FARM, POTATOE
21c. (CITY, TOWN, OR TOWNSHIP) 100 OSGOOD (COUNTY) BONNEVILLE (STATE) IDAHO

21d. TIME OF INJURY: (Month) 10-11-65 (Day) (Year) (Hour) 7:40 AM
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? ACCIDENTLY FELL BENEATH REAR DUAL TIRES OF ~~PARTIALLY LOADED~~ POTATOE TRUCK.

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hazel L. McGaffey M.D. 583 4
HAZEL L. MC GAFFEY, M.D. CORONER
23b. ADDRESS: 2525 SOUTH BOULEVARD AVE
23c. DATE SIGNED: 10-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/14/65
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Oct 18 1965
REGISTRAR'S SIGNATURE: Irma Rudges
25. EMBALMER: Ralph M. Wood Ralph M. Wood
LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician THIS ACCIDENT VICTIM WAS EXAMINED AT THE L.D.S. HOSPITAL EMERGENCY WARD AFTER BEING BROUGHT TO THE HOSPITAL BY AMBULANCE 8:40 AM. X-RAYS WERE TAKEN OF THE HEAD AND CHEST AND SHOWED MULTIPLE FRACTURED RIBS, FRACTURES OF THE SCAPULAE AND CLAVICLES, MARKED INTERSTITIAL EMPHYSEMA FROM RUPTURED LUNGS, AND ORGAN DISPLACEMENT. H. L. McBride MD

State File No. 4383
Local Reg. No. 296
Reg. Dist. No. 610

Certificate of Death

RECEIVED OCT 27 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (If outside place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Route 4, Box 241
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Susan
b. (Middle): Mae
c. (Last): Baird

4. DATE OF DEATH (Month) (Day) (Year): Oct. 11 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): /
8. DATE OF BIRTH: Apr. 20, 1960
9. AGE (In years last birthday): 5 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Melvin George Baird — BIRTHPLACE: McGill, Nevada
14. MOTHER'S MAIDEN NAME: Lillie Higgs — BIRTHPLACE: Kaysville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Melvin George Baird — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lymphoblastic Leukemia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 134 (Degree or title): M.D.
23b. ADDRESS: Idaho Falls Ida
23c. DATE SIGNED: 10.13.61

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 13, 1965
24c. NAME OF CEMETERY OR CREMATORY: Monarch Memory Gardens
24d. LOCATION (City, town, or county) (State): Route 5, Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Oct 22, 1965
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature]
LICENSE NO.: E437

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Rose Chapel Mortuary, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4384
Local Reg. No. 303
Reg. Dist. No. 610

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 101
a. COUNTY Bonneville NOV 3 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital 043

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 101
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 230 Wyatt Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) ROBERT
b. (Middle) ANDREW
c. (Last) WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year) October 11, 1965

5. SEX Male
6. COLOR OR RACE Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH June 27, 1920
9. AGE (In years last birthday) 45 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inst. Technician 92
10b. KIND OF BUSINESS OR INDUSTRY A.E.C. 14
11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Isaac Williams — BIRTHPLACE Indiana
14. MOTHER'S MAIDEN NAME Ruby Lamb — BIRTHPLACE Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes 1 — (If yes, give war or dates of service) W.W. II 4
16. SOCIAL SECURITY NO. 287-12-1492
17. INFORMANT'S OWN SIGNATURE Rose Leah Williams — ADDRESS Idaho Falls, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

190.9

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic malignant melanoma — INTERVAL BETWEEN ONSET AND DEATH 28 mos.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Malignant melanoma — 28 mos

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION Nov. 1964
19b. MAJOR FINDINGS OF OPERATION Metastatic malignant melanoma in inguinal nodes
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 21, 1965, *to* Oct 11, 1965 *that I last saw the deceased alive on* Oct 11, 1965, *and that death occurred at* 11:05 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Warren N. Sutton, M.D. (Degree or title) 515
23b. ADDRESS 1555 So. Blvd Idaho Falls
23c. DATE SIGNED 10-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1
24b. DATE Oct. 14, 1965
24c. NAME OF CEMETERY OR CREMATORY Rosehill Cemetery
24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. Oct. 27 65
REGISTRAR'S SIGNATURE Anna Bridger
25. EMBALMER R. W. Madland
LICENSE NO. E-468

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 8 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 18 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 30 2016

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4385
Local Reg. No. 297
Reg. Dist. No. 610

RECEIVED OCT 27 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 408 1st Street 010

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 408 1st. Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Melvin	J.	Sorensen	October	12	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Nov. 7, 1919	45				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farming 01	Moore, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Willard H. Sorensen	Idaho	LeNora Jensen	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 28 8054	Jeannine Sorensen	Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4167 pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Decompensation — 3 Mo.
DUE TO (c) Rheumatic heart disease — 2 Syears

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April, 1964, *to* Oct 12, 1965, *that I last saw the deceased alive on* Oct 12, 1965, *and that death occurred at* 11:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Byron T Weeks 556 M D	1585 S. Boulevard Idaho Falls	10/19/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/14/65	Lost River Cemetery	Butte County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 22 65	Anna Budge	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 15 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4386
Local Reg. No. 304
Reg. Dist. No. 610

Certificate of Death

RECEIVED

BIRTH NO. STATE OF IDAHO

1. PLACE OF DEATH 101
a. COUNTY Bonneville NOV 3 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls Bureau of Vital Statistics
c. LENGTH OF STAY (In this place) 46 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) LDS Nursing Home 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 101
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 361 Eagle Rock

3. NAME OF DECEASED (Type or Print)
a. (First) FRANK
b. (Middle) (nmi)
c. (Last) SIMA

4. DATE OF DEATH (Month) (Day) (Year) October 13, 1965

5. SEX Male
6. COLOR OR RACE Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH June 26, 1880
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Harness Maker, ret. 78
10b. KIND OF BUSINESS OR INDUSTRY Harness shop 07
11. BIRTHPLACE (State or foreign country) Bohemia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME No record — BIRTHPLACE Bohemia
14. MOTHER'S MAIDEN NAME No record — BIRTHPLACE Bohemia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Francis W. Sims — ADDRESS Idaho FAlls, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 334X probable Recurrent Stroke — INTERVAL BETWEEN ONSET AND DEATH 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis (causes incidental to age — several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arthritis.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 12:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE 208 Harvey A. Hatch M.D. (Degree or title)
23b. ADDRESS Idaho Falls, Idaho
23c. DATE SIGNED 14 Oct. 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 18, 1965
24c. NAME OF CEMETERY OR CREMATORY Rosehill Cemetery
24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. Oct. 26 - 1965
REGISTRAR'S SIGNATURE Anna Budgier
25. EMBALMER R. W. Mallard — LICENSE NO. E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: OCT 29 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4387
Local Reg. No. 305
Reg. Dist. No. 610

RECEIVED NOV 3 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 333 North Placer Ave

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Marshall	G.	Scott	October	14	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 2, 1898	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Business Man	Bookstore	Denver, Colorado	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George M. Scott	USA	Kate Hardy	USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	519 14 1713	Leola L. Scott	Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hiatus hernia with hemorrhage — 25 yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10/11, *1965, to* 10/14, *1965, that I last saw the deceased alive on* 10/14/, *1965, and that death occurred at* 11:35p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert G. Hahn M.D.	749 Oxford Drive	10/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/18/65	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 26-1965	Emma Sedgwick	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 4 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 10 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4388
Local Reg. No. 318
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED NOV 17 1965

1. PLACE OF DEATH 101
a. COUNTY Bonneville 3-13
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hosp 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 100
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ucon
d. STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) LUTITIA MARIAH CHRISTESEN

4. DATE OF DEATH (Month) (Day) (Year) October 18, 1965

5. SEX F. M.
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Oct. 12, 1877
9. AGE (In years last birthday) 88 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker 01
10b. KIND OF BUSINESS OR INDUSTRY Home 01
11. BIRTHPLACE (State or foreign country) Mill Creek, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Levi North — BIRTHPLACE Illinois
14. MOTHER'S MAIDEN NAME Marn Kisteena Pedersen. — BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO. 518-60-1787
17. INFORMANT'S OWN SIGNATURE Box 235 Mrs Edna Cramer — ADDRESS Rigby, Idaho.

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Q.S. IND, — — INTERVAL BETWEEN ONSET AND DEATH 3yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hy prolusion — 3yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 26, 1952, *to* Oct. 14, 1965, *that I last saw the deceased alive on* Oct. 14, 1965, *and that death occurred at* 12:48 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE 294 L. K. Krantz, M. D. (Degree or title)
23b. ADDRESS Idaho Falls, Idaho
23c. DATE SIGNED Nov. 2, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 21 OCT 65
24c. NAME OF CEMETERY OR CREMATORY Central
24d. LOCATION (City, town, or county) (State) Grant, Jefferson, Idaho

DATE REC'D BY LOCAL REG. Nov. 9-1965
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR Bruce A. Eckersell — ADDRESS Rigby, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E404 at Rigby on 10/18/65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4389
Local Reg. No. 300
Reg. Dist. No. 610

BIRTH NO. 65-10179 RECEIVED NOV 17 1965

1. PLACE OF DEATH 101
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hosp. 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 061
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 613 Lincoln

3. NAME OF DECEASED (Type or Print)
a. (First): MARK
b. (Middle): ANDREW
c. (Last): BECKMAN

4. DATE OF DEATH (Month) (Day) (Year): October 19, 1965

5. SEX: Male
6. COLOR OR RACE: caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: Oct 18, 1965
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 1; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant 02
10b. KIND OF BUSINESS OR INDUSTRY: infant 00
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John W. Beckman
BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Marian Rusnack
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: John W. Beckman
ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

774X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory distress syndrome of newborn — INTERVAL BETWEEN ONSET AND DEATH: Birth

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prematurity

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 – 18, 1965, *to* 10 – 19, 1965, *that I last saw the deceased alive on* 10 – 18, 1965, *and that death occurred at* 3:45 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. K. Rechelt 304 M.D.
23b. ADDRESS: 9th & Orford, Idaho Falls, Idaho
23c. DATE SIGNED: 11/7/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 26
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
24d. LOCATION (City, town, or county) (State): Superior, Wisconsin

DATE REC'D BY LOCAL REG.: Nov. 10-1965
REGISTRAR'S SIGNATURE: Laura a Bridges
25. EMBALMER: R. W. Madland
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral HOme

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

Robison, M.D.
1748 Jackson

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defired by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4390
Local Reg. No. 307
Reg. Dist. No. 610

RECEIVED NOV 3 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville 101 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
LENGTH OF STAY (in this place) 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 260 b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clark
d. STREET ADDRESS (If rural, give location) Rte. #2 Rigby, Idaho.

3. NAME OF DECEASED (Type or Print) a. (First) RUBEN b. (Middle) ELDRID c. (Last) LISTER

4. DATE OF DEATH (Month) (Day) (Year) Oct. 21, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH Oct. 24, 1912

9. AGE (In years last birthday) 52
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY Farm 01

11. BIRTHPLACE (State or foreign country) CLARK, Idaho.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Ruben Lister
BIRTHPLACE Illinois

14. MOTHER'S MAIDEN NAME Ida Maria Nielson
BIRTHPLACE Manti, Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 518-12-9947

17. INFORMANT'S OWN SIGNATURE Mary Ann Lister
ADDRESS Rte. #2 Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Bronchial — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Glomerulonephritis — 1 month

DUE TO (c) And Tuberculosis of Lung — Weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

592X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Aug, 1965, to Oct 21, 1965, *that I last saw the deceased alive on* 21 Oct, 1965, *and that death occurred at* 3:40 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Joseph M Hatch (Degree or title) MD

23b. ADDRESS 1050 Memorial Drive Idaho Falls, Idaho.

23c. DATE SIGNED 10/25/1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct. 25, 1965

24c. NAME OF CEMETERY OR CREMATORY Ririe-Shelton

24d. LOCATION (City, town, or county) Shelton Bonneville (State) Idaho

DATE REC'D BY LOCAL REG. Oct. 30 - 1965

REGISTRAR'S SIGNATURE Anna Rudge

25. FUNERAL DIRECTOR Bruce O. Eckersell
ADDRESS Rigby, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho on 10/21/1965

ADDITIONAL REMARKS by Physician.....

Amended Dec 6, 1965

Certificate of Death

STATE OF IDAHO

State File No. 4391
Local Reg. No. 311
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville 101
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 500 - 10th Street

3. NAME OF DECEASED (Type or Print): a. (First) Joseph; b. (Middle) Szilard; c. (Last) Mohos

4. DATE OF DEATH (Month) (Day) (Year): October 23, 1965

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: December 10, 1935

9. AGE (In years last birthday): 29
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): District Manager 74

10b. KIND OF BUSINESS OR INDUSTRY: Insurance 86

11. BIRTHPLACE (State or foreign country): Hungary

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Mohos
BIRTHPLACE: Hungary

14. MOTHER'S MAIDEN NAME: Madeline Balant
BIRTHPLACE: Hungary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): April 1960-Oct. 60

16. SOCIAL SECURITY NO.: 480-48-1509

17. INFORMANT'S OWN SIGNATURE: Mrs. Joseph S. Mohos
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 592 Chronic Glomerulonephritis — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-6, 1965, *to* 10-23, 1965, *that I last saw the deceased alive on* 10-23, 1965, *and that death occurred at* 11:10A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 546 G. C. Waid, M.D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 10-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct 27, 1965

24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Nov 2, 1965

REGISTRAR'S SIGNATURE: Anna Bridges

25. EMBALMER: R. W. Madland

LICENSE NO.: E-468

FIRM NAME: Buck Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

ORLAND C. BUCK

Buck FUNERAL HOME

343 E STREET
IDAHO FALLS, IDAHO

November 30, 1965

I, Mrs. Joseph S. Mohos, declare and state that the following information is correct and true:

The Birthdate of Joseph Szilard Mohos is December 10, 1935. That Joseph Szilard Mohos served in the Armed Forces of the United States from April 1960 to October 1960 and from February 1962 to August 1962.

Signed, Mrs. Joseph S. Mohos

Subscribed and sworn to before me this 30th day of November 1965

Richard C. Kite
Idaho Falls, Idaho
6/20/68

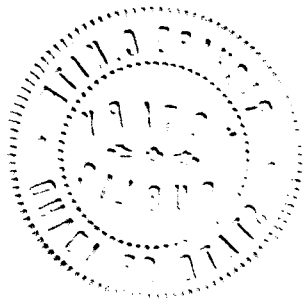

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4391
Local Reg. No. 311
Reg. Dist. No. 616

BIRTH NO.

RECEIVED NOV 15 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 500 - 10th Street

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPH b. (Middle) SZILARD c. (Last) MOHOS

4. DATE OF DEATH: (Month) October (Day) 23, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 10, 1935

9. AGE (In years last birthday): 30
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): District Manager

10b. KIND OF BUSINESS OR INDUSTRY: Insurance

11. BIRTHPLACE (State or foreign country): Hungary

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Mohos
BIRTHPLACE: Hungary

14. MOTHER'S MAIDEN NAME: Madeline Balant
BIRTHPLACE: Hungary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 480-48-1509

17. INFORMANT'S OWN SIGNATURE: Mrs. Joseph L. Mohos
ADDRESS: R.F.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

592X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Glomerulonephritis — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-6-, 1965, *to* 10/23, 1965, *that I last saw the deceased alive on* 10/23, 1965, *and that death occurred at* 11:10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 10/26/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 27, 1965

24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Nov 2-1965

REGISTRAR'S SIGNATURE: Anna Burgess

25. EMBALMER: [signature]

LICENSE NO.: E-468

FIRM NAME: Buck Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

NOV 16 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 12 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4392
Local Reg. No. 308
Reg. Dist. No. 610

BIRTH NO.

RECEIVED NOV 3 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bonneville 101 3-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Bonneville 101
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 113 East 14th Street

3. NAME OF DECEASED (Type or Print) a. (First) Lyle b. (Middle) c. (Last) Scott
4. DATE OF DEATH (Month) (Day) (Year) October 23 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 5
8. DATE OF BIRTH August 27, 1892
9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home 01
11. BIRTHPLACE (State or foreign country) Spanish Fork, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George E. McClellan BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Wilhelmina Hansen BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mia Fae Thornley ADDRESS Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Ca gall bladder — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chole lithiasis — 30 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension Auricular fibrillation 10 yrs

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION Ca gall bladder + Chole lithiasis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-25, 19 65, *to* Oct 23, 1965, *that I last saw the deceased alive on* 10-23, 1965, *and that death occurred at* 5:15 Am., *from the causes and on the date stated above.*

23a. SIGNATURE J. H. Carr 081 (Degree or title) MD
23b. ADDRESS 256 Orme Idaho Falls
23c. DATE SIGNED 10-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10/26/65
24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
24d. LOCATION (City, town, or county) Idaho Falls (State) Idaho

DATE REC'D BY LOCAL REG. Oct. 30-1965
REGISTRAR'S SIGNATURE Lena Rudgers
25. EMBALMER Ralph M. Wood Ralph M. Wood
LICENSE NO. 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAR 22 1971

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4393
Local Reg. No. 312
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 15 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 101
a. COUNTY: Bonneville 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Falls LDS Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California 05
b. COUNTY: 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fontana
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MABEL
b. (Middle): CLAIR
c. (Last): EDGINTON LEWIS

4. DATE OF DEATH (Month) (Day) (Year): Oct., 23, 1965

5. SEX: FeMale
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: April 24, 1903
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Vocational Nurse 15
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): St. Anthony (Twin Groves) Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Walter Edginton — BIRTHPLACE: Park City, Utah
14. MOTHER'S MAIDEN NAME: Mabel Ann Thompson — BIRTHPLACE: Hooper, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-10-1062
17. INFORMANT'S OWN SIGNATURE: George Seaton — ADDRESS: Rigby

18. CAUSE OF DEATH 355X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Degenerative Process in Cerebellar area. Cause undetermined. — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 15, 1965, *to* Oct. 23, 1965, *that I last saw the deceased alive on* Oct 22, 1965, *and that death occurred at* 2:25 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clifford B. Rigby M.D. 441
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 10-25-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 25 Oct 65
24c. NAME OF CEMETERY OR CREMATORY: Wilford Cemetery
24d. LOCATION (City, town, or county) (State): St. Anthony, RFD#1, Idaho

DATE REC'D BY LOCAL REG.: Nov. 2-1965
REGISTRAR'S SIGNATURE: Anna Budgies
25. EMBALMER: M D Hansen
LICENSE NO.: E-354

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4394
Local Reg. No. 313
Reg. Dist. No. 610

Certificate of Death

RECEIVED
NOV 15 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 101
a. COUNTY: Bonneville 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 466 first St.

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Washington
c. (Last): Hendrickson

4. DATE OF DEATH (Month) (Day) (Year): Oct. 24, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Feb. 22, 1894
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 8, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: — 00
11. BIRTHPLACE (State or foreign country): Moorhead, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Adolphus Hendrickson — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Lucinda Jane Compers. — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Norris W Hendrickson — ADDRESS

18. CAUSE OF DEATH 502.0
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cor pulmonale — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): pulmonary Emphysema — 5 yrs
DUE TO (c): Chronic bronchitis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1964, *to* Oct 24, 1965, *that I last saw the deceased alive on* Oct 18, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 556 (Degree or title): Byron Weeks MD
23b. ADDRESS: 1585 So. Boulevard, Idaho Falls
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 2
24b. DATE: Oct 27, 1965
24c. NAME OF CEMETERY OR CREMATORY: Wilford Cemetery
24d. LOCATION (City, town, or county) (State): Wilford, Idaho

DATE REC'D BY LOCAL REG.: Nov. 3 1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Leo A Williams
LICENSE NO.: E-319

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 16 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 20 1979

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4395
Local Reg. No. 314
Reg. Dist. No. 611

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 15 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 101

a. COUNTY: Bonneville 000

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, rural

c. LENGTH OF STAY (in this place): life

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 mi. South of Idaho FAlls 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 100

b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. STREET ADDRESS (If rural, give location): Rt. # 4

3. NAME OF DECEASED (Type or Print)

a. (First): CAMILLE

b. (Middle): RENEE

c. (Last): HAHN

4. DATE OF DEATH (Month) (Day) (Year): October 25, 1965

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1

8. DATE OF BIRTH: July 10, 1963

9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child 02

10b. KIND OF BUSINESS OR INDUSTRY: Child 00

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James W. Hahn — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Gloria Lynn Clafin — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: James W. Hahn — ADDRESS: Idaho FAlls, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

929.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): DROWNING, ACCIDENTAL IN CANAL — INTERVAL BETWEEN ONSET AND DEATH: MINUTES

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT 02

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): FARM 13

21c. (CITY, TOWN, OR TOWNSHIP) 100 **(COUNTY)** (STATE): RURAL IDAHO FALLS BONNEVILLE IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 25 1965 10:30 AM

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 583, *19___, and that death occurred at* 10:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hazel L. McGaffey M.D. — HAZEL L. MC GAFFEY, M.D. CORONER 4

23b. ADDRESS: 2525 SOUTH BOULEVARD

23c. DATE SIGNED: 10/26/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1

24b. DATE: Oct. 27, 1965

24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Nov 2-1965

REGISTRAR'S SIGNATURE: Anna Bridgier

25. EMBALMER: R. W. Maddland

LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician BODY WAS EXAMINED EXTERNALLY AFTER HAVING BEEN BROUGHT TO THE FUNERAL HOME, ABOUT 1:00 PM, BUT AUTOPSY WAS NOT PERFORMED.

H. R. McDaffy M.D.

RECEIVED
NOV 15 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4396
Local Reg. No. 312
Reg. Dist. No. 610

BIRTH NO. 65-11159

1. PLACE OF DEATH
a. COUNTY 10 Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 20 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idaho Falls L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 06
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
d. STREET ADDRESS (If rural, give location) 125 Goodwin Drive

3. NAME OF DECEASED (Type or Print) a. (First) Lorie b. (Middle) Ann c. (Last) Hale

4. DATE OF DEATH (Month) (Day) (Year) Oct. 29, 1965

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH Oct. 25, 1965
9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 0 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 02
10b. KIND OF BUSINESS OR INDUSTRY 00
11. BIRTHPLACE (State or foreign country) Blackfoot, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wilford Hale BIRTHPLACE Blackfoot, Idaho
14. MOTHER'S MAIDEN NAME Genine Stander BIRTHPLACE Blackfoot, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Wilford M. Hale ADDRESS Blackfoot, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

754.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Cardiac Deformity

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Birth, 19___, *to* 2:00 PM, 19___, *that I last saw the deceased alive on* Oct 28, 1965, *and that death occurred at* Oct 29 m., *from the causes and on the date stated above.*

23a. SIGNATURE Ralph L. Wade 183 (Degree or title) M.D.
23b. ADDRESS Blackfoot, Idaho
23c. DATE SIGNED 10-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10/30/65
24c. NAME OF CEMETERY OR CREMATORY Grove City Cemetery
24d. LOCATION (City, town, or county) (State) Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG. Nov. 2-1965
REGISTRAR'S SIGNATURE Anna Rudges
25. EMBALMER Howard Packham
LICENSE NO. E-338

Federal Security Agency
United States Public Health Service
Form DH-63082
FIRM NAME: Howard Packham Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4397
Local Reg. No. 379
Reg. Dist. No. 610

BIRTH NO.

RECEIVED NOV 17 1965

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Basil
b. (Middle): Elmer
c. (Last): Van Eps

4. DATE OF DEATH (Month) (Day) (Year): Oct. 30 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 9 April 1895
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Moorland Iowa
12. CITIZEN OF WHAT COUNTRY?: USQ

13. FATHER'S NAME: John French Van Eps — BIRTHPLACE: Ill.
14. MOTHER'S MAIDEN NAME: Emma Johnson — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes / (If yes give war or dates of service): WW1 2 434.4
16. SOCIAL SECURITY NO.: 518-05-9826
17. INFORMANT'S OWN SIGNATURE: Kenneth Robinson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary hypertension — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Emphysema
DUE TO (c) Pulmonary Fibrosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1963, *to* Oct 30, 1965, *that I last saw the deceased alive on* Oct 30, 1965, *and that death occurred at* 3:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 339 (Degree or title)
23b. ADDRESS Box X Shelley Idaho
23c. DATE SIGNED 11/3/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2 Nov. 1965
24c. NAME OF CEMETERY OR CREMATORY: Hill Crest
24d. LOCATION (City, town, or county): Shelley, County (State): Idaho

DATE REC'D BY LOCAL REG.: Nov. 5 1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Lloyd M Halder — LICENSE NO.: E-275

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Halder's Funeral Home

DUTIES: NOV 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4398
Local Reg. No. 306
Reg. Dist. No. 610

Certificate of Death

RECEIVED
NOV 17 1965

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho FAlls
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
d. STREET ADDRESS (If rural, give location): 1074 Idaho Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle): J.
c. (Last): LAWSON

4. DATE OF DEATH (Month) (Day) (Year): October 30, 1965

5. SEX: Female
6. COLOR OR RACE: CAucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Sept. 12, 1878
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home 01
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John A. Anderson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. A. H. Evans — ADDRESS: Ida. Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

904.9

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Irregularity — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture Right Hip
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-19-65
19b. MAJOR FINDINGS OF OPERATION: Fracture Right Hip
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 4:13 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles R Bogg, MD 653
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 11-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Oct. 31, 1965
24c. NAME OF CEMETERY OR CREMATORY: Bethesda Cemetery
24d. LOCATION (City, town, or county) (State): Malmo, Nebraska

DATE REC'D BY LOCAL REG.: Nov. 10 '65
REGISTRAR'S SIGNATURE: Anna Budgee
25. EMBALMER: R. W. Maddard
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 2 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 9 1970

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 26 1970

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 4399
Local Reg. No. 56-65
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary 110 OCT 18 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry Bureau
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Restorium 133

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) LeROY; b. (Middle) NONE; c. (Last) HAMILTON

4. DATE OF DEATH: (Month) (Day) (Year): October 9, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: 1/6/1884

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter 23

10b. KIND OF BUSINESS OR INDUSTRY: Commercial Paint 06

11. BIRTHPLACE (State or foreign country): Lima, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Robert Hamilto n
BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Emma Noggles
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-16-8948

17. INFORMANT'S OWN SIGNATURE: Forrest D Hamilton ADDRESS: Bremerton, Washington

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senile Atherosclerosis — 4 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary Artery Disease — c Myocardial Ischemia — 6 mos.

420.1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Fred W. Dawes 150 (Degree or title): M.D.

23b. ADDRESS: Bonners Ferry Idaho

23c. DATE SIGNED: 10/12/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/12/65

24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery

24d. LOCATION (City, town, or county) (State): Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.: Oct. 14, 1965

REGISTRAR'S SIGNATURE: Twyla Stone

25. FUNERAL DIRECTOR: [signature] ADDRESS: Bonners Ferry, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Charles O. Malone Lic. No. E-453 at Bonners Ferry, Ida on 10/9/65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

BIRTH NO. 110

RECEIVED OCT 25 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4400
Local Reg. No. 57-65
Reg. Dist. No. 100

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address or location): Bonners Ferry General Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana 27
b. COUNTY: Lincoln 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Libby
d. STREET ADDRESS (If rural, give location): 910 Louisiana

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) D. c. (Last) Rowe

4. DATE OF DEATH: (Month) (Day) (Year): Oct. 10, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Jan. 27, 1878

9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Editor 55

10b. KIND OF BUSINESS OR INDUSTRY: Journalism 02

11. BIRTHPLACE (State or foreign country): Dysort, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Duane Rowe
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Sarah Howard
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 516-03-3394

17. INFORMANT'S OWN SIGNATURE: x Helen R. Fry
ADDRESS: 4900 SW Olson Rd. Portland, Ore.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Uremic poisoning — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senile arteriosclerosis — yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cerebro-vascular accident — 2 mos.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1965, *to* Oct 10, 1965, *that I last saw the deceased alive on* Oct 10, 1965, *and that death occurred at* 11:55 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Fred W. Brown 150 (Degree or title) MD

23b. ADDRESS: Bonners Ferry Idaho

23c. DATE SIGNED: 10/16/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 14, 1965

24c. NAME OF CEMETERY OR CREMATORY: City of Libby Cemetery

24d. LOCATION (City, town, or county) (State): Libby, Montana

DATE REC'D BY LOCAL REGISTRAR: Oct. 18, 1965

REGISTRAR'S SIGNATURE: Twyla Stone

25. FUNERAL DIRECTOR: Gompf Funeral Home, 422 W. 2nd, Libby, Mont.
ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

OCT 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 30 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Charles O. Malone Lic. No. E-453 at Bonners Ferry on 10/11/65

ADDITIONAL REMARKS by Physician

State File No. 4401
Local Reg. No. 58-65
Reg. Dist. No. 100

Certificate of Death

RECEIVED
NOV 15 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary 110 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (If in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): District #5

3. NAME OF DECEASED (Type or Print)
a. (First): MARTHA
b. (Middle): VERNITIA
c. (Last): KIILSGAARD

4. DATE OF DEATH (Month) (Day) (Year): October 27, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 16, 1890
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Homemaking 01
11. BIRTHPLACE (State or foreign country): Honeyville, Utah
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Enoch Hunsaker — BIRTHPLACE: Honeyville, Utah
14. MOTHER'S MAIDEN NAME: Ellen May — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Hospital Records — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Collapse — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1960, to 10/27, 1965, that I last saw the deceased alive on 10/27, 1965, and that death occurred at 4P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. Edwards 153, MD.
23b. ADDRESS: Bonners Ferry
23c. DATE SIGNED: 11/3/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/30/65
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.: Nov. 4, 1965
REGISTRAR'S SIGNATURE: Tawyla Stone
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Bonners Ferry, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

SEP 7 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Charles O. Malone Lic. No. E-453 at Bonners Ferry on 10/27/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 4402
Local Reg. No. 7
Reg. Dist. No. 670

RECEIVED OCT 12 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Butte 120
b. CITY OR TOWN: Arco
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lost Rivers Hospital 264

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 190
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay
d. STREET ADDRESS (If rural, give location):

2-01

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Jessie	Virginia	Cloward	October 2, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed 2	July 1, 1893	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	None 01	Orangeville, Utah	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Wilson	West Virginia	Harriett D. Larter	Sugar House, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	X [illegible] Cloward	Ida. Blackfoot,

MEDICAL CERTIFICATION

28617

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 4 mo
DUE TO (c) Renal Failure — 3 wks.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease — 5 years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July, 1965, *to* Oct. 2, 1965, *that I last saw the deceased alive on* Sept 27, 1965, *and that death occurred at* 2:10 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
031 R. T. Barker M.D.	Arco, Ida	10-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-5-65	Mt. McCaleb	Mackay, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 8, 1965	Betty J. Marvel	C. H. Marvel	E-457

FIRM NAME: Marvel Memorial Chapel, Arco

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 19 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4403
Local Reg. No. 8
Reg. Dist. No. 670

BIRTH NO.

RECEIVED NOV 22 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 120 Butte
b. CITY OR TOWN Arco
c. LENGTH OF STAY IN (this place) 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence-Front Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 120
b. COUNTY Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Arco
d. STREET ADDRESS (If rural, give location) Front Street

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) James c. (Last) Scott

4. DATE OF DEATH (Month) (Day) (Year): October 26, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Jan. 1, 1887

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ranch Laborer 04

10b. KIND OF BUSINESS OR INDUSTRY: None 02

11. BIRTHPLACE (State or foreign country): Aberdeen, Scotland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Robert Scott
BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Margaret M. Mackie
BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) W. W. I 3

16. SOCIAL SECURITY NO. 519-34-0382

17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS [signature]

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

322.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mins.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Alcoholism — 10 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* Saw as Coroner Only, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 3:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 583 Butte Co. Coroner
23b. ADDRESS Arco, Idaho
23c. DATE SIGNED 10-31-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-30-65
24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State) Arco, Idaho

DATE REC'D BY LOCAL REG. Nov. 16-1965
REGISTRAR'S SIGNATURE Betty J. Marvel
25. EMBALMER [signature]
LICENSE NO. E-457

FIRM NAME: Marvel Memorial Chapel, Arco

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 18 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 29 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4404
Local Reg. No. 9
Reg. Dist. No. 6-70

BIRTH NO. 65-10244 RECEIVED STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Butte 120 NOV 22 1965 5-05
b. CITY OR TOWN: Arco
c. LENGTH OF STAY IN (this place): mins.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Lost Rivers Hospital 264

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 120
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
d. STREET ADDRESS (If rural, give location): Box 642

3. NAME OF DECEASED (Type or Print)
a. (First): Douglas
b. (Middle): Wayne
c. (Last): Cummins

4. DATE OF DEATH (Month) (Day) (Year): October 29, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: October 29, 1965

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02

10b. KIND OF BUSINESS OR INDUSTRY: None 00

11. BIRTHPLACE (State or foreign country): Arco, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Kent Cummins
BIRTHPLACE: Arco, Idaho

14. MOTHER'S MAIDEN NAME: Margaret Janet Waymire
BIRTHPLACE: Idaho Falls, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Kent Cummins
ADDRESS: Arco, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) prolapse funis cord at birth — INTERVAL BETWEEN ONSET AND DEATH: 20 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Single footling presentation —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

761.8

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/29, 1965, *to* 10/29, 1965, *that I last saw the deceased alive on* 10/29, 1965, *and that death occurred at* 8:30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kent Cummins, M.D. 434

23b. ADDRESS: Arco, Idaho

23c. DATE SIGNED: 11/1/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/31/65

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Arco, Idaho

DATE REC'D BY LOCAL REG.: Nov. 16-1965

REGISTRAR'S SIGNATURE: Betty J. Marvel

25. EMBALMER: C. S. Marvel

LICENSE NO.: E-457

FIRM NAME: Marvel Memorial Chapel, Arco

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4405
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED NOV 1 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Camas 130
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Corral | LENGTH OF STAY (in this place): 54 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ranch Home near Corral

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 130
b. COUNTY: Camas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Corral
d. STREET ADDRESS (If rural, give location): Rural Corral

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Nathan	Ashmead	Oct.	23	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	August 3, 1880	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher 04	Agriculture 01	Oskaloosa Iowa	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Granville Ashmead	Pennsylvania	Rhoda Ellis	Ohio.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-42-1797	X Bertha Ashmead	Corral, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary ~~Heart~~ Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Heart Disease — 2 Mos
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* 23 Oct, 1965, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 1:45 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Marion A Kerns 279 M.D.	Fairfield Idaho	28 Oct 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-27-1965	Elmwood Cemetery	Gooding Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 28-1965	Estelle Vaught	Robert L. Meyer	424

FIRM NAME: Thompson Chapel - Gooding 733 Main Ida

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

NOV 8 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 3 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4406
Local Reg. No. 111
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 141
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 1421 Cleveland Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First) Ionia
b. (Middle) S. 051
c. (Last) Shaffer

4. DATE OF DEATH (Month) (Day) (Year) 8 - 17 - 65

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Nov. 16, 1880
9. AGE (In years last birthday) 84
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY 61
11. BIRTHPLACE (State or foreign country) Aldrich, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Levi Maxwell
BIRTHPLACE Mo.
14. MOTHER'S MAIDEN NAME Lucinda Owens
BIRTHPLACE Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Irene S. Shaffer
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

754.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital heart disease (atrial septal defect)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-19-57, 19___, *to* 8-17-65, 19___, *that I last saw the deceased alive on* 8-17-65, 19___, *and that death occurred at* 1:10P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Lyle Stowe, M.D. (Degree or title)
23b. ADDRESS 222 East Elm--Caldwell, Idaho
23c. DATE SIGNED 8-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 20, 1965
24c. NAME OF CEMETERY OR CREMATORY Wilder Cemetery
24d. LOCATION (City, town, or county) Wilder (State) Idaho

DATE REC'D BY LOCAL REG. Oct 23-1965
REGISTRAR'S SIGNATURE Fredes D. Hunt Deputy
25. EMBALMER James R. Dolan
LICENSE NO. E-486
FIRM NAME:

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4407
Local Reg. No. 110
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 812 N. Michigan

3. NAME OF DECEASED (Type or Print)
a. (First): Ethelyn
b. (Middle): H.
c. (Last): Bales

4. DATE OF DEATH (Month) (Day) (Year): August 23, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 13, 1898
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 2, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Jordan Valley, Oregon
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Richard H. Hart — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Harriet L. Moore — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-42-2435
17. INFORMANT'S OWN SIGNATURE: x J. T. Bales — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic endocarditis — INTERVAL BETWEEN ONSET AND DEATH: 20 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Rheumatic fever
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death*
1 - anasarca — 7 days.
2 - Staph. Coagulase positive enteritis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-20, 1965, *to* 8-23, 1965, *that I last saw the deceased alive on* 8-23, 1965, *and that death occurred at* 12:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE 166 (Degree or title): [signature] M.D.
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 8-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 26, 1965
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Oct 23. 1965
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: T. W. Dakan
LICENSE NO.: E-285

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4408
Local Reg. No. 120
Reg. Dist. No. 360

RECEIVED NOV 1 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 500
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blakley's Nursing Home 177

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Cecil	F.	Scott	Sept. 25, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If UNDER 1 YEAR Months	Days	If UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Feb. 25, 1899	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00	00	Coweta, , Oklahoma	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John U. Norris	Arkansas	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-26-8641	x Dan F. Scott	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 350X Parkinson's Disease — INTERVAL BETWEEN ONSET AND DEATH: several years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.): Increasing arteriosclerosis & general debility.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov. 1, 1963, *to* Sept. 25, 1965, *that I last saw the deceased alive on* Sept. 22, 1965, *and that death occurred at* 6:40p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. W. Bellogg 275	M. D.	1201 S. Kimball, Caldwell, Idaho	Oct. 26, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept. 29, 1965	Parma Cemetery	Parma, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 28-1965	Teresa D. Lent, Deputy	James R. Dakan	E-485

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 26 1984

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4409
Local Reg. No. 219
Reg. Dist. No. 362

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

142 OCT 14 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home--803-10th. Street So. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 803-10th. Street South

3. NAME OF DECEASED (Type or Print)
a. (First): EDNA
b. (Middle):
c. (Last): THOMAS

4. DATE OF DEATH (Month) (Day) (Year): October 2, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 22, 1889
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Bloomfield, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: no record
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: no record
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518 26 7950
17. INFORMANT'S OWN SIGNATURE: Floyd Smee
ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* found dead *, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 7:15P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C Wesche MD Coroner 583
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 10-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: October 5, 1965
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: October 12, 1965
REGISTRAR'S SIGNATURE: June Steck
25. EMBALMER: [signature]
LICENSE NO.: E 496
FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4410
Local Reg. No. 101
Reg. Dist. No. 360

Certificate of Death

RECEIVED
OCT 15 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1022 North Michigan Street

3. NAME OF DECEASED (Type or Print)
a. (First): CARL
b. (Middle): Weidoff
c. (Last): CARLSON

4. DATE OF DEATH (Month) (Day) (Year): October 2, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 20, 1886
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Fort Collins Colorado
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: August Carlson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Wilhelmina — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 42 4843
17. INFORMANT'S OWN SIGNATURE: Wilma L. Beckley — ADDRESS: Caldwell, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

465X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary emboli — INTERVAL BETWEEN ONSET AND DEATH: 2hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: CVA — 2mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1963, *to* Oct 2, 1965, *that I last saw the deceased alive on* Oct 2, 1965, *and that death occurred at* 3:45P/ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Karl E. Reynolds 437 MD
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: Oct 8-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 8, 1965
24c. NAME OF CEMETERY OR CREMATORY: Lower Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Canyon Idaho

DATE REC'D BY LOCAL REG.: Oct 13-65
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: [signature]
LICENSE NO.: E 496

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 15 1965

OUTLES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 23 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 4411
Local Reg. No. 223
Reg. Dist. No. 362

Certificate of Death

RECEIVED
OCT 21 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 815-7th. Street South

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): H.
c. (Last): HUGHES

4. DATE OF DEATH (Month) (Day) (Year): October 3, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 7, 1892
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist 17
10b. KIND OF BUSINESS OR INDUSTRY: Machinist 00
11. BIRTHPLACE (State or foreign country): Winnepeg, Canada
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Hughes — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Christina Johnson — BIRTHPLACE: Iceland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519 24 4213
17. INFORMANT'S OWN SIGNATURE: Jennie June Hughes — ADDRESS: Nampa, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerotic Ht disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-8, 1965, *to* 10-3-, 1965, *that I last saw the deceased alive on* 10-3-, 1965, *and that death occurred at* 6:45P/ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert C. Hess MD 217
23b. ADDRESS: 619 So. Canyon, Nampa, Idaho
23c. DATE SIGNED: 10-11-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 7, 1965
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county): Canyon County — (State): Idaho

DATE REC'D BY LOCAL REG.: Oct. 19, 1965
REGISTRAR'S SIGNATURE: Janet Steck
25. EMBALMER: Tony J. Krouch — LICENSE NO.: E-447
FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 24 1969

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 29 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers of unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 12 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4412
Local Reg. No. 99
Reg. Dist. No. 361

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 140
b. CITY OR TOWN Caldwell
LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, Rt. # 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 140
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) Rt. # 3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Dr. Tom	Elias	Shearer	Oct. 3, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	Oct. 14, 1906	58	11	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
College Prelident Director of Development 42	12	Cumberland, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Perry Shearer	Unknown	Edna Thompson	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	War II	072-05-9830	Tom E Shearer	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH 5 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Metastasis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Emphysema

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept., 1965, *to* Oct 1, 1965, *that I last saw the deceased alive on* Oct 2, 1965, *and that death occurred at* 7:00 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert H. Jensen, M.D. 258	222 EAST LOGAN	OCT 6 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Cremation	10-5-65	Mountain View Memorial	CALDWELL, IDAHO Boise,	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 7-1965	Freda D. Hunt, Deputy	Merville D. Davis	E-399

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

DUTIES:

OCT 15 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 22 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 30 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUN 9 1966

FEB 17 1967

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

JUL 20 1967

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4413
Local Reg. No. 220
Reg. Dist. No. 362

RECEIVED
OCT 14 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carter Retirement Home 053

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 204 Winther

3. NAME OF DECEASED (Type or Print)
a. (First): NETTIE
b. (Middle): E.
c. (Last): MILLS

4. DATE OF DEATH (Month) (Day) (Year): October 4, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 22, 1890
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Minden, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Hamilton — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: George B. Mills — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 7 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatoid arthritis — 20 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

722.0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-15-, 1965, *to* 10-4-, 1965, *that I last saw the deceased alive on* 10-4-, 1965, *and that death occurred at* 3:10P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard Elder MD 217
23b. ADDRESS: 619 So. Canyon, Nampa, Idaho
23c. DATE SIGNED: 10-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/6/1965
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Oct. 12, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Tony T. Krouch — LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4414
Local Reg. No. 227
Reg. Dist. No. 362

RECEIVED
OCT 14 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 715-10 Avenue South

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle): E.
c. (Last): COOK

4. DATE OF DEATH (Month) (Day) (Year): October 5, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 29, 1878
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Business Man 87
10b. KIND OF BUSINESS OR INDUSTRY: Manufacturing 00
11. BIRTHPLACE (State or foreign country): Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Cook — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Mary Reeding — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 12 7010
17. INFORMANT'S OWN SIGNATURE: Bessie D. Cook — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH 450.0
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic encephalopathy — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis generalized — 10± yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carotid basilar insufficiency

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? X YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 47, *to* Oct 5, 1965, *that I last saw the deceased alive on* Oct 5, 1965, *and that death occurred at* 5:11 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W B Ross 449 (Degree or title)
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 10/7/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 7, 1965
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell Idaho

DATE REC'D BY LOCAL REG.: Oct. 12, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Van W Simpson — LICENSE NO.: E 496

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: OCT 26 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4415
Local Reg. No. 322
Reg. Dist. No. 362

BIRTH NO.

RECEIVED OCT 14 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 143
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 511- 21 Avenue South

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Donald	W.	Crooke	Oct. 6, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Sept. 19, 1895	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 91
10b. KIND OF BUSINESS OR INDUSTRY Farmer-Well Driller 93
11. BIRTHPLACE (State or foreign country) Lake County, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Cyrus Crooke	Iowa	Ella Smith	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			x Delaris Crooke	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarct — 420.1 — INTERVAL BETWEEN ONSET AND DEATH: Hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic H-D disease — Yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 9-29-, 1965, to 10-6-, 1965, that I last saw the deceased alive on 10-6-65, 19___, and that death occurred at ___ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert E Hays MD		619 So. Canyon, Nampa, Idaho	10-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 11, 1965	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 12, 1965	Jane Stark	Merville D Davis	E-329

Federal Security Agency
United States Public Health Service

Form DH-69021

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 11 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4416
Local Reg. No. 235
Reg. Dist. No. 362

Certificate of Death

RECEIVED NOV 4 1965

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. VIA INSTITUTION OR STAY (in this place): Burial of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Community Hospital 049

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Lincoln Park

3. NAME OF DECEASED (Type or Print)
a. (First): MYRTLE
b. (Middle): A.
c. (Last): HENDERSON

4. DATE OF DEATH (Month) (Day) (Year): October 6, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Separated 4
8. DATE OF BIRTH: Nov. 17, 1893
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Harrison Arkansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joe Underdown — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Lloyd L Henderson — ADDRESS: Benton City, Wash.

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Artery Disease
DUE TO (c): Arteriosclerosis — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Chronic Cholecystitis & Diabetes 5 yrs.

19a. DATE OF OPERATION
19b. ~~MAJOR FINDINGS OF OPERATION~~
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/15, 1965, *to* 10/6, 1965, *that I last saw the deceased alive on* 10/6, 1965, *and that death occurred at* 1:10P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J R Mangum MD 322
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 10/21/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/9/1965
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county): Canyon County — (State): Idaho

DATE REC'D BY LOCAL REG.: Nov. 1, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: [illegible]
LICENSE NO.: E 4-16

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4417
Local Reg. No. 102
Reg. Dist. No. 361

RECEIVED OCT 15 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 140 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma Rt. # 1
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, Rt. # 1, Parma 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print)
a. (First): Nora
b. (Middle): Gertrude
c. (Last): Timpson

4. DATE OF DEATH (Month) (Day) (Year): Oct. 6, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 17, 1892
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 5, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William L. Hanson — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Ellen T. Cooper — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 528-28-1823A
17. INFORMANT'S OWN SIGNATURE: Nora B. Timpson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

350X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Parkinson's disease — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3 Sept, 1954, *to* 10-6, 1965, *that I last saw the deceased alive on* 10-6, 1965, *and that death occurred at* 9:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE 324 (Degree or title): [signature] M.D.
23b. ADDRESS: Parma, Idaho
23c. DATE SIGNED: 10.10.65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 9, 1965
24c. NAME OF CEMETERY OR CREMATORY: Parma Cemetery
24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: Oct 13-65
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: Merville D Davis
LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 19 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 4 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4418
Local Reg. No. 229
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

BIRTH NO. 65-10276

RECEIVED OCT 26 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Community Hospital 647

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1004 First Street North

3. NAME OF DECEASED (Type or Print)
a. (First): MICHAEL
b. (Middle): RAY
c. (Last): HUNSPERGER

4. DATE OF DEATH (Month) (Day) (Year): October 7, 1965

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: Oct. 7, 1965
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 0, Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -------- 02
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Sidney Hunsperger — BIRTHPLACE: Melba, Idaho
14. MOTHER'S MAIDEN NAME: Ellen Farr — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ------ (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ------
17. INFORMANT'S OWN SIGNATURE: Sidney Hunsperger — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

754.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congenital Hot disease — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 10-7-65, 19__, *to* 10-7-, 1965, *that I last saw the deceased alive on* 10-7-, 1965, *and that death occurred at* 12:25P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Gerald E. Neeche 559 (Degree or title) MD
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 10-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/9/1965
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian Idaho

DATE REC'D BY LOCAL REG.: Oct. 23, 1965
REGISTRAR'S SIGNATURE: Jane Streck
25. EMBALMER: Larry J. Krousk — LICENSE NO. E-447
FIRM NAME: ALSIP FUNERAL C... Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

State File No. 4419
Local Reg. No. 226
Reg. Dist. No. 362

BIRTH NO.

RECEIVED
OCT 21 1965
Bureau of Vital Statistics

STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: CANYON 142
b. CITY OR TOWN: NAMPA
c. LENGTH OF STAY (in this place): 45 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1128 SO. POWERLINE 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA,
d. STREET ADDRESS (If rural, give location): 1128 SO. POWERLINE

3. NAME OF DECEASED (Type or Print): a. (First) ULYSSES b. (Middle) c. (Last) HACKNEY

4. DATE OF DEATH (Month) (Day) (Year): OCT. 7, 1965

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 3

8. DATE OF BIRTH: MAY 20, 1909

9. AGE (In years last birthday): 56
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHEET METAL WORKER 67

10b. KIND OF BUSINESS OR INDUSTRY: HEATING (FURNACE)

11. BIRTHPLACE (State or foreign country): DAVENPORT, VIRGINIA

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: ASA L. HACKNEY
BIRTHPLACE: NO RECORD

14. MOTHER'S MAIDEN NAME: VICTORIA NO RECORD
BIRTHPLACE: NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-09-6273

17. INFORMANT'S OWN SIGNATURE: Mary W. Hackney
ADDRESS: NAMPA, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Multiple Myeloma - 203X
INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1960, *to* Oct 7, 1965, *that I last saw the deceased alive on* Oct 1, 1965, *and that death occurred at* 7:10 *m., from the causes and on the date stated above.*

23a. SIGNATURE: W B Rose 449 (Degree or Title)

23b. ADDRESS: NAMPA, IDAHO

23c. DATE SIGNED: 10-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 10-11-65

24c. NAME OF CEMETERY OR CREMATORY: HILLCREST MEM. GARDEN

24d. LOCATION (City, town, or county) (State): CANYON, IDAHO

DATE REC'D BY LOCAL REG.: Oct. 18, 1965

REGISTRAR'S SIGNATURE: Jane Stack

25. EMBALMER: M B Shepherd

LICENSE NO.: 473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

OCT 22 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 9 1974

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4420
Local Reg. No. 220
Reg. Dist. No. 362

BIRTH NO.

RECEIVED OCT 21 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: CANYON 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place): 41 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 555 SUNSET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 142
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 555 SUNSET

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HOWARD	I.	SLUSSER SR.	OCT. 7, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
WHITE	MALE	MARRIED 3	MARCH 27, 1882	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED CARMAN 70	U. P. 05 RAILROAD	FRIEDENS, VIRGINIA	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
WILLIAM S. SLUSSER	VIRGINIA	MARY C. HOOK	VIRGINIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	518-26-7659	x Howard I Slusser	NAMPA, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Found dead *, 19___, to ___, 19___, that I last saw the deceased alive on ___, 19___, and that death occurred at* 8:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C Wesche MD 583 Coroner-4	NAMPA, IDAHO	10-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	10-11-65	KOHLERLAWN CEMETERY	NAMPA, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 18, 1965	Jane Stuck	W. D. Shepherd	473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: OCT 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4421
Local Reg. No. 224
Reg. Dist. No. 362

RECEIVED OCT 21 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home- 1316 Washington Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142 b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1316 Washington Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SAMANTHA	E.	YOUNG	October 7, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	May 2, 1885	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home 01	Alvo, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
XX John Groves	no record	Barbara Hardknock	no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	none	Otis Young	Eagle, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 420.1 Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* Oct. 5, 1965 *and that death occurred at* 7:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
S. C. Taylor, 524 MD	619 Canyon Nampa	10/14/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 11, 1965	Kohlerlawn Cemetery	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 18, 1965	Jane Stuck	John F. Alsip Jr.	E 361

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4422
Local Reg. No. 103
Reg. Dist. No. 360

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

OCT 15 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 148
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print)
a. (First): Elsie
b. (Middle): L.
c. (Last): Matthews

4. DATE OF DEATH (Month) (Day) (Year): Oct. 7, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug. 15, 1881
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Burr Oak, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles L. Matthews — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Hannah M. Armagost — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: + V. F. Matthews — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

526X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Advanced bronchiectasis — INTERVAL BETWEEN ONSET AND DEATH: Many years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Anorexia & emaciation secondary to the bronchiectasis — 3 months
DUE TO (c) — Cholecystitis & Cholelithiasis — several weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis with memory failure & incoherence — 3 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 1955, *to* Oct 7, 1965, *that I last saw the deceased alive on* Oct 7, 1965, *and that death occurred at* 8 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles Elsewick 280 MD
23b. ADDRESS: 1819 Elles St Caldwell
23c. DATE SIGNED: 10-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 11.1965
24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery
24d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: Oct 13-65
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: Merville D Davis
LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 9 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4423
Local Reg. No. 104
Reg. Dist. No. 360

Certificate of Death

RECEIVED
OCT 15 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 008
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Box 521

3. NAME OF DECEASED (Type or Print)
a. (First): Rudolph
b. (Middle): A.
c. (Last): Collins

4. DATE OF DEATH (Month) (Day) (Year): Oct. 8, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 9, 1920
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months 9, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U. P. Railroad Retired 70
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Kingston, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: W. P. Collins — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Ada Iona Collins — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): War II 4
16. SOCIAL SECURITY NO.: 458-16-1416
17. INFORMANT'S OWN SIGNATURE: + Roselma Collins — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

2018

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Reticulum Cell Sarcoma — INTERVAL BETWEEN ONSET AND DEATH: 6 m

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Reversion from
DUE TO (c): Hodgkins disease

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1952, *to* Death, 19__, *that I last saw the deceased alive on* Oct 8, 1965 *and that death occurred at* 10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 445 MD
23b. ADDRESS: Caldwell
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Oct. 12, 1965
24c. NAME OF CEMETERY OR CREMATORY: Parma Cemetery
24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: 10-13-65
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: Merville D. Davis
LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 19 1965
OCT 21 1965
NOV 5 1965
DEC 17 1965
MAR 10 1966
MAY 12 2016

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4424
Local Reg. No. 106
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

BIRTH NO. 65-10279

RECEIVED OCT 18 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 370
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marsing
d. STREET ADDRESS (If rural, give location): Box 742

3. NAME OF DECEASED (Type or Print)
a. (First): Baby Boy
b. (Middle):
c. (Last): Carothers

4. DATE OF DEATH (Month) (Day) (Year): Oct. 8, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant 1
8. DATE OF BIRTH: Oct. 8, 1965
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 24 hrs.: Hours 1 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Caldwell, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James E. Carothers
BIRTHPLACE: Nevada
14. MOTHER'S MAIDEN NAME: Helen Dunning
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: X James Carothers
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chondrodystrophy 758.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Multiple congenital deformities

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8 Oct, 1965, *to* 8 Oct, 1965, *that I last saw the deceased alive on* 8 Oct, 1965, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 552 (Degree or title) Waterman MD
23b. ADDRESS: Caldwell, Idaho
23c. DATE SIGNED: 13 Oct 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 12, 1965
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Oct. 16 1965
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: Merville D. Davis
LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4425
Local Reg. No. 109
Reg. Dist. No. 360

RECEIVED OCT 18 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 14 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell Bureau Township
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marsing
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Bert
b. (Middle): O.
c. (Last): Spencer

4. DATE OF DEATH: (Month) 10 (Day) 9 (Year) 65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 21, 1881
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: 0
11. BIRTHPLACE (State or foreign country): Georgetown, Colorado
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Jinx Spencer — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Kate Allen — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 543-07-4404
17. INFORMANT'S OWN SIGNATURE: Arthur M Spencer — ADDRESS: R.3 Caldwell, Ida.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 451X Rupture Aneurysm, abdominal Aorta — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1, 1965, *to* Oct 9, 1965, *that I last saw the deceased alive on* Oct 9, 1965, *and that death occurred at* 5:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 570 MD (Degree or title)
23b. ADDRESS: Homedale
23c. DATE SIGNED: 10-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 13, 1965
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell Idaho

DATE REC'D BY LOCAL REG.: Oct-16-1965
REGISTRAR'S SIGNATURE: Freda D. Hunt, Deputy
25. EMBALMER: Merville D Davis
LICENSE NO.: E-399
FIRM NAME: Peckham-Dakan-Davis Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4426
Local Reg. No. 227
Reg. Dist. No. 363

Certificate of Death

RECEIVED
OCT 21 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (In this place): D.O.A. 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: KANSAS 17
b. COUNTY: RILEY 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MANHATTAN
d. STREET ADDRESS (If rural, give location): 619 BLUEMONT

3. NAME OF DECEASED (Type or Print)
a. (First): CARL
b. (Middle): THEODORE
c. (Last): ANDERSON

4. DATE OF DEATH (Month) (Day) (Year): OCT. 9, 1965

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED 4
8. DATE OF BIRTH: NOV. 23, 1902
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED CARPENTER 37
10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUSTION 02
11. BIRTHPLACE (State or foreign country): IOWA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: CHARLES ANDERSON — BIRTHPLACE: SWEDEN
14. MOTHER'S MAIDEN NAME: OSEE BRADEN — BIRTHPLACE: NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Beverly L. Wilson — ADDRESS: NAMPA, IDA.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coronary Sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Obstructive Pulmonary disease Chronic — 10 years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to 10/9, 1965, that I last saw the deceased alive on 10/9, 1965, and that death occurred at 5:28A m., from the causes and on the date stated above.*

23a. SIGNATURE: W B Ross 449 (Degree or title) [signature]
23b. ADDRESS: NAMPA, IDAHO
23c. DATE SIGNED: 10-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL 3
24b. DATE: 10-9-65
24c. NAME OF CEMETERY OR CREMATORY: OSBORNE CEMETERY
24d. LOCATION (City, town, or county) (State): OSBORNE, KANSAS

DATE REC'D BY LOCAL REG.: Oct. 18, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: M. B. Shepherd — LICENSE NO. 473
FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-69021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4427
Local Reg. No. 108
Reg. Dist. No. 360

Certificate of Death

RECEIVED OCT 18 1965

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell Bureau
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wilder, Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): J. 051
c. (Last): Patrick

4. DATE OF DEATH (Month) (Day) (Year): 10-10-65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Feb. 12, 1893
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Reeds Springs, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John Robert Patrick — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Susie Gausnell — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 500-09-7418
17. INFORMANT'S OWN SIGNATURE: Dollie Patrick — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: ? 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. L. Poulsen M.D. 651
23b. ADDRESS: 222 East Logan Caldwell Ida
23c. DATE SIGNED: 14 Oct 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-13-65
24c. NAME OF CEMETERY OR CREMATORY: Wilder Cemetery
24d. LOCATION (City, town, or county) (State): Wilder Idaho

DATE REC'D BY LOCAL REG.: 10-16-65
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: Merville D. Davis
LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 19 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 21 1995

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician: This patient was dead on arrival at hospital. I never saw the man alive & did not attend him.

State File No. 4428
Local Reg. No. 107
Reg. Dist. No. 360

Certificate of Death

BIRTH NO.

RECEIVED OCT 18 1965 Bureau of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. # 6

3. NAME OF DECEASED (Type or Print)
a. (First): Morris
b. (Middle): B.
c. (Last): Lamb

4. DATE OF DEATH (Month) (Day) (Year): Oct. 11, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 17, 1881
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Lamb — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Mary Hamilton — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-54-6517
17. INFORMANT'S OWN SIGNATURE: Hugh A. Lamb — ADDRESS:

18. CAUSE OF DEATH 600.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): uremia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): chronic pyelonephritis — 5 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: arteriosclerotic C.V.D. — 20 yrs

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1945, *to* 11 Oct, 1965, *that I last saw the deceased alive on* 11 Oct, 1965, *and that death occurred at* 11:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. W. Simpson 473 M.D.
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 14 Oct 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 15, 1965
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Mem. Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-16-65
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: Merville D Davis
LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 21 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. SEP 21 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4429
Local Reg. No. 231
Reg. Dist. No. 362

RECEIVED OCT 26 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON 142 3-01
b. CITY OR TOWN: NAMPA
LENGTH OF STAY (in this place): 1 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SAMARITAN HOSPITAL 049

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 142 b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 258 CALDWELL BLVD.

3. NAME OF DECEASED (Type or Print): a. (First) AGNES b. (Middle) J. c. (Last) OVERHOLSER

4. DATE OF DEATH (Month) (Day) (Year): OCT. 11, 1965

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 3

8. DATE OF BIRTH: NOV. 20, 1895

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED OWNER 74

10b. KIND OF BUSINESS OR INDUSTRY: 16 AUTO COURT

11. BIRTHPLACE (State or foreign country): GRAMHAM COUNTY, KANSAS

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: NO RECORD
BIRTHPLACE: NO RECORD

14. MOTHER'S MAIDEN NAME: HARRIETT ADAMS
BIRTHPLACE: KANSAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S OWN SIGNATURE: Vernon H. Overholser
ADDRESS: NAMPA, IDAH

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1965, *to* Oct, 1965, *that I last saw the deceased alive on* Oct 11, 1965, *and that death occurred at* 9:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: NAMPA, IDAHO

23c. DATE SIGNED: 10-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 10-15-65

24c. NAME OF CEMETERY OR CREMATORY: KOHLERLAWN CEMETERY

24d. LOCATION (City, town, or county) (State): NAMPA, IDAHO

DATE REC'D BY LOCAL REG.: Oct. 23, 1965

REGISTRAR'S SIGNATURE: Jane Stuck

25. EMBALMER: M. R. Shepherd

LICENSE NO.: 473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4430
Local Reg. No. 230
Reg. Dist. No. 363

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 26 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 3-18
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 18 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 380
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): 304 West Idaho Street

3. NAME OF DECEASED (Type or Print)
a. (First): Elsie
b. (Middle): Sarah
c. (Last): Butler

4. DATE OF DEATH (Month) (Day) (Year): Oct. 11, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Sept. 14, 1900
9. AGE (In years last birthday): 65 yrs — IF UNDER 1 YEAR: Months - - Days - - — IF UNDER 24 HRS.: Hours - - Min. - -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home 01
11. BIRTHPLACE (State or foreign country): Ketchum, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Schultz — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Ritticann Hughbanks — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): - - - - - - - -
16. SOCIAL SECURITY NO.: 518-26-9809
17. INFORMANT'S OWN SIGNATURE: Jim Butler — ADDRESS: New Plymouth, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

5788

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Superior Mesenteric Artery Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 10 yrs
DUE TO (c) (a) was precipitated by postoperative hypotension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Complete gangrene of small bowel
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - - - - - - - - - - - - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - - - - -
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: - - - - - - - - - - - - - - - - - -

22. *I hereby certify that I attended the deceased from* 8-3-, 19 65, *to* 10-11-, 19 65, *that I last saw the deceased alive on* 10-11-, 19 65, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold W. Brown 062 — **23b. ADDRESS**: 619 So. Canyon, Nampa, Idaho — **23c. DATE SIGNED**: 10-11-1965

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: 10-11-1965
24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery
24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: Oct. 23, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Gifford R. Shaffer — **LICENSE NO.**: E-344

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Shaffer Memory Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 28 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4431
Local Reg. No. 113
Reg. Dist. No. 360

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon — NOV 1 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (In this place): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 210 N. 9th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Andrew	Michael	Braun	10	12	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married 2	Oct. 27, 1890	74	11	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pressman 55	Retired 04	Baltimore, Maryland	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob Braun	Germany	Unknown	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	516-12-1285	x Leona Braun	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Standstill — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis — Progressive
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* DOA at home, 19__, *to* __, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* 2:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles E. Krause, 295	M.D.	Caldwell Idaho	19 Oct 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/15/65	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 27-1965	Fred H. Hunt, Deputy	Lucy M. Flahiff	E393

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4432
Local Reg. No. 116
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 1 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 141
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 220 N. 14th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): David
b. (Middle): Richard Kimball
c. (Last): Beatty

4. DATE OF DEATH (Month) (Day) (Year): Oct. 12, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Aug. 2, 1887
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Building Contractor 13
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Caldwell, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Swaine Beatty — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): War I 3
16. SOCIAL SECURITY NO.: 519-16-9868A
17. INFORMANT'S OWN SIGNATURE: Richard B. Beatty — ADDRESS:

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: Few hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — YRS.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 18, 1952, *to* Oct. 12, 1965, *that I last saw the deceased alive on* Oct. 11, 1965, *and that death occurred at* 6:30 a *m., from the causes and on the date stated above.*

23a. SIGNATURE 243 (Degree or title): Oakes H. Beaver M.D.
23b. ADDRESS: Caldwell, Idaho
23c. DATE SIGNED: 10/27/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Oct. 14, 1965
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Oct 27-1965
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: Merville D. Davis — LICENSE NO. E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 5 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 16 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4433
Local Reg. No. 112
Reg. Dist. No. 360

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon 141 (000)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blakley Nursing Home 177

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 1411 Cleveland Blvd.

3. NAME OF DECEASED (Type or Print): a. (First) Alva; b. (Middle); c. (Last) Haney

4. DATE OF DEATH: (Month) 10 (Day) 13 (Year) 65

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Aug. 13, 1882

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 2, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Retired 01

11. BIRTHPLACE (State or foreign country): Mt. Etna, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wm. Haney — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Rachael Eliss — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 479-24-7796

17. INFORMANT'S OWN SIGNATURE: Mary Pearl Haney — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma bladder 1810 — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Ca, bladder

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): . m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-24-65, 19__, *to* 10-13, 1965, *that I last saw the deceased alive on* 10-13, 1965, *and that death occurred at* 11:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 143 S. 7th — (Degree or title): MD — **23b. ADDRESS**: Caldwell — **23c. DATE SIGNED**: 10-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3 — **24b. DATE**: 10/16/65 — **24c. NAME OF CEMETERY OR CREMATORY**: Glenwood Cemetery — **24d. LOCATION** (City, town, or county) (State): Glenwood, Iowa

DATE REC'D BY LOCAL REG.: Oct 23-65 — **REGISTRAR'S SIGNATURE**: Freda P. Hoard, Deputy — **25. EMBALMER**: Leonard C. Flahiff — **LICENSE NO.**: E-481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4434
Local Reg. No. 228
Reg. Dist. No. 363

Certificate of Death

STATE OF IDAHO

BIRTH NO. RECEIVED

1. PLACE OF DEATH
a. COUNTY: CANYON 140 OCT 21 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL MELBA Bureau of Vital Statistics
c. LENGTH OF STAY (in this place): 8 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ROUTE 1 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 140
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL MELBA
d. STREET ADDRESS (If rural, give location): ROUTE 1

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): ELVIN
c. (Last): SPURLING

4. DATE OF DEATH (Month) (Day) (Year): OCT. 13, 1965

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 3
8. DATE OF BIRTH: NOV. 1, 1918
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER 04
10b. KIND OF BUSINESS OR INDUSTRY: FARMING 01
11. BIRTHPLACE (State or foreign country): CLARK, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: ORLA SPURLING — BIRTHPLACE: NO RECORD
14. MOTHER'S MAIDEN NAME: DOVIE SETTLE — BIRTHPLACE: MISSOURI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 488-18-5859
17. INFORMANT'S OWN SIGNATURE: Larry E. Spurling — ADDRESS: MELBA, IDA.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion 420.1

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Found dead. *, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* about 11 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D. Coroner. 4 583
23b. ADDRESS: NAMPA, IDAHO
23c. DATE SIGNED: 10-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10-16-65
24c. NAME OF CEMETERY OR CREMATORY: MELBA CEMETERY
24d. LOCATION (City, town, or county) (State): MELBA, IDAHO

DATE REC'D BY LOCAL REG.: Oct. 18, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: M. B. Shepherd — LICENSE NO. 473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4435
Local Reg. No. 2339
Reg. Dist. No. 362

BIRTH NO. RECEIVED STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon 142
OCT 26 1965
Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 615-10 Avenue South

3. NAME OF DECEASED (Type or Print)
a. (First): LUCIUS
b. (Middle): LEROY 049
c. (Last): FRITZ

4. DATE OF DEATH: October 13, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Jan. 6, 1883

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Interior Decorator 89

10b. KIND OF BUSINESS OR INDUSTRY: Interior Decorator

11. BIRTHPLACE (State or foreign country): Waverley, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Fritz
BIRTHPLACE: Pennsylvania

14. MOTHER'S MAIDEN NAME: Frances Jenkins
BIRTHPLACE: Vermont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 548-14-7770

17. INFORMANT'S OWN SIGNATURE: Mrs. Edith Fritz
ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 180X Cardiac failure
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Adenocarcinom - Sigmoid
DUE TO (c): Papillary Trans Cell Ca - Ureter

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Paraplegia

19a. DATE OF OPERATION: 9-15-65

19b. MAJOR FINDINGS OF OPERATION: Segmental Ureteral resection - Rt.

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-9, 1965, *to* 10-13, 1965, *that I last saw the deceased alive on* 10-13, 1965, *and that death occurred at* 1:20P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alfred A. Rossomondo, MD 450
23b. ADDRESS: 723 Roosevelt Ave Nampa
23c. DATE SIGNED: 10/19/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 2
24b. DATE: Oct. 16, 1965
24c. NAME OF CEMETERY OR CREMATORY: Montecito Memorial Park
24d. LOCATION (City, town, or county) (State): San Bernardino, California

DATE REC'D BY LOCAL REG.: Oct. 23 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Larry J. Krouch
LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALSIP FUNERAL CHAPEL

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4436
Local Reg. No. 117
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 — NOV 1 1965 — Bureau of Vital Statistics
b. CITY OR TOWN: Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Memorial Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1616 Arthur St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	George		Murphy	Oct. 14, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married 3	Dec. 28, 1890	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00	00	Chapin, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gideon M. Murphy	Unknown	Alice Simmons	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	540-26-0266	X Mrs. Lee A. Monroe	Rt 1 Nampa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Occlusion
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bilateral Pulmonary Emphysema

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 10, 1956, *to* Oct. 14, 1965, *that I last saw the deceased alive on* Oct. 13, 1965, *and that death occurred at* 7:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Duke H. Baines 243	M.D.	Caldwell, Idaho	10/26/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 18, 1965	Parma Cemetery	Parma, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 28-1965	Freda D. Hunt, Deputy	Merville D Davis	E-399

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar, ...vsical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4437
Local Reg. No. 233
Reg. Dist. No. 362

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: CANYON 142
OCT 26 1965
3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Bureau of Vital Statistics): NAMPA
c. LENGTH OF STAY (In this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 143
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 107 ELDER

3. NAME OF DECEASED (Type or Print): a. (First) MARGARET b. (Middle) JANE c. (Last) IRGENS

4. DATE OF DEATH: (Month) OCT. (Day) 15, (Year) 1965

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 3

8. DATE OF BIRTH: FEB. 4, 1887

9. AGE (In years last birthday): 78 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE 01

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): ERIN CORONERS, WISCONSIN

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: NO RECORD CASEY
BIRTHPLACE: NO RECORD

14. MOTHER'S MAIDEN NAME:
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Chris Irgens X
ADDRESS: NAMPA, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes mellitus — 3 yrs
Arteriosclerotic Heart Disease — 1 yr
Hypertension — 15 yrs +

331X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES XX NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-24- , 1961 , *to* 10-15- , 1965 , *that I last saw the deceased alive on* 10-15- , 1965 , *and that death occurred at* 4:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: NAMPA, IDAHO

23c. DATE SIGNED: 10-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 10-12-65

24c. NAME OF CEMETERY OR CREMATORY: MT. CALVARY CEMETERY

24d. LOCATION (City, town, or county) (State): NAMPA, IDAHO

DATE REC'D BY LOCAL REG.: Oct. 23, 1965

REGISTRAR'S SIGNATURE: [signature]

25. EMBALMER: [signature]

LICENSE NO.: 473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

NOV 25 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 18 1976

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4438
Local Reg. No. 114
Reg. Dist. No. 360

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY 141 Canyon — NOV 1 1965 — BUREAU OF VITAL STATISTICS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell, Idaho
c. LENGTH OF STAY (If this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho — b. COUNTY 141 Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell, Idaho
d. STREET ADDRESS (If rural, give location) 1602 N. Ill.

3. NAME OF DECEASED (Type or Print): a. (First) Orville — b. (Middle) Leslie — c. (Last) Ford

4. DATE OF DEATH: (Month) 10 (Day) 15 (Year) 65

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Nov. 27, 1909

9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Station Mgr. 74

10b. KIND OF BUSINESS OR INDUSTRY: Garber Motor 07

11. BIRTHPLACE (State or foreign country): Greenleaf, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wm. M. Ford — BIRTHPLACE: Georgia

14. MOTHER'S MAIDEN NAME: Cordelia Jones — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-26-9548

17. INFORMANT'S OWN SIGNATURE: Nancy L. Ford — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

527.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Emphysema — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Cardiac Decompensation

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-27-61, 19___, *to* 10-15-65, 19___, *that I last saw the deceased alive on* 10-15-65, 19___, *and that death occurred at* 10:25A m., *from the causes and on the date stated above.*

23a. SIGNATURE 178 — (Degree or title) MD — **23b. ADDRESS**: 222 East Elm--Caldwell, Idaho — **23c. DATE SIGNED**: 10-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 10/18/65 — **24c. NAME OF CEMETERY OR CREMATORY**: Canyon Hill — **24d. LOCATION** (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Oct 27-65 — REGISTRAR'S SIGNATURE: Fred H. Hunt, Deputy — 25. EMBALMER: Jerry M. Flahiff — LICENSE NO.: E393

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

NOV 3 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 12 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4439
Local Reg. No. 236
Reg. Dist. No. 362

Certificate of Death

RECEIVED NOV 4 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 142
a. COUNTY: CANYON 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PARK VIEW MANOR 296

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 142
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 803 8th AVE. SOUTH

3. NAME OF DECEASED (Type or Print)
a. (First): NICOLAS
b. (Middle): (nmn)
c. (Last): MALLEA

4. DATE OF DEATH (Month) (Day) (Year): OCT. 15, 1965

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 3
8. DATE OF BIRTH: DEC. 22, 1888
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED ICE PLANT 06
10b. KIND OF BUSINESS OR INDUSTRY: P.F. E. 03
11. BIRTHPLACE (State or foreign country): YSPASTAR, SPAIN
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: NO RECORD — BIRTHPLACE: SPAIN
14. MOTHER'S MAIDEN NAME: LORENZA NO RECORD — BIRTHPLACE: SPAIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-01-3082
17. INFORMANT'S OWN SIGNATURE: Angel Mallea — ADDRESS: NAMPA, IDAHO

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral occlusion — 6 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1950, *to* Oct. 15, 1965, *that I last saw the deceased alive on* Oct. 15, 1965, *and that death occurred at* 12:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE 288 (Degree or title): F. A. Koehne M.D.
23b. ADDRESS: NAMPA, IDAHO
23c. DATE SIGNED: 10-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10-18-65
24c. NAME OF CEMETERY OR CREMATORY: MT. CALVARY CEMETERY
24d. LOCATION (City, town, or county) (State): NAMPA, IDAHO

DATE REC'D BY LOCAL REG.: Nov. 1, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: M. B. Shepherd — LICENSE NO. 473

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SHEPHERD MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 5 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4440
Local Reg. No. 124
Reg. Dist. No. 360

Certificate of Death

RECEIVED
NOV 9 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 370
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): Rt. "# 1

3. NAME OF DECEASED (Type or Print)
a. (First): Vera
b. (Middle): L.
c. (Last): Stansell

4. DATE OF DEATH (Month) (Day) (Year): Oct. 16, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 5, 1919
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Robin, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Vern Evans — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Mina L. Ross — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-54-6005
17. INFORMANT'S OWN SIGNATURE: Edwin Stansell — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

214X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SHOCK — INTERVAL BETWEEN ONSET AND DEATH: 24 H.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) PULM. EMBOLUS — 36 H
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12 OCT 65
19b. MAJOR FINDINGS OF OPERATION: Fibroid uterus
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11 OCT, 1965, *to* 16 OCT, 1965, *that I last saw the deceased alive on* 16 OCT, 1965, *and that death occurred at* 12:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J L Montgomery M.D. 367
23b. ADDRESS: 222 E. Logan
23c. DATE SIGNED: 19 OCT 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 19, 1965
24c. NAME OF CEMETERY OR CREMATORY: Marsing-Homedale Cemetery
24d. LOCATION (City, town, or county) (State): Homedale, Idaho

DATE REC'D BY LOCAL REG.: 11-6-65
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: Merville D. Davis
LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 25 1966

JAN 8 1976

OCT 12 1999

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4441
Local Reg. No. 237
Reg. Dist. No. 362

Certificate of Death

RECEIVED
NOV 4 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON 142 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (In this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 140
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL NAMPA
d. STREET ADDRESS (If rural, give location): RT. 3

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): CHARLES
c. (Last): TOMPKINS

4. DATE OF DEATH (Month) (Day) (Year): OCT. 18, 1965

5. SEX: MALE
6. COLOR OR RACE: WHITE & INDIAN 3
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: MARCH 4, 1962
9. AGE (In years last birthday): 3 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ***** 02
10b. KIND OF BUSINESS OR INDUSTRY: 00*****
11. BIRTHPLACE (State or foreign country): ST. GEORGE, UTAH
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: LAWRENCE TOMPKINS — BIRTHPLACE: NEBRASKA
14. MOTHER'S MAIDEN NAME: RENEE REDHORN — BIRTHPLACE: NEBRASKA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: X Lawrence Tompkins — ADDRESS: NAMPA

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 872.9 Aspirin poisoning — INTERVAL BETWEEN ONSET AND DEATH: 2.8 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [XX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): #
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-18--n, 19 65 *to* 10-18-, 19 65 *that I last saw the deceased alive on* 10-18-, 19 65 *and that death occurred at* 11:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 345
23b. ADDRESS: NAMPA, IDAHO
23c. DATE SIGNED: 10-25-65

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10-25-65
24c. NAME OF CEMETERY OR CREMATORY: MT. CALVARY CEMETERY
24d. LOCATION (City, town, or county) (State): NAMPA, IDAHO

DATE REC'D BY LOCAL REG.: Nov. 1, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: M. B. Shepherd — LICENSE NO. 473

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SHEPHERD MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4442
Local Reg. No. 115
Reg. Dist. No. 360

RECEIVED NOV 1 1965 BUREAU OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon (14) (100)
b. CITY OR TOWN Caldwell, Idaho
c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho (14) b. COUNTY Canyon
c. CITY OR TOWN Caldwell, Idaho
d. STREET ADDRESS (If rural, give location) Rt. #3

d. FULL NAME OF HOSPITAL OR INSTITUTION Caldwell Memorial Hospital

3. NAME OF DECEASED (Type or Print) a. (First) Chester b. (Middle) Monroe (057) c. (Last) Haynes

4. DATE OF DEATH (Month) 10 (Day) 19 (Year) 65

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married (3)

8. DATE OF BIRTH June 17, 1884

9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months 4 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (64)

10b. KIND OF BUSINESS OR INDUSTRY Farming (81)

11. BIRTHPLACE (State or foreign country) Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Benjiman Haynes BIRTHPLACE West Virginia

14. MOTHER'S MAIDEN NAME Sarah Caldwell BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO 519-40-2315

17. INFORMANT'S OWN SIGNATURE x Millie Haynes ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis (332X) — INTERVAL BETWEEN ONSET AND DEATH 4 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebro-vascular Atherosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-17, 1965, *to* 10-19, 1965, *that I last saw the deceased alive on* 10-19, 1965 *and that death occurred at* 6:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 258 Robert H. Jensen M.D.

23b. ADDRESS 222 EAST LOGAN CALDWELL, Idaho

23c. DATE SIGNED 10-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10/22/65

24c. NAME OF CEMETERY OR CREMATORY (Location: City, town, or county) (State) Canyon Hill Caldwell, Idaho

DATE REC'D BY LOCAL REG. Oct 27-1965

REGISTRAR'S SIGNATURE Freda D. Hunt, Deputy

25. EMBALMER Lucy M. Flahiff LICENSE NO. E393

FIRM NAME Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 17 1994

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4443
Local Reg. No. 125
Reg. Dist. No. 360

BIRTH NO 65-10-98 RECEIVED

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: 141 Canyon NOV 9 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho Bureau of Vital
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Michael b. (Middle) Lee 051 c. (Last) McMillin

4. DATE OF DEATH: (Month) 10 (Day) 20 (Year) 65

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant 1

8. DATE OF BIRTH: Oct. 20, 1965

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours 3 | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02

10b. KIND OF BUSINESS OR INDUSTRY: Infant 00

11. BIRTHPLACE (State or foreign country): Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Dennis McMillin — BIRTHPLACE: Caldwell, Ida.

14. MOTHER'S MAIDEN NAME: Sandra J. Alsup — BIRTHPLACE: Caldwell, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Dennis L McMillin — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

762.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity and — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congenital Atelectasis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 20 Oct, 1965 *to* 20 Oct, 1965, *that I last saw the deceased alive on* 20 Oct, 1965, *and that death occurred at* 2:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles E. Kramer 295 — (Degree or title): M.D. — **23b. ADDRESS**: Caldwell Idaho — **23c. DATE SIGNED**: 26 Oct 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/22/65
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 11-6-65
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: Lucy M. Flahiff — LICENSE NO.: E293
FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 4444
Local Reg. No. 237
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON 140 OCT 26 1965 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL 050

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 140
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL NAMPA
d. STREET ADDRESS (If rural, give location): RT. 2

3. NAME OF DECEASED (Type or Print): a. (First) L. b. (Middle) P. c. (Last) SWORD

4. DATE OF DEATH (Month) (Day) (Year): OCT. 20, 1965

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 3

8. DATE OF BIRTH: AUG. 29, 1915

9. AGE (In years last birthday): 50 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OWNER HAY CO. 47

10b. KIND OF BUSINESS OR INDUSTRY: HAY BROKER 05

11. BIRTHPLACE (State or foreign country): FLOYD COUNTY, KENTUCKY

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: CHARLIE SWORD — BIRTHPLACE: KENTUCKY

14. MOTHER'S MAIDEN NAME: EMMA TACKETT — BIRTHPLACE: KENTUCKY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES | (If yes, give war or dates of service): W W II

16. SOCIAL SECURITY NO.: 403-18-3546

17. INFORMANT'S OWN SIGNATURE: Mrs. Vina Sword — ADDRESS: NAMPA, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Diabetic acidosis & Coma — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Carcinomatosis — 1 Yr

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-4- , 1965 *to* 10-20- , 1965 *that I last saw the deceased alive on* 10-20- , 1965 *and that death occurred at* 5:12A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold W Brown MD

23b. ADDRESS: NAMPA, IDAHO

23c. DATE SIGNED: 10-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 10-22-65

24c. NAME OF CEMETERY OR CREMATORY: KOHLER DAWN CEMETERY

24d. LOCATION (City, town, or county) (State): NAMPA, IDAHO

DATE REC'D BY LOCAL REG.: Oct. 23, 1965

REGISTRAR'S SIGNATURE: Jane Stuck

25. EMBALMER: M. B Shepherd — LICENSE NO. 473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 8 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 4445
Local Reg. No. 238
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 4 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (In this place) 33yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idaho State School 052

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 142
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 11th Ave. No.

3. NAME OF DECEASED (Type or Print)
a. (First) Walden
b. (Middle)
c. (Last) Burtenshaw

4. DATE OF DEATH (Month) (Day) (Year) October 21, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 1910
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Patient 00
10b. KIND OF BUSINESS OR INDUSTRY: none 00
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ben Burtenshaw — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Rilla Murphy — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ben Burtenshaw — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal Skull Fracture 902.7 — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture right scapula

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 02
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): State School Farm
21c. (CITY, TOWN, OR TOWNSHIP) 140 (COUNTY) (STATE): 13 Nampa Canyon Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-21-65 12 mn.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Slipped & Fell 14 feet into a silage pit

22. *I hereby certify that I attended the deceased from* Inspection only, *19*____, *to* _____, *19*____, *that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* 1:30 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Henry C. Wesche MD 583 (Degree or title) Coroner 4
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 10-25-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: October 25,65
24c. NAME OF CEMETERY OR CREMATORY: Ririe Shelton Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Nov. 1 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: [signature]
LICENSE NO.: E-496

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JAN 1 1 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4446
Local Reg. No. 239
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON 142 — NOV 4 1965 — 4-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (In this place): FEW HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL 050

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 142
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA,
d. STREET ADDRESS (If rural, give location): 1212 13th AVE. SOUTH

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FRANCES	ROSE	AULBACH	OCT. 21, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	MARRIED 2	MARCH 20, 1897	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE 01	AT HOME 01	BARNESVILLE, MINN.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
PHIL MOTZKO	POLAND	MARY TIECEK	GERMANY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	NONE	[illegible] Aulbach	NAMPA, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 464X Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 2 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrombophlebitis — 24 h
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Multiple Sclerosis.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* [illegible] 1963, *to* Oct 21, 1965, *that I last saw the deceased alive on* Oct 21, 1965, *and that death occurred at* 8:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph B. Maranville MD	NAMPA, IDAHO	10-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL 07	10-25-65	MT. CALVARY CEMETERY	NAMPA, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 1, 1965	Jane Steck	M. B. Shepherd	473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 5 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4447
Local Reg. No. 122
Reg. Dist. No. 361

Certificate of Death

STATE OF IDAHO

RECEIVED 140 NOV 2 1965 Director of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, Rt. # 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. # 3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Harold	W.	Shaw	Oct. 23, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married 3	Aug. 11, 1911	54	2 / 12	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Decorator & Designer 67	02	Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Reuben E. Shaw	Unknown	Phila May Wetherly	Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Mrs Harold Shaw	Route 3

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of The Brain — INTERVAL BETWEEN ONSET AND DEATH: 5 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

193.0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 24 Aug, 1962, *to* 23 Aug, 1965, *that I last saw the deceased alive on* 23 Sep, 1965, *and that death occurred at* 9:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles E. Krause 295	M.D.	Caldwell, Idaho	28 Oct 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 26, 1965	Middleton Cemetery	Middleton, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-30-65	Freda E. Hunt, Deputy	Merville D. Davis	E-394

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: NOV 5 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4448
Local Reg. No. 121
Reg. Dist. No. 361

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 1 1965 Bureau of Vital

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Rt. # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print)
a. (First): Lester
b. (Middle): Alonzo
c. (Last): Mitchell

4. DATE OF DEATH (Month) (Day) (Year): Oct. 23, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 30, 1886
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 2, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91
10b. KIND OF BUSINESS OR INDUSTRY: 03
11. BIRTHPLACE (State or foreign country): Derby, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Calvin Mitchell — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Lizabeth Bryan — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): War I 3
16. SOCIAL SECURITY NO.: 518-58-7403
17. INFORMANT'S OWN SIGNATURE: Mrs. Irene Mitchell — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Inspection only, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 12:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C Wesche M.D. 583 Coroner 4
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 10-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 26, 1965
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Oct 28-1965
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: Merville D Davis — LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis Chapel, Caldwell

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: NOV 5 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures FEB 5 1969 of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4449
Local Reg. No. 18
Reg. Dist. No. 360

BIRTH NO.

RECEIVED
NOV 1 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Carl	H.	Kreizenbeck	Oct. 24, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	Feb. 28, 1890	75	7	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer 04	01	Boone County, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Kreizenbeck	Germany		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	War I	519-40-5122	Helen K. Fallert	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Acute Myocardial infarction	10 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic Heart Disease	10 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-11-65 *19____, to* 10-24-65 *19____, that I last saw the deceased alive on* 10-24-65 *19____, and that death occurred at* 1:10 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. D. Fullerton MD	222 East Elm--Caldwell, Idaho	10-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 27, 1965	Parma Cemetery	Parma, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 28-1965	Freda F. Hunt, Deputy	Merville D. Davis	E-399

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 1 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 5 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4450
Local Reg. No. 240
Reg. Dist. No. 362

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

142 NOV 4 1965 000
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 563 Fairview Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): RUSSELL
b. (Middle): LOWELL 049
c. (Last): GASKINS

4. DATE OF DEATH (Month) (Day) (Year): October 24, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: January 6, 1907
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Warehouseman 29
10b. KIND OF BUSINESS OR INDUSTRY: Robertson Wholesale 07
11. BIRTHPLACE (State or foreign country): Withemsville Ohio
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Dennis Gaskins — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Pearl Fiscus — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 523 22 7388
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

433.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cause Undetermined
~~DUE TO (c)~~ (Followed by Cardiac Arrest)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (Revived by Cardiac Stimulation Once)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 20, 1965, *to* Oct 24, 1965, *that I last saw the deceased alive on* Oct 24, 1965, *and that death occurred at* 6:35 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J R Mangum MD 322
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 10/26/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 27, 1965
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Canyon County Idaho

DATE REC'D BY LOCAL REG.: Nov. 1, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: [signature] — LICENSE NO. E 496

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 5 1965

MAR 21 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 14 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

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PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4451
Local Reg. No. 127
Reg. Dist. No. 360

BIRTH NO.

NOV 9 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell, Idaho
c. LENGTH OF STAY (in this place) 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 140
b. COUNTY Canyon 3-07
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell, Idaho
d. STREET ADDRESS (If rural, give location) Route #2

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) 057 Albert c. (Last) Bryant

4. DATE OF DEATH (Month) 10 (Day) 25 (Year) 65

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH 5/24/1978

9. AGE (In years last birthday) 87 IF UNDER 1 YEAR Months 5 Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 04

10b. KIND OF BUSINESS OR INDUSTRY Retired 01

11. BIRTHPLACE (State or foreign country) Madison County, Arkansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Polk Bryant
BIRTHPLACE Tenn.

14. MOTHER'S MAIDEN NAME Unknown
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) No,

16. SOCIAL SECURITY NO. 446-05-8572

17. INFORMANT'S OWN SIGNATURE x Grace M. Hoisow
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

610X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 10-25-65
19b. MAJOR FINDINGS OF OPERATION benign prostatic hypertophy
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-14-65, 19___, *to* 10-25-65 19___, *that I last saw the deceased alive on* 10-25-65, 19___, *and that death occurred at* 11:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Arthur S. Dole, Jr., M.D. (Degree or title)
23b. ADDRESS 1720 Arlington St. Caldwell
23c. DATE SIGNED 11-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10/28/65
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill
24d. LOCATION (City, town, or county) Caldwell, Idaho (State)

DATE REC'D BY LOCAL REG. 11-6-65
REGISTRAR'S SIGNATURE Irene D. Hunt, Deputy
25. EMBALMER Lucian Flaniff
LICENSE NO. F393
FIRM NAME: Flaniff Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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N # 8

Certificate of Death

STATE OF IDAHO

State File No. 4452
Local Reg. No. 126
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 NOV 9 1965 600
b. CITY OR TOWN: Cadwell, Idaho
Bureau of Vital Statistics
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Home 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141 b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 712 Cleveland

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Hugh	Randall	Ackley		10	25	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married 2	Jan. 1, 1883	82	9	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hotel Manager 74	Retired 05	Darst County, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Ackley	Cottleville, Mo.	Mary J. Hall	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	518-54-0187	x Mary C. Ackley	Caldwell, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion 420.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* Inspection only *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__ *and that death occurred at* 10:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wesche 583 M.D. Coroner	Nampa Idaho	10-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/28/65	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-6-65	Freda G. Hunt, Deputy	Wayne Flahiff	E393

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 4453
Local Reg. No. 119
Reg. Dist. No. 360

Certificate of Death

RECEIVED
NOV 1 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON 141 500
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALDWELL
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME, 1015 GRANT.ST. 500

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 141
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALDWELL
d. STREET ADDRESS (If rural, give location): 1015 Grant St.

3. NAME OF DECEASED (Type or Print)
a. (First): Georgia
b. (Middle): A.
c. (Last): Davis

4. DATE OF DEATH (Month) (Day) (Year): Oct. 25, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 11, 1876
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months 10 Days 14 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Taborville, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Zacky T. Carroll — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Mary Josephine Hoover — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Roy O Davis — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic C V Disease — 10 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1965, *to* death, 19__, *that I last saw the deceased alive on* Oct 23, 1965, *and that death occurred at* 6 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 495 Ews
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 10-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 29, 1965
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 10-28-65
REGISTRAR'S SIGNATURE: Freda G. Lkenk Deputy
25. EMBALMER: Merville D Davis
LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JAN 14 1969

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4454
Local Reg. No. 123
Reg. Dist. No. 360

RECEIVED
NOV 2 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 140
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) Rt. # 3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	O. (Jack)	Edwards	Oct. 25, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	Sept. 22, 1892	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman 19	07	Randolph, Kentucky	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles A. Edwards	Kentucky	Nancy E. Coffee	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		518-18-7377	Alice A. Edwards	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

177X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca Prostate & Metastasis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4-16 *,* 1963 *, to* 10-25 *,* 1965 *, that I last saw the deceased alive on* 10-25 *,* 1965 *, and that death occurred at* 11:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
a Duly 143	MD	Caldwell Idaho	10-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 28, 1965	Marsing-Homedale Cemetery	Marsing, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-30-65	Fred H. Schmidt, Deputy	Kenneth C. Spence	E-395

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 10 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAY 12 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4455
Local Reg. No. 141
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 22 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 14/ 500
b. CITY OR TOWN Caldwell
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Blakley's Nursing Home 177

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 14/
b. COUNTY Canyon
c. CITY OR TOWN Caldwell
d. STREET ADDRESS 204 Everett St.

3. NAME OF DECEASED (Type or Print)
a. (First) Ralph
b. (Middle) I.
c. (Last) McGregor

4. DATE OF DEATH (Month) (Day) (Year) Oct. 29, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 4
8. DATE OF BIRTH Jan. 10, 1915
9. AGE (In years last birthday) 51
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chef 49
10b. KIND OF BUSINESS OR INDUSTRY 02
11. BIRTHPLACE (State or foreign country) Mt. Grove, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jesse McGregor
BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Lucille Mitchell
BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE +Lucille McGregor
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 163X Adenocarcinoma of rt lung & metastasis
INTERVAL BETWEEN ONSET AND DEATH June - Oct

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 4, 1965, *to* Oct 29, 1965, *that I last saw the deceased alive on* Oct 29, 1965, *and that death occurred at* 5:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) MD
23b. ADDRESS 1201 S Kimball Caldwell Idaho
23c. DATE SIGNED 16 Nov. 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 1, 1965
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. Nov 18 1965
REGISTRAR'S SIGNATURE Freda F. Hunt, Deputy
25. EMBALMER Merville D Davis
LICENSE NO. E-399

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 5 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician. He was for many years a heavy smoker of cigarettes
Squamous cell carcinoma of right tonsil & biopsy proved. Treated with x-rays & cobalt. Terminal diagnosis
He had cobalt treatments. LPK

Certificate of Death

State File No. 4456
Local Reg. No. 138
Reg. Dist. No. 361

BIRTH NO. RECEIVED STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH — a. COUNTY: Canyon — NOV 9 1965 — 140 — 000 — b. CITY OR TOWN: Middleton — Bureau of Vital Statistics — c. LENGTH OF STAY (In this place): — d. FULL NAME OF HOSPITAL OR INSTITUTION: Home, — 077

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho — 148 — b. COUNTY: Canyon — c. CITY OR TOWN: Middleton — d. STREET ADDRESS (If rural, give location): Box 13

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Alma	F.	Tuckness		Oct.	29,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	June 21, 1889	76	4	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	01	Polk County, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Marion Spear	Unknown	Cathrine Rutheford	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	Mrs Durand B Ward	401 Belmont

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lung hemorrhage. — 231X — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Tumor lung.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY Ooccur?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 8, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 6:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C Wenke M.D. 583	Coroner 4	Nampa Idaho	11-4-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 2, 1965	Middleton Cemetery	Middleton, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-6-65	Freda F. Hunt, Deputy	Merville D. Davis	E-399

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

NOV 10 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4457
Local Reg. No. 242
Reg. Dist. No. 362

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

NOV 15 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 142 Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (If in hospital or institution)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home --220 Garland St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 142
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 220 Garland Street

3. NAME OF DECEASED (Type or Print)
a. (First) LINNIE
b. (Middle) AUGUSTA
c. (Last) Ferguson

4. DATE OF DEATH (Month) (Day) (Year) October 30, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Feb. 19, 1886
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) VIOLA IOWA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Dawson — BIRTHPLACE Pennsylvania
14. MOTHER'S MAIDEN NAME Melvina Thompson — BIRTHPLACE IOWA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S OWN SIGNATURE Leone B Lonien — ADDRESS Nampa, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Thrombosis	1 wk
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerosis	1 yr.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Peptic Esophagitis	8 mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-21, 1948, *to* 10-30, 1965, *that I last saw the deceased alive on* 10-24, 1965, *and that death occurred at* 7:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE 245 T C Horton MD (Degree or title)
23b. ADDRESS 1223-7 St. So, Nampa
23c. DATE SIGNED 11-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 2, 1965
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) Nampa (State) Idaho

DATE REC'D BY LOCAL REG. Nov. 8, 1965
REGISTRAR'S SIGNATURE Jane Steck
25. EMBALMER Larry J Kroush
LICENSE NO. E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Amended Nov. 12, 1965

Certificate of Death

STATE OF IDAHO

State File No. 4458
Local Reg. No. 129
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell I.O.O.F. Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 43 b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Route # 3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ira	Bell	Kelly	October 30, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	December 9, 1878	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 01
10b. KIND OF BUSINESS OR INDUSTRY: Housewife 0
11. BIRTHPLACE (State or foreign country): Newton County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Melkain Gentry — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Nancy Estes — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Crystal K. Vanausdelm — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 d

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) C V A — 2 wk
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 19 64, *to* Oct 30, 19 65, *that I last saw the deceased alive on* Oct 30, 19 65, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hal E. Reynolds, M.D. 437	Caldwell, Idaho	Nov 5, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov 2, 1965	Sunset Memorial Park	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-6-65	Freda G. Hunt, Deputy	Merville D. Davis	E-399

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: White Mortuary

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
NOV 10 1965
Bureau of Vital Statistics

State of Idaho } ss.
County of Twin Falls }

Certificate No.

Date Filed 11.8.1965

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)
for Ira B. Kelly (Name on Original Certificate) who died (Was Born or Died) on Oct. 30, 1965 (Date of Event)
in Caldwell-Canyon Co, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Ins. Policy (Bible Record, Insurance Policy, Etc.) prepared on 26 Aug. 1931 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of Birth	December 9th, 1877	Dec. 9th, 1878
Age	87	86

Subscribed and sworn to before me this 9th day of November, 19 65

Notary Public, residing at Twin Falls Idaho
My commission expires June 25, 1968
(Seal)

Signed Crystal K Vanausdeln Daughter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #1, Filer, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of November, 19 65

Notary Public, residing at Twin Falls, Idaho
My commission expires June 25, 1968
(Seal)

Signed Ronald L Hamilton
(Signature of Any Credible Person)

Box 845 White Mortuary
(Street Address, City, State)
Twin Falls, Idaho

FORM DH 60-155

Idaho Mutual Benefit Association application dated August 18, 1931 gives date of birth as Dec 9, 1878. viewed by V.S.

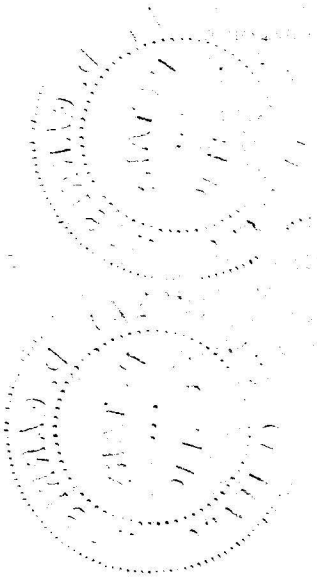

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 129
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 9 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell I.O.O.F. Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Route # 3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ira	Bell	Kelly	October 30, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	December 9, 1877	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Newton County, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Melkain Gentry	Unknown	Nancy Estes	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Crystal K. Wanamaker	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible]
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CVA
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH
(a) 2d
(b) 2wk
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 1964, *to* Oct 30, 1965, *that I last saw the deceased alive on* Oct 30, 1965 *and that death occurred at* 1001 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul E Reynolds	MD	Caldwell Idaho	Nov 5-1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 2, 1965	Sunset Memorial Park	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-6-65	Freda P. Hunt, Deputy	Merville D Davis	E-399

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 12 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 16 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

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ADDITIONAL REMARKS by Physician.....

State File No. 4459
Local Reg. No. 17
Reg. Dist. No. 520-521

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED OCT 27 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Caribou 150 3-14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 150
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) 069 c. (Last): Melvin Whitehead

4. DATE OF DEATH (Month) (Day) (Year): October 3, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: July 29, 1901
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cashier 25
10b. KIND OF BUSINESS OR INDUSTRY: Bank 07
11. BIRTHPLACE (State or foreign country): Hinckley, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Francis Whitehead — BIRTHPLACE: Richmond, Utah
14. MOTHER'S MAIDEN NAME: Emily Peterson — BIRTHPLACE: Lehi, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Blanche L. Whitehead — ADDRESS: Grace, Idaho

18. CAUSE OF DEATH 294X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emphysema — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Asthma — 3 years
DUE TO (c) Polycythemia Vera — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1962, *to* Oct, 1965, *that I last saw the deceased alive on* Sept 29, 1965, *and that death occurred at* 610 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Russell Tigert 535 MD
23b. ADDRESS: Soda Springs Ida
23c. DATE SIGNED: 10/21/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/6/65
24c. NAME OF CEMETERY OR CREMATORY: Grace Cemetery
24d. LOCATION (City, town, or county) (State): Grace, Caribou, Idaho

DATE REC'D BY LOCAL REG.: 10-25-65
REGISTRAR'S SIGNATURE: Frank Cherrett
25. EMBALMER: Theodore S Allen
LICENSE NO.: E370

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 29 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4460
Local Reg. No. 1474
Reg. Dist. No. 470

RECEIVED OCT 13 1965

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 55 Years 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 927 East Main Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 161
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 927 East Main Street

3. NAME OF DECEASED (Type or Print)
a. (First): Elmer
b. (Middle): Burton
c. (Last): Bennett

4. DATE OF DEATH (Month) (Day) (Year): Oct. 2, 1965

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Jan.26, 1901
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months 7, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Station Operator & Florist
10b. KIND OF BUSINESS OR INDUSTRY: 84
11. BIRTHPLACE (State or foreign country): Albion, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME 74 — BIRTHPLACE: Burton David Bennett, Fillmore, Utah
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Cora Elyda Butler, Atlanta, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: 518-07-1129
17. INFORMANT'S OWN SIGNATURE: Ferne Majors 1426 Normal Ave. — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Myocarditis — —
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Polycythemia — 15 yr. ago

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1945, *to* Oct 2, 1965, *that I last saw the deceased alive on* Oct 2, 1965, *and that death occurred at* 11:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE 136 (Degree or title): Hyb E Dean M.C.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: Oct 4-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct.8,1965
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery,
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Oct.8,1965
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: Ormand F Burch
LICENSE NO.: E-471

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MC CULLOCH FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4461
Local Reg. No. 1473
Reg. Dist. No. 470

RECEIVED OCT 13 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 16
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 25 years

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia 16
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1727 Albion Avenue

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Sarah	Margaret 070	Jacobs		Oct.	3,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	White	Widowed 2	Aug. 5, 1895	70	1	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired School Teacher	Public Schools 01	Malta, Idaho	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James B. Hitt, 12	Virginia	Jane L. Parke,	Carson City, Nevada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	— — —	452-34-2847	Sidney M. Jacobs	P.O. Box 57 Hill AFB, Utah

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uremia	7 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic Pyelonephritis	6-12 months
DUE TO (c)	Effects Surg for Recurrent Malignancy	1 Year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Adenocarcinoma Uterus	15 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6-18, 1963, *to* 10-3, 1965, *that I last saw the deceased alive on* 10-3, 1965, *and that death occurred at* 6:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. B. Kircher 283	M.D.	Burley Idaho	10-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Oct. 6, 1965	Malta Cemetery	Malta, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 8, 1965	Ruth N. Pearson	Ormand J. Burch	E-471

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: MC CULLOCH FUNERAL HOME

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4462
Local Reg. No. 1475
Reg. Dist. No. 470

Certificate of Death

RECEIVED
OCT 14 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 161 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley — LENGTH OF STAY (in this place): none
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1005 Hansen Ave. — 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 161 — b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): ******

3. NAME OF DECEASED (Type or Print): a. (First) Patrick — b. (Middle) Jack — c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year): Oct. 3, 1965

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ? 8
8. DATE OF BIRTH: March 17, 1908
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook 49
10b. KIND OF BUSINESS OR INDUSTRY: Cafe 02
11. BIRTHPLACE (State or foreign country): Rock Springs, Wyoming
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME — BIRTHPLACE: A.D. Smith - New York State
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Mary Decker - New York State

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 555-34-1289
17. INFORMANT'S OWN SIGNATURE — ADDRESS: T.W. Smith — Monte Bello, Cal.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

578X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Malnutrition & dehydration — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic ~~[illegible]~~ intestinal disease — weeks
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Investigated the death of *19*, *that I last saw the deceased alive on* _____, *19*__, *and that death occurred at* unknown *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leslie L. Fillmore MD Coroner 583
23b. ADDRESS: Box 668 Burley
23c. DATE SIGNED: 10-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 10/7/65
24c. NAME OF CEMETERY OR CREMATORY: Escondido, Calif
24d. LOCATION (City, town, or county) (State): Escondido, Calif.

DATE REC'D BY LOCAL REG.: Oct. 12, 1965
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: J. Smith Payne
LICENSE NO.: E-389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 15 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4463
Local Reg. No. 1476
Reg. Dist. No. 470

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 18 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 161
a. COUNTY Cassia 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place) None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 160
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
d. STREET ADDRESS (If rural, give location) Rt. # 2

3. NAME OF DECEASED (Type or Print)
a. (First) Phyllis
b. (Middle) 070
c. (Last) Adams

4. DATE OF DEATH (Month) (Day) (Year) Oct. 6, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Aug. 18, 1964
9. AGE (In years last birthday) 1 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 02
10b. KIND OF BUSINESS OR INDUSTRY None 00
11. BIRTHPLACE (State or foreign country) Burley, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Monroe Adams — BIRTHPLACE Oakley, Idaho
14. MOTHER'S MAIDEN NAME Jeanne Ratelle — BIRTHPLACE Hay Springs, Nebr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Monroe Adams — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) aspiration of Vomitus — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Convulsion
DUE TO (c) Congenital Cerebral

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hypoplasia — 13 mo.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION no
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) no m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-18-, 1964, *to* 3-22, 1965, *that I last saw the deceased alive on* Dec, 19, *and that death occurred at* 10:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE R. P. Sutton 514 (Degree or title) MD
23b. ADDRESS Burley Idaho
23c. DATE SIGNED 10/12/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10/9/65
24c. NAME OF CEMETERY OR CREMATORY Pleasant View
24d. LOCATION (City, town, or county) (State) Burley, Idaho

DATE REC'D BY LOCAL REG. Oct. 15, 1965
REGISTRAR'S SIGNATURE Beth H. Pearson
25. EMBALMER Smith Payne
LICENSE NO. E-389

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Payne Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 19 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4464
Local Reg. No. 1477
Reg. Dist. No. 470

STATE OF IDAHO

BIRTH NO.

RECEIVED OCT 22 1965 3-04

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Cassia 16

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley Bureau of Vital Statistics

c. LENGTH OF STAY (in this place): 6 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 16 b. COUNTY: Cassia

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley

d. STREET ADDRESS (If rural, give location): 1518 Elba Ave.

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Henry c. (Last) Scholer

4. DATE OF DEATH (Month) (Day) (Year): Oct. 11, 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: May 11, 1884

9. AGE (In years last birthday): 81 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Jeweler 75

10b. KIND OF BUSINESS OR INDUSTRY: Jewelry 00

11. BIRTHPLACE (State or foreign country): Medical Lake, Washington

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Theodore Scholer - BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Effie Messinger - BIRTHPLACE: Waterloo, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 518-36-8962

17. INFORMANT'S OWN SIGNATURE ADDRESS: Geo. H. Scholer Twin Falls

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Inguinal herniorraphy

19a. DATE OF OPERATION: 10-6-65

19b. MAJOR FINDINGS OF OPERATION: incarcarated inguinal hernia

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-6, 1965, *to* 10-11, 1965, *that I last saw the deceased alive on* 10-11, 1965, *and that death occurred at* 5:15 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE: Eugene H. Messinger 239 (Degree or title) M.D.

23b. ADDRESS: Burley, Idaho

23c. DATE SIGNED: 10-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 10/14/65

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: Oct. 19 1965

REGISTRAR'S SIGNATURE: Beth H. Pearson

25. EMBALMER: Smith Payne

LICENSE NO.: E-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES: NOV 4 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4465
Local Reg. No. 1478
Reg. Dist. No. 470

RECEIVED OCT 25 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 160 800

a. COUNTY: Cassia

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley

c. LENGTH OF STAY (in this place): Lifetime

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 blocks east main Intersection

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 160

b. COUNTY: Cassia

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley

d. STREET ADDRESS (If rural, give location): (2 Blocks East Main Intersect.

3. NAME OF DECEASED (Type or Print)

a. (First): Stanley

b. (Middle): Earl

c. (Last): Martindale

4. DATE OF DEATH (Month) (Day) (Year): Oct. 12, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: April 25, 1891

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 5, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Oakley, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME — BIRTHPLACE: Alonzo Pratt Martindale, Grantsville Utah

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Mary Elizabeth McIntosh, Grantsville Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): — — —

16. SOCIAL SECURITY NO.: 519-03-7116

17. INFORMANT'S OWN SIGNATURE: Nettie Martindale — ADDRESS: Oakley, Idaho

18. CAUSE OF DEATH 794X

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Natural causes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Incident to age.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Investigated the death *, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leslie L. Fillmore MD Coroner 583

23b. ADDRESS: Box 668 Burley Ida

23c. DATE SIGNED: 10-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Oct. 15, 1965

24c. NAME OF CEMETERY OR CREMATORY: Oakley Cemetery

24d. LOCATION (City, town, or county) (State): Oakley, Idaho

DATE REC'D BY LOCAL REG.: Oct. 21, 1965

REGISTRAR'S SIGNATURE: Beth H. Pearson

25. EMBALMER: Ormand F. Burch

LICENSE NO.: E-471

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 1 9 1968

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 21 1978

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4466
Local Reg. No. 1480
Reg. Dist. No. 470

Certificate of Death

STATE OF IDAHO

RECEIVED
OCT 27 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 161
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LIMITS OF STAY (in this place): 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 161
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1001 Burton Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): 090
c. (Last): McLaws

4. DATE OF DEATH (Month) (Day) (Year): Oct. 14, 1965

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Feb. 19, 1886
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 7, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plasterer 33
10b. KIND OF BUSINESS OR INDUSTRY: Building 01
11. BIRTHPLACE (State or foreign country): Grouse Creek, Utah
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Daniel Ross McLaws, BIRTHPLACE: Salt Lake City Utah
14. MOTHER'S MAIDEN NAME: Julia Lee, BIRTHPLACE: Tooele, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Fred McLaws RT #3 Rupert Idaho — ADDRESS

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Aspiration pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio sclerotic heart disease — 8 yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 2, 1965, *to* Oct 14, 1965, *that I last saw the deceased alive on* Oct 14, 1965, *and that death occurred at* 6 30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John W. Davis M.D. 135.
23b. ADDRESS: Box 362, Burley Ida
23c. DATE SIGNED: Oct 18, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct. 20, 1965
24c. NAME OF CEMETERY OR CREMATORY: Declo Cemetery
24d. LOCATION (City, town, or county) (State): Declo, Idaho

DATE REC'D BY LOCAL REG.: Oct. 25, 1965
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: Ormand F Burch — LICENSE NO. E-471

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MC CULLOCH FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4467
Local Reg. No. 1481
Reg. Dist. No. 470

BIRTH NO. 65-10363 RECEIVED OCT 27 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia 16
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 4-05 5 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo
d. STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print)
a. (First): Elisha
b. (Middle): Patricia 070
c. (Last): Davey

4. DATE OF DEATH: (Month) Oct. (Day) 14, (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Oct. 14, 1965
9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours 16 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY: None 00
11. BIRTHPLACE (State or foreign country): Burley, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: Thomas Earl Davey - Ft. Morgan, Colo.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Margaret Vasques - Oak Creek, Colo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Margaret Davey
ADDRESS: Declo, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hyaline Membrane disease — INTERVAL BETWEEN ONSET AND DEATH: a few hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prematurity
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 14, 1965, *to* Oct 14, 1965, *that I last saw the deceased alive on* Oct 14, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: R Sutton 5/14 (Degree or title): M.D.
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 10/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10/18/65
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Oct. 25, 1965
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: [signature]
LICENSE NO.: E-389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4468
Local Reg. No. 1483
Reg. Dist. No. 470

RECEIVED
NOV 3 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 160 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Strevell
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Black Pine Area 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 161
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1718 Albion Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Stacey
b. (Middle): Vernon
c. (Last): Higley

4. DATE OF DEATH (Month) (Day) (Year): Oct 20 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Feb 15, 1906
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): J. V. Technician 92
10b. KIND OF BUSINESS OR INDUSTRY: 07
11. BIRTHPLACE (State or foreign country): Brigham City, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Stacey Higley — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Martha A. Walters — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519-14-7477
17. INFORMANT'S OWN SIGNATURE: Mrs. Connie B. Hinz — ADDRESS: Paynes Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Natural Causes — INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Probably Myocardial infarction.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Investigated the death, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 10 00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leslie S Fillmore 583 MO 4 Coroner
23b. ADDRESS: Box 668 Burley, Ida
23c. DATE SIGNED: 10-25-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 23, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Nov. 1, 1965
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: Smith Payne
LICENSE NO.: E-389

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Payne Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JUL 20 1977

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4469
Local Reg. No. 1486
Reg. Dist. No. 470

BIRTH NO.

RECEIVED NOV 17 1965 2-10

1. PLACE OF DEATH
a. COUNTY Cassia/61
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley Bur
c. LENGTH OF STAY (in this place) 10 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340 b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Anastacios b. (Middle) 070 c. (Last) Petenargis

4. DATE OF DEATH (Month) (Day) (Year) 10-24-65

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH 1893

9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Sheep and

10b. KIND OF BUSINESS OR INDUSTRY Wool Grower 02

11. BIRTHPLACE (State or foreign country) Lemnos Greece

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Theo 57 BIRTHPLACE Greece

14. MOTHER'S MAIDEN NAME Dorothea Karamalu this BIRTHPLACE Greece

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 518-42-6085

17. INFORMANT'S SIGNATURE Beth H. Pearson ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 197.9 sarcomatous mesothelioma pleura with metastases — INTERVAL BETWEEN ONSET AND DEATH: Approx. 2 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic cardio-vascular disease.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-20 1949, 19___, *to* 10-24-1965, 19___, *that I last saw the deceased alive on* 10-24-1965, 19___, *and that death occurred at* 4:10 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) MD
23b. ADDRESS Snow Bldg. Burley, Idaho 83318
23c. DATE SIGNED 11-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct 28 1965
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) Rupert (State) Idaho

DATE REC'D BY LOCAL REG. Nov. 12. 1965
REGISTRAR'S SIGNATURE Beth H. Pearson
25. EMBALMER Robert E. Walk
LICENSE NO. E 294
FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JAN 6 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures JAN 6 1966 of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4470
Local Reg. No. 1484
Reg. Dist. No. 470

BIRTH NO.

RECEIVED NOV 3 1965

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Cassia (16)
b. CITY OR TOWN: Burley Bureau (If outside limits, write RURAL and give township)
c. LENGTH OF STAY (In this place): 49 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (160) b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley - rural
d. STREET ADDRESS (If rural, give location): 300 West 400 South

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Warren (000) c. (Last) Holm

4. DATE OF DEATH: (Month) (Day) (Year): Oct. 25, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Feb. 2, 1888

9. AGE (In years last birthday): 77 IF UNDER 1 YEAR Months: 8 Days: 23 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming 01

11. BIRTHPLACE (State or foreign country): Spanish Fork, Utah

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME BIRTHPLACE: Andrus C. Holm, Saby, Denmark

14. MOTHER'S MAIDEN NAME BIRTHPLACE: Laura Angeline Warren, Springville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - - -

16. SOCIAL SECURITY NO.: 518-07-5914

17. INFORMANT'S OWN SIGNATURE ADDRESS: Warren Holm Route #2 Burley

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cerebral Hemorrh 331X — INTERVAL BETWEEN ONSET AND DEATH: age 25 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — unkn.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/23/65 *to* 10/25/65, *that I last saw the deceased alive on* 10/24/65, *and that death occurred at* 4:00 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: R Sutton 514 (Degree or title) MD

23b. ADDRESS: Burley Idaho

23c. DATE SIGNED: 10/27/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Oct. 28, 1965

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery,

24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Nov. 2-65

REGISTRAR'S SIGNATURE: Burt H. Pearson

25. EMBALMER: Ormand F. Burch

LICENSE NO.: E-471

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: McCulloch Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr Stovall

Certificate of Death

STATE OF IDAHO

State File No. 4471
Local Reg. No. 1482
Reg. Dist. No. 470

BIRTH NO.

RECEIVED NOV 9 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Cassia 161 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340 b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paul
d. STREET ADDRESS (If rural, give location) 600 west and 050 south

3. NAME OF DECEASED (Type or Print) a. (First) Ira b. (Middle) 070 Rea c. (Last) Martin

4. DATE OF DEATH (Month) (Day) (Year) 10-27-65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	M Widowed 2	11-15-81	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer 04	01	Livingston County Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Wesley Martin	Illinois	Clara Rea	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	520-36-4980	Clara Martin Baker	Rupert R #3

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Larynx — INTERVAL BETWEEN ONSET AND DEATH: 6 month

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10 1962, *to* 10-27-, 1965, *that I last saw the deceased alive on* 10/26, 1965, *and that death occurred at* 3 45 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert Stovall	MD	Paul Idaho	10/27/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial Removal	11-29-65	Enon Cemetery	Braymer Missouri

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 1 1965	Beth N. Pearson	Robert C Walk	6294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 1 2 2008

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 4472
Local Reg. No. 79
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater 180 — OCT 11 1965 — Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF VISIT (If not in hospital or institution): 5½ years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North 874

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bovill
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): HELEN
b. (Middle): MAE
c. (Last): ERICKSON

4. DATE OF DEATH (Month) (Day) (Year): October 4, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 1
8. DATE OF BIRTH: March 15, 1896
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: home 01
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Edward Erickson — BIRTHPLACE: Minnesota
14. MOTHER'S MAIDEN NAME: Anna Bery — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): - -
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Medical Records Evelyn Olsen — ADDRESS: Box 672 Orofino, Idaho

18. CAUSE OF DEATH 260 X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary occlusion	30 minutes
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary heart disease	2½ years
DUE TO (c)	Diabetes mellitus	3 years
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Fracture, left hip	30 minutes

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 13 hospital
21c. (CITY, TOWN, OR TOWNSHIP) 180 (COUNTY) (STATE): 13 Orofino Clearwater Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): October 4, 1965 9:10 am
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell with heart attack.

22. *I hereby certify that I attended the deceased from* April 11, 1960, *to* October 4, 1965, *that I last saw the deceased alive on* October 4 1965 *and that death occurred at* 9:40 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Myrick W. Pullen, Jr. 595 — (Degree or title): M.D.
23b. ADDRESS: P.O. Box 672, Orofino, Idaho
23c. DATE SIGNED: 10-4-65

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: 10-4-1965
24c. NAME OF CEMETERY OR CREMATORY: Smith Funeral Home
24d. LOCATION (City, town, or county) (State): Spokane Wash.

DATE REC'D BY LOCAL REG.: 10-4-65
REGISTRAR'S SIGNATURE: Josephine K. Gilbert
25. FUNERAL DIRECTOR: Fred A. Stroltmann — ADDRESS: Orofino, Idaho
GILBERT'S FUNERAL CHAPEL, INC.

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4473
Local Reg. No. 78
Reg. Dist. No. 210

BIRTH NO.

RECEIVED OCT 11 1965 BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Clearwater 180
b. CITY OR TOWN Orofino 5-105
DURATION OF STAY (in this place) few min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) U. S. Highway # 12

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Washington 48 COUNTY Spokane 55
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spokane
d. STREET ADDRESS (If rural, give location) 4630 N. Freya

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	TYSON	RADLEY	WYER	Oct. 4, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	never married	July 13, 1965		2	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none 02	none 00	Spokane, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Richard Wyer	Kansas	Carolynn Voshlo	Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	X Mrs Carolynn Wyer	Spokane, Wash.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION 823.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compression fracture of Skull — INTERVAL BETWEEN ONSET AND DEATH: Inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 180 13 (COUNTY) (STATE)
Accident	U. S Highway	Orofino Clearwater Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Oct. 4 '65 12:30 A.M.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Car crashed into a tree

22. *I hereby certify that I attended the deceased from* never, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
583 Larry W Underhill Coroner 4	Orofino, Idaho	4-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal 3	10-4-1965	Hazen & Jaeger F. H.	Spokane Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-4-1965	Josephine K. Gilbert	Lyle A Strotzmann	476

FIRM NAME: Gilbert's Funeral Chapel, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4474
Local Reg. No. 81
Reg. Dist. No. 210

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 20 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater 180 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce--rural
c. LENGTH OF STAY (in this place): few min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cardiff Spur area 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 180
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): VICTOR
b. (Middle):
c. (Last): HUCKABAY

4. DATE OF DEATH (Month) (Day) (Year): October 11, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced 4
8. DATE OF BIRTH: April 6, 1894
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): woodsworker 08
10b. KIND OF BUSINESS OR INDUSTRY: timber 00
11. BIRTHPLACE (State or foreign country): Colfax, W ashington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert E. Lee Huckaby — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Ida F. Burgess — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes 1 — (If yes, give war or dates of service): WW I 3
16. SOCIAL SECURITY NO.: 519-03-8415
17. INFORMANT'S OWN SIGNATURE: Mrs. Raymond Payton — ADDRESS: Pierce Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* never, *19*___, *to* _____, *19*___, *that I last saw the deceased alive on* _____, *19*___ *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Larry D. Wunderlich Coroner 4 — 583
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 10-11-1965

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10-14-65
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Oct 13, 1965
REGISTRAR'S SIGNATURE: Ruth Zeller
25. EMBALMER: Lyle A. Strottmann — LICENSE NO. 476

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: GILBERT'S FUNERAL CHAPEL, INC.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 21 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4475
Local Reg. No. 82
Reg. Dist. No. 210

Certificate of Death

RECEIVED OCT 26 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater 180 2-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (In this place): 5½ months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North 074

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 426 Annie

3. NAME OF DECEASED (Type or Print)
a. (First): HELEN
b. (Middle):
c. (Last): EVANS

4. DATE OF DEATH (Month) (Day) (Year): Oct. 17, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Feb. 22, 1878
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Records Linda Heath — BOX 672 ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH 260X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis generalized — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Diabetes Mellitus — 6 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 25, 1965, *to* October 17, 1965, *that I last saw the deceased alive on* October 16 1965, *and that death occurred at* 4:07 A *m., from the causes and on the date stated above.*

23a. SIGNATURE 595 (Degree or title): Myrick W. Pulling Jr. M. D.
23b. ADDRESS: State Hospital North Orofino
23c. DATE SIGNED: 10-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: 10-17-65
24c. NAME OF CEMETERY OR CREMATORY: Yates-Morse F. H.
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: 10-17-65
REGISTRAR'S SIGNATURE: Josephine K. Gilbert
25. EMBALMER: Lyle A. Strottmann
LICENSE NO.: 476

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 28 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 23 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4476
Local Reg. No. 83
Reg. Dist. No. 210

RECEIVED NOV 2 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250 2-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
Statement OF STAY (in this place): 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North 074

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) c. (Last) HARRINGTON

4. DATE OF DEATH (Month) (Day) (Year): October 19, 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: May 4, 1881

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): saw filer 09

10b. KIND OF BUSINESS OR INDUSTRY: sawmill (lumber) 01

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jason Harrington
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Lavina Sakes
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Medical Records Evelyn Olsen
Box 672 ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerosis, generalized — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 23, 1965 *to* Oct. 19, 1965, *that I last saw the deceased alive on* Oct. 19, 1965, *and that death occurred at* 2:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Merril W. Bullock M.D. (Degree or title)

23b. ADDRESS: Box 672 Orofino, Idaho

23c. DATE SIGNED: 10/19/65

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3

24b. DATE: 10-19-1965

24c. NAME OF CEMETERY OR CREMATORY: Brower-Wann Memorial

24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: 10-19-65

REGISTRAR'S SIGNATURE: Josephine K. Gilbert

25. EMBALMER: Lyle A. Brotherton

LICENSE NO.: 476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4477
Local Reg. No. 84
Reg. Dist. No. 210

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 2 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 180
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 35½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North 074

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 401
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ANTON
b. (Middle):
c. (Last): BLATNIK

4. DATE OF DEATH (Month) 10 (Day) 25 (Year) 65

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: 1-17-1887
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner 07
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Blatnik — BIRTHPLACE: Austria
14. MOTHER'S MAIDEN NAME: Anna Banco — BIRTHPLACE: Austria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Barbara Bray — ADDRESS: Records, SHN, Orofino, Idaho

18. CAUSE OF DEATH 572.2
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopenumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ulcerative Colitis — years
DUE TO (c) Hemorrhage (colonic) — 4 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 18, 1965, *to* Oct. 24, 1965, *that I last saw the deceased alive on* Oct. 24, 1965, *and that death occurred at* 3:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE 595 (Degree or title): William M. Russell M. D.
23b. ADDRESS: Box 672, Orofino, Idaho
23c. DATE SIGNED: 10-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10-29-65
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county): Orofino (State): Idaho

DATE REC'D BY LOCAL REG.: Oct. 28, 1965
REGISTRAR'S SIGNATURE: Ruth Zeller
25. EMBALMER: Lyle A. Strottmann
LICENSE NO.: 476

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 17 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 27 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4478
Local Reg. No. 85
Reg. Dist. No. 210

Certificate of Death

RECEIVED
NOV 2 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pierce--rural
c. LENGTH OF STAY (in this place) 2 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Chrystal Creek Area 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 180
b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) BERNARD (Barney)
b. (Middle) THOMAS
c. (Last) WILSON

4. DATE OF DEATH (Month) Oct. (Day) 26 (Year) 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Oct. 12, 1916
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): woodsworker 08
10b. KIND OF BUSINESS OR INDUSTRY: Carney Pole 02
11. BIRTHPLACE (State or foreign country): Ahsahka, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Wilson — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Ida Adams — BIRTHPLACE: South Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-05-3975
17. INFORMANT'S OWN SIGNATURE: X Mrs. Barney T. Wilson — ADDRESS: Orofino, Ida.

18. CAUSE OF DEATH 936.8
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) extensive internal injuries — INTERVAL BETWEEN ONSET AND DEATH: inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) logging accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident 09
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): forest 13
21c. (CITY, TOWN, OR TOWNSHIP) 180 Pierce — (COUNTY) Clearwater — (STATE) Idaho

21d. TIME OF INJURY (Month) Oct. (Day) 26 (Year) '65 (Hour) 8:30 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? struck by falling logs

22. *I hereby certify that I attended the deceased from* never, *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: H. K. Brunlage 588 Justice of Peace 5 (Degree or title)
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 10-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10-29-65
24c. NAME OF CEMETERY OR CREMATORY: L-C Memorial Gardens
24d. LOCATION (City, town, or county): Lewiston — (State) Idaho

DATE REC'D BY LOCAL REG.: Oct. 28, 1965
REGISTRAR'S SIGNATURE: Ruth Zeller
25. EMBALMER: Lyle A. Strottmann
LICENSE NO. 476

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 4 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 8 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 3 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4479
Local Reg. No. 89
Reg. Dist. No. 210

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED NOV 8 1965 Bureau of Vital Statistics

1. PLACE OF DEATH 180
a. COUNTY Clearwater 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF TIME (In this place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Clearwater Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 250
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kooskia
d. STREET ADDRESS (If rural, give location) General delivery

3. NAME OF DECEASED (Type or Print)
a. (First) Flora
b. (Middle) Bell 073
c. (Last) Taylor

4. DATE OF DEATH (Month) (Day) (Year) October 29 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 4
8. DATE OF BIRTH June 15, 1909
9. AGE (In years last birthday) 56 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Domestic 01
11. BIRTHPLACE (State or foreign country) Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alfred Vanderpoel — BIRTHPLACE Minnesota
14. MOTHER'S MAIDEN NAME Mary C. Stanton — BIRTHPLACE Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 518-24-4358
17. INFORMANT'S OWN SIGNATURE C. C. Vanderpoel — ADDRESS St. Maries, Ida. Rt. 4

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	ADRENAL FAILURE	36 HRS
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	ABDOMINAL TRAUMA	36 HRS
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	ACUTE PULMONARY EDEMA	6 HRS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 06 ROAD
21c. (CITY, TOWN, OR TOWNSHIP) 13 KOOSKIA 250 (COUNTY) IDAHO (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-28-65 10 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? AUTO ACCIDENT

22. *I hereby certify that I attended the deceased from* 6-13, 1965, *to* 6-15, 1965, *that I last saw the deceased alive on* 6-15, 1965, *and that death occurred at* 7:45 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE C. A. Reber MD 430 (Degree or title)
23b. ADDRESS Orofino, Idaho
23c. DATE SIGNED 11-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/2/1965
24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
24d. LOCATION (City, town, or county) St. Maries (State) Idaho

DATE REC'D BY LOCAL REG. Nov. 5, 1965
REGISTRAR'S SIGNATURE Frank Zeller
25. EMBALMER Lyle A. Strottmann — LICENSE NO. 476

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 9 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4480
Local Reg. No. 86
Reg. Dist. No. 210

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED NOV 8 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Clearwater 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (In this place) 36 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Clearwater Valley Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 350 b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Peck
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) CLARENCE b. (Middle) S. 072 c. (Last) RUGG

4. DATE OF DEATH (Month) Oct. (Day) 30 (Year) 1965

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH Jan. 4, 1894
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer & elev. Op. 84
10b. KIND OF BUSINESS OR INDUSTRY Agriculture 01
11. BIRTHPLACE (State or foreign country) Bassett, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Bailey Rugg BIRTHPLACE Pennsylvania
14. MOTHER'S MAIDEN NAME Sarah Boyd BIRTHPLACE Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-03-6699
17. INFORMANT'S OWN SIGNATURE X [signature] ADDRESS 15238 30TH S.O. SEATTLE, WN.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage 331X — INTERVAL BETWEEN ONSET AND DEATH 2 d.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-28-65, 19__, *to* 10-30-65, 19__, *that I last saw the deceased alive on* 10-30-65, 19__, *and that death occurred at* 5:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 038 (Degree or title)
23b. ADDRESS Orofino, Idaho
23c. DATE SIGNED 11-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 11-1-1965
24c. NAME OF CEMETERY OR CREMATORY Riverside
24d. LOCATION (City, town, or county) Orofino (State) Idaho

DATE REC'D BY LOCAL REG. Nov. 5, 1965
REGISTRAR'S SIGNATURE [signature]
25. EMBALMER [signature]
LICENSE NO. 476

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 10 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4481
Local Reg. No. 88
Reg. Dist. No. 210

RECEIVED

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater (180) NOV 8 1965 3-0
b. CITY OR TOWN: Orofino — Bureau of Vital Statistics — SINCE OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (240) b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Deary
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Peter b. (Middle) Terrence (073) c. (Last) Halseth

4. DATE OF DEATH: (Month) Oct. (Day) 30, (Year) 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 5, 1940
9. AGE (In years last birthday): 24 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer (06)
10b. KIND OF BUSINESS OR INDUSTRY: Lumbering (03)
11. BIRTHPLACE (State or foreign country): Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howard Halseth — BIRTHPLACE: Montana
14. MOTHER'S MAIDEN NAME: Ruth Perry — BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 519-44-5410
17. INFORMANT'S OWN SIGNATURE: x Mrs. Terry Halseth — ADDRESS: Deary, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 912.8 Pulmonary hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Crushing injury of chest (2) — 1 day
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Yard work
21c. (CITY, TOWN, OR TOWNSHIP) Pierce (Bungalow) (180) (COUNTY) Clearwater (STATE) Idaho
21d. TIME OF INJURY: (Month) 10 (Day) 29 (Year) 65 (Hour) 10:00 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Truck bed fell on him

22. *I hereby certify that I attended the deceased from* 10-29, 1965, *to* 10-30, 1965, *that I last saw the deceased alive on* 10-30, 1965, *and that death occurred at* 7 1/4 m., *from the causes and on the date stated above.*

23a. SIGNATURE (038): W Beghtol MD (Degree or title)
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 11-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 1, 1965
24c. NAME OF CEMETERY OR CREMATORY: Deary Zion Lutheran Cem.
24d. LOCATION (City, town, or county) (State): Deary, Idaho

DATE REC'D BY LOCAL REG.: Nov. 5, 1965
REGISTRAR'S SIGNATURE: Ruth Zeller
25. EMBALMER: Lyell Stoltzmann — LICENSE NO.: 476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 10 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 6 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 23 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4482
Local Reg. No.
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 1 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Custer 190 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay — LENGTH OF STAY (in this place): 30 yrs. — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lost River Cafe

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 190 — b. COUNTY: Custer — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay — d. STREET ADDRESS (If rural, give location): Lost River Cafe

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Boyd	B.	McPherson	October 19, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Never Married	Oct. 7, 1909	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Restaurant Owner 74	Food	Mackay, Idaho	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ben Andrew McPherson	Mo.	Ellavern Coates	Mt. Pleasant, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-36-5076	Geneva C. Sollender	Mackay, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial insufficiency — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Alcoholism, Acute & Chronic — 15 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Decompensation

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec., 1960, *to* Oct 19, 1965, *that I last saw the deceased alive on* Oct-18, 1965, *and that death occurred at* 2: P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
031 R Rankin MD	Arco, Ida	10-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-22-65	Chilly Cemetery	Chilly, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 27 65	Mrs Pauline J. Mulder	C. H. Marvel	E-457

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Marvel Memorial Chapel, Arco

DUTIES:

DEC 1 4 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4483
Local Reg. No. 59
Reg. Dist. No. 380 391

BIRTH NO. 65-10414 RECEIVED OCT 29 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
c. LENGTH OF STAY (in this place) 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Elmore Memorial Hospital 080

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 200
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Grand View
d. STREET ADDRESS (If rural, give location) Rural - Grand View

3. NAME OF DECEASED (Type or Print)
a. (First) YVONNE
b. (Middle) RAELENNE
c. (Last) GOTTSCH

4. DATE OF DEATH (Month) October (Day) 15, (Year) 1965

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 1
8. DATE OF BIRTH Oct. 14, 1965
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 8 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 02
10b. KIND OF BUSINESS OR INDUSTRY 00
11. BIRTHPLACE (State or foreign country) Mountain Home, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Virgil D. Gottsch
BIRTHPLACE So. Dakota
14. MOTHER'S MAIDEN NAME Vivian Marble
BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Virgil Gottsch
ADDRESS Grand View, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* 773.5
(a) Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity — hours

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 14, 1965 *to* Oct. 15, 1965, *that I last saw the deceased alive on* Oct 15, 1965, *and that death occurred at* 7:07 *m., from the causes and on the date stated above.*

23a. SIGNATURE Malone N. Loelsch 289 (Degree or title) Mtn Mountain Home Idaho
23b. ADDRESS
23c. DATE SIGNED 10-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10/18/65
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. Oct 22 1965
REGISTRAR'S SIGNATURE F. Anderson
25. FUNERAL DIRECTOR Arthur Smith
ADDRESS Mtn. Home, Idaho Smith Mortuary

Federal Security Agency
United States Public Health Service
Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 5 1965 Bureau of Vital Statistics

State File No. 4484
Local Reg. No. 61
Reg. Dist. No. 380 391

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Elmore Memorial Hospital 080

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 200
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
d. STREET ADDRESS (If rural, give location) 1445 East 4th North

3. NAME OF DECEASED (Type or Print)
a. (First) ORAL
b. (Middle) J.
c. (Last) NOBLE

4. DATE OF DEATH (Month) (Day) (Year) Oct. 18, 1965

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: July 8, 1891
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Equip. Op. 62
10b. KIND OF BUSINESS OR INDUSTRY: Road Mtnce. 05
11. BIRTHPLACE (State or foreign country): Republic, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. E. Noble — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Rebecca M. Nickell — BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 506-01-0808
17. INFORMANT'S OWN SIGNATURE: Mildred Spearing — ADDRESS: Mt. Home

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.0 Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sep. 1957 *to* Oct. 18, 1965, *that I last saw the deceased alive on* Oct. 18, 1965 *and that death occurred at* 4:26 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Malone H. Hodgson 289 (Degree or title) — 23b. ADDRESS: Mountain Home Idaho — 23c. DATE SIGNED: 10.19.65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/20/65
24c. NAME OF CEMETERY OR CREMATORY: Mtn. View Cemetery
24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: Oct 22 1965
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: Mtn. Home, Idaho — Smith Mortuary

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

MAR 29 1966

FEB 22 1978

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4485
Local Reg. No. 62
Reg. Dist. No. 380 391

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Elmore 200 NOV 5 1965 Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
c. LENGTH OF STAY (in this place) 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) D.O.A. Elmore Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 202 b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
d. STREET ADDRESS (If rural, give location) 1050 East 3rd North

3. NAME OF DECEASED (Type or Print) a. (First) OSCAR b. (Middle) [illegible] c. (Last) HULTBERG

4. DATE OF DEATH (Month) (Day) (Year) October 22, 1965

5. SEX Male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 1

8. DATE OF BIRTH April 10, 1888

9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - retired 04

10b. KIND OF BUSINESS OR INDUSTRY 01

11. BIRTHPLACE (State or foreign country) Fosston, Minnesota

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Hultberg BIRTHPLACE Sweden

14. MOTHER'S MAIDEN NAME Annie Nelson BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War 1 2

16. SOCIAL SECURITY NO. 470-26-1383A

17. INFORMANT'S OWN SIGNATURE Hjalmer Hultberg ADDRESS Mt. Home, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) ashd — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Coroner only, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 9:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Arthur Smith Coroner 4
23b. ADDRESS Mountain Home, Idaho
23c. DATE SIGNED 10/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 10/23/65
24c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery
24d. LOCATION (City, town, or county) (State) Corvallis, Oregon

DATE REC'D BY LOCAL REG. Nov 1 1965
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR Arthur Smith
ADDRESS Mtn. Home, Idaho Amith Mortuary

Federal Security Agency
United States Public Health Service
Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 8 - 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4486
Local Reg. No. 63
Reg. Dist. No. 380 391

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore 200 — NOV 5 1965 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bureau of Vital Statistics — Mountain Home
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at Sawtooth Mill 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1010 No. 12th. Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ronald	Cornelious	Ekstrand	October 28, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	January 23, 1936	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck driver 13	Logging 01	Los Angeles, California	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jesse C. Ekstrand	Marquette, Kansas	Carolyn Clark	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE ADDRESS
No	519-36-1814	Mrs Ronald C. Ekstrand Boise,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Transection of spinal cord due to fracture of cervical vertebrae	instant
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Crushing injuries to thoracic and pelvic areas.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 200 (COUNTY) (STATE)
Accident	Saw Mill	Mountain Home, Elmore, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
10/28/65 3:00 P m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Log rolled while unloading truck, crushing victim

22. *I hereby certify that I attended the deceased from* Justice of Peace only *, 19 , that I last saw the deceased alive on , 19 , and that death occurred at m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J.D. Sullivan 588 JUSTICE OF PEACE	Mountain Home, Idaho	11/1/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/1/65	Cloverdale Memorial	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 1 1965	C. Anderson	Arthur Smith	E-403

FIRM NAME McBRATNEY-ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 8 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 6 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 7 1975

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

FEB 0 8 1999

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4487
Local Reg. No. 62
Reg. Dist. No. 380 391

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore 200 NOV 5 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Mountain Home
LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 15 miles So. Mtn. Home Hiway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 200 Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Mountain Home (Rio Vista)
d. STREET ADDRESS (If rural, give location): 51 Mtn. Home Star Route

3. NAME OF DECEASED (Type or Print): a. (First) WALDO b. (Middle) WAYNE c. (Last) SHETLER

4. DATE OF DEATH: (Month) (Day) (Year): October 30, 1965

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: March 17, 1953

9. AGE (In years last birthday): 12
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): student 03 47

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Leland M. Shetler
BIRTHPLACE: Colorado

14. MOTHER'S MAIDEN NAME: Lucille Hostetler
BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Leland Shetler
ADDRESS: Mt. Home Star Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple crushing injuries — 813.1 — INTERVAL BETWEEN ONSET AND DEATH: seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): highway 13

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rural - Mountain Home, Elmore, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10/30/65 11:15A m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Victim on bicycle road into path of potato hauling truck

22. *I hereby certify that I attended the deceased from* Justice of the Peace only, 19__, to 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 588 J.D. Sullivan JUSTICE OF PEACE 5

23b. ADDRESS: Mountain Home, Idaho

23c. DATE SIGNED: 11/1/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/3/65

24c. NAME OF CEMETERY OR CREMATORY: Bruneau Cemetery

24d. LOCATION (City, town, or county) (State): Bruneau, Idaho

DATE REC'D BY LOCAL REG.: Nov 1 1965

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: Arthur Smith
ADDRESS: Mtn. Home, Idaho
Smith Mortuary

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

Certificate of Death

STATE OF IDAHO

State File No. 4488
Local Reg. No. 9
Reg. Dist. No. 540

BIRTH NO.

RECEIVED OCT 18 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Franklin 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Preston General Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 210
b. COUNTY Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Riverdale
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Hyrum	Wray 081	Smith	Oct 2, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	Nov 5, 1879	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Agriculture 01	Brigham City, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hyrum J. Smith	Stringtown, Iowa	Cornelia E. Walker	Perry Ward, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518-07-9881	Wendell H. Smith	Riverdale Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 3 yrs

DUE TO (c) Heart disease — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4208

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1960, 19__, *to* Oct 7, 1965, *that I last saw the deceased alive on* Oct 7, 1965, *and that death occurred at* 9 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. R. Cutler	MD	Preston Idaho	10-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 5, 1965	Riverdale Cemetery	Riverdale, Franklin, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-5-1965	Eggie W. Brower	O. Sherwin Webb	316

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: WEBB FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 4489
Local Reg. No. 10
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Franklin 211 OCT 18 1965 080
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Memorial Hospital 081

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 211
b. COUNTY Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) c. (Last) Vaca
4. DATE OF DEATH (Month) (Day) (Year) Oct 6, 1965
5. SEX Male
6. COLOR OR RACE Mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Oct 4, 1888
9. AGE (In years last birthday) 77 If under 1 year: Months Days If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardener 11
10b. KIND OF BUSINESS OR INDUSTRY Grounds Keeper 01
11. BIRTHPLACE (State or foreign country) Mexico
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME BIRTHPLACE
14. MOTHER'S MAIDEN NAME BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE x Emily F. Trent ADDRESS Preston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible] — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) [illegible] — 10 days
DUE TO (c) [illegible] — 24 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral disorder accident — 3 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1963, to Oct 6, 1965, that I last saw the deceased alive on Oct 6, 1965, and that death occurred at 11 P m., from the causes and on the date stated above.

23a. SIGNATURE O. B. Cutler 122 (Degree or title) MD
23b. ADDRESS Preston Idaho
23c. DATE SIGNED 10-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 9, 1965
24c. NAME OF CEMETERY OR CREMATORY Lewiston Cemetery
24d. LOCATION (City, town, or county) Lewiston, Utah (State)

DATE REC'D BY LOCAL REG. 10-9-65
REGISTRAR'S SIGNATURE Eggie W. Brewer
25. EMBALMER O. Sherwin Webb O. Sherwin Webb
LICENSE NO. 332

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Webb Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4490
Local Reg. No. 11
Reg. Dist. No. 340

RECEIVED
OCT 18 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin 211 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial 081

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 211
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Ella
b. (Middle): Martin
c. (Last): Petterborg

4. DATE OF DEATH (Month) (Day) (Year): Oct. 7, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 6, 1882
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home 01
11. BIRTHPLACE (State or foreign country): Preston, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Martin — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Kate Burton — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-46-9104
17. INFORMANT'S OWN SIGNATURE: Lis Drew — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ASVD — 1
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1964, *to* Oct. 7, 1965, *that I last saw the deceased alive on* Oct. 7, 1965, *and that death occurred at* 6 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glen J. Coffee MD 119
23b. ADDRESS: Preston Idaho
23c. DATE SIGNED: 10-11-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Oct. 11, 1965
24c. NAME OF CEMETERY OR CREMATORY: Preston Cemetery
24d. LOCATION (City, town, or county) (State): Preston, Idaho

DATE REC'D BY LOCAL REG.: 10-11-65
REGISTRAR'S SIGNATURE: Eggie W. Brower
25. EMBALMER: O. Sherwin Webb — O Sherwin Webb
LICENSE NO.: 310

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Webb Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4491
Local Reg. No. 12
Reg. Dist. No. 540

BIRTH NO.

OCT 18 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Franklin 21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 34 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SW of City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 21
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): SW of City

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Hilda	Sullivan	Hansen	Oct. 8, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married 3	Sept. 18, 1901	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home 01
11. BIRTHPLACE (State or foreign country): St. George, Utah
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Thomas A. Sullivan
BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Charlotte Spackman
BIRTHPLACE: England
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: James A. Hansen
ADDRESS: Preston, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 5 yrs
DUE TO (c) arteriosclerosis Diabetes Mellitus — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes Mellitus — 1 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Diabetes Mellitus
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1960, *to* Oct 7, 1965, *that I last saw the deceased alive on* Oct 8, 1965, *and that death occurred at* 11 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. K. Miller MD	Preston Idaho	10-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 12, 1965	Preston Cemetery	Preston, Idaho

DATE REC'D BY LOCAL REG.: 10-12-65
REGISTRAR'S SIGNATURE: Eppie W. Brauer
25. EMBALMER: O. Sherwin Webb
LICENSE NO.: 316

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Webb Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 29 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4492
Local Reg. No. 13
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin 211 — NOV 5 1965 — Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (In this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None-Home of Daughter 602

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 45 Utah, b. COUNTY: Cache 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Providence
d. STREET ADDRESS (If rural, give location): Providence

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	BERTHA	FURRER	ZOLLINGER	Oct. 11th, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
female	cauc	Widowed 2	Aug. 1-1878	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	At Home 01	Kiesen, Bern, Switz.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Christian Furrer-	Switz.	Elizabeth Koenig-	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		Bess Zollinger	Providence-Ut

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Hemmorrhage	10 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerosis	12 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct 6, 1965, *to* Oct 11, 1965, *that I last saw the deceased alive on* Oct 11, 1965, *and that death occurred at* 1 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. K. Cutler MD	Preston Idaho	10-11-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem-Burial	10/15/65	Providence Cem.	Providence, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-13-65	Effie W. Brower	W. Loyal Hall-	E-268

FIRM NAME: HALL MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 27 1972

OCT 03 2008

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4493
Local Reg. No. 39
Reg. Dist. No. 651

RECEIVED
NOV 15 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Fremont 220 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parker
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 220 b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parker
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) IDA b. (Middle) MAY c. (Last) KARLSON MILLER

4. DATE OF DEATH (Month) (Day) (Year) Oct., 17, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2
8. DATE OF BIRTH 24 May 1892
9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home 01
11. BIRTHPLACE (State or foreign country) Oakley, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Claus Karlson BIRTHPLACE Sweden
14. MOTHER'S MAIDEN NAME Henrietta Severe BIRTHPLACE Grantsville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Dell Miller ADDRESS Parker, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 6 yrs
DUE TO (c) Arginine Pectoris — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. A. Osity

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1955, *to* June, 1965, *that I last saw the deceased alive on* June, 1965, *and that death occurred at* 1 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE E. L. Soule MD 488 (Degree or title)
23b. ADDRESS St. Anthony, Idaho
23c. DATE SIGNED 21 Oct 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 21 Oct 65
24c. NAME OF CEMETERY OR CREMATORY Parker Cemetery
24d. LOCATION (City, town, or county) (State) Parker Idaho

DATE REC'D BY LOCAL REG. 21 Oct 65
REGISTRAR'S SIGNATURE M L Hansen
25. EMBALMER M L Hansen
LICENSE NO. E-354

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4494
Local Reg. No. 40
Reg. Dist. No. 650

BIRTH NO.

RECEIVED NOV 15 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Fremont 221
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony
LENGTH OF STAY (in this place) 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Fremont General Hospital 082

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 330
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
d. STREET ADDRESS (If rural, give location) RFD#2 (Plano)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CARMA	ELLEN	ROBERTSON MORTIMER	Oct., 30, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	28 June 1921	44				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife and waitress 01	01	Plan (RFD#2, Rexburg) Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Orville J. Robertson	Plano, Idaho	Sarah Hendricks	Hibbard, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	519-42-9881	Reed Mortimer	Rexburg, RFD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Yellow Atrophy of Liver — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hepatitis, infectious — 6 Months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May *19* 65, *to* Oct. 30, *19* 65, *that I last saw the deceased alive on* Oct. 30 *19* 65, *and that death occurred at* 2:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert R. Klamt, M.D. 284	St. Anthony, Idaho	11/9/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2 Nov 65	Plano Cemetery	Plano (RFD#2, Rexburg), Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10 Nov 65	M.L. Hansen	M.L. Hansen	E-354

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 17 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 15 1982

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4485
Local Reg. No. 47
Reg. Dist. No. 650

BIRTH NO. 22

RECEIVED NOV 17 1965

1. PLACE OF DEATH
a. COUNTY: Fremont 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 535 W. 4th N. 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 22
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location): 535 W. 4th N.

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) DEWEY c. (Last) MAINS

4. DATE OF DEATH: (Month) Oct. (Day) 31, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Dec. 23, 1898

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lineman 45

10b. KIND OF BUSINESS OR INDUSTRY: Power 01

11. BIRTHPLACE (State or foreign country): Grants Lick, Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Thomas Mains
BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: Elizabeth Rogers
BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 519-09-5817

17. INFORMANT'S OWN SIGNATURE: John D Mains Jr. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 15 m.n

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul Cornell 583 (Degree or title) M.D.
23b. ADDRESS: St. Anthony, Idaho.
23c. DATE SIGNED: 11-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov.5,1965
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls Bonneville Ida.

DATE REC'D BY LOCAL REG.: 11-16-65
REGISTRAR'S SIGNATURE: M L Hansen
25. FUNERAL DIRECTOR: Bruce A. Eckersell
ADDRESS: Rigby, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of M. D. Hansen Lic. No. ..... at St. Anthony, Ida. on 10/31/1965

ADDITIONAL REMARKS by Physician .....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 22 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4496
Local Reg. No. 27
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gem 23 | b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett | c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Emmett Nursing Home 086

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 020 | b. COUNTY Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Indian Valley, Idaho
d. STREET ADDRESS (If rural, give location) ----

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	ZOA	MARGARET	FRANCIS		9	16	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	2 Widowed	9/18/19[illegible]	83	11	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home 01
11. BIRTHPLACE (State or foreign country) Dewitt, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Henry Cox | BIRTHPLACE Kentucky
14. MOTHER'S MAIDEN NAME Sophia Seelick | BIRTHPLACE Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---
(If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. 519-12-9702
17. INFORMANT'S OWN SIGNATURE William H. Francis | ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Cardio-vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture of 1st lumbar vertebra

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
ACCIDENTAL	Nursing Home	13 Emmett	Gem	Idaho

21d. TIME OF INJURY	(Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
	9	1	65	m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Fell at nursing home

22. I hereby certify that I attended the deceased from May, 1962, to Sept 16 19 65, that I last saw the deceased alive on 9-15, 19 65, and that death occurred at 3:15 P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H.E. Johnson 241	M.D.	Emmett, Idaho	9/16/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9/21/1965	Indian Valley Cemetery	Indian Valley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 20, 1965	Jean A Beatty	K. Dale Thomson	E-388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1497
Local Reg. No. 1
Reg. Dist. No. 340 - 341

BIRTH NO.

RECEIVED
OCT 7 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Gem 23 3-01
b. CITY OR TOWN Emmett
c. LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION Walter Knox Memorial Hosp 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 23 b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location) 918 So. Boise

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) Thomas c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year) Oct. 1, 1965

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3

8. DATE OF BIRTH Jan. 22, 1882

9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months 8 Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer 04

10b. KIND OF BUSINESS OR INDUSTRY farm 01

11. BIRTHPLACE (State or foreign country) Ottabon, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Smith BIRTHPLACE Iowa

14. MOTHER'S MAIDEN NAME Mary Edwards BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-10-3851

17. INFORMANT'S OWN SIGNATURE X Mildred H. Gardner ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease with Coronosclerosis — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 29 Sept., 1965, *to* 1 Oct., 1965, *that I last saw the deceased alive on* 1 Oct., 1965, *and that death occurred at* 8:16 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE 184 R. H. Gardner, M.D. (Degree or title)

23b. ADDRESS Emmett, Ida

23c. DATE SIGNED 4 Oct. 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE Oct. 5, 1965

24c. NAME OF CEMETERY OR CREMATORY Sweet

24d. LOCATION (City, town, or county) Sweet, Idaho (State)

DATE REC'D BY LOCAL REG. Oct. 4 1965

REGISTRAR'S SIGNATURE Jean C. Beatty

25. EMBALMER Glenn W. Beatty

LICENSE NO. E-392

FIRM NAME: THE BEATTY CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 26 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4498
Local Reg. No. 21
Reg. Dist. No. 340 341

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 7 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 231 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 52 Alternate 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 231
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 606 No. Boise

3. NAME OF DECEASED (Type or Print): a. (First) Mary; b. (Middle) Almeda; c. (Last) Kerr

4. DATE OF DEATH (Month) (Day) (Year): Oct. 2, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Apr. 29, 1900
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 5, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): bookkeeper 40
10b. KIND OF BUSINESS OR INDUSTRY: banking 01
11. BIRTHPLACE (State or foreign country): Wilson, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ruben J. Gifford — BIRTHPLACE: Vermont
14. MOTHER'S MAIDEN NAME: Alemeda L. Bernard — BIRTHPLACE: Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-18-8467
17. INFORMANT'S OWN SIGNATURE: X Sadie Beens — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Head Injuries

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE XX (Specify) 06
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Rural road
21c. (CITY, TOWN, OR TOWNSHIP) 231 (COUNTY) (STATE): 13 Emmett Gem Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 2, 1965 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Thrown from car & car rolled on patient

22. *I hereby certify that I attended the deceased from* Oct, 1954, *to* Oct 2, 1965, *that I last saw the deceased alive on* Oct 2, 1965, *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm B. Jewell 260 M.D.
23b. ADDRESS: 107 N. Comm., Emmett, Idaho
23c. DATE SIGNED: 10-4-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 7, 1965
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Oct. 4, 1965
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. EMBALMER: Glenn W. Beatty
LICENSE NO.: E-392

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: THE BEATTY CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 8 1965

DEC 14 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4499
Local Reg. No. 28
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED OCT 12 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem 23 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1day

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 23
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hosp. 085
d. STREET ADDRESS (If rural, give location): 1115 East 1st St

3. NAME OF DECEASED (Type or Print): a. (First) Oscar b. (Middle) Linton c. (Last) Coleman

4. DATE OF DEATH (Month) (Day) (Year): Oct. 3, 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: Oct. 29, 1904

9. AGE (In years last birthday): 60 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): machinist 17

10b. KIND OF BUSINESS OR INDUSTRY: lumber 60

11. BIRTHPLACE (State or foreign country): West Liberty, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Chester Coleman
BIRTHPLACE: Nebraska

14. MOTHER'S MAIDEN NAME: Fransella Burnett
BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 506-03-6460

17. INFORMANT'S OWN SIGNATURE: X James O. Coleman
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-30, 19 59, *to* 10-3, 19 65, *that I last saw the deceased alive on* 9-20, 19 65, *and that death occurred at* 11 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 24 Harmon E. Halverson M.D
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: 10-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Oct 6 1965
REGISTRAR'S SIGNATURE: Jean A Beatty
25. EMBALMER: Glenn W Beatty
LICENSE NO.: E392
FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

OCT 15 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 29 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 12 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4500
Local Reg. No. 29
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 231 — 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 230
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)
a. (First): Karl
b. (Middle): Gustav
c. (Last): Wiklund

4. DATE OF DEATH (Month) (Day) (Year): Oct. 5. 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Aug. 26, 1891
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: farm 01
11. BIRTHPLACE (State or foreign country): Denmark
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel F. Wiklund — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Ingar C. Jensen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 09 4947
17. INFORMANT'S OWN SIGNATURE: X Laurence C Wiklund — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ca of lung c̄ metastasis — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950 *to* 10-5, 1965, *that I last saw the deceased alive on* 10-5, 1965, *and that death occurred at* 3:20 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. S. Goodman, M.D. 184
23b. ADDRESS: Emmett, Ida.
23c. DATE SIGNED: 8 Oct. 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct. 9, 1965
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Oct. 8, 1965
REGISTRAR'S SIGNATURE: Jean A Beatty
25. EMBALMER: Glenn W Beatty — LICENSE NO. E392

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: The Beatty Chapel

DUTIES:

JAN 7 1969

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 31 1977

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4501
Local Reg. No. 25
Reg. Dist. No. 340-341

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 27 1965

BIRTH NO.

1. PLACE OF DEATH 231
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 122 West 6th 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 231
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 122 West 6th

3. NAME OF DECEASED (Type or Print)
a. (First): Frances
b. (Middle): Ellen
c. (Last): Bacon

4. DATE OF DEATH (Month) (Day) (Year): Oct. 19, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Mar. 19, 1898
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 7, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: home 01
11. BIRTHPLACE (State or foreign country): Park City, Montana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John F. Tilden — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Ella Martin — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-54-9021
17. INFORMANT'S OWN SIGNATURE: John F. Bacon — ADDRESS:

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gen. Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1959, *to* Oct, 1965, *that I last saw the deceased alive on* Oct, 1965, *and that death occurred at* 3:00 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE 260 (Degree or title): Wm B. Jewell MD
23b. ADDRESS: 107 N. Comm., Emmett, Idaho
23c. DATE SIGNED: 10-25-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct. 22, 1965
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Oct 25, 1965
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. EMBALMER: Glenn W. Beatty
LICENSE NO.: E-392

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: THE BEATTY CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 9 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 5 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 10 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED NOV 1 1965

Certificate of Death

STATE OF IDAHO

State File No. 4502
Local Reg. No. 28
Reg. Dist. No. 340 - 341

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Gem 23 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett — c. LENGTH OF STAY (in this place): 18yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 516 No. Washington

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho — b. COUNTY: Gem 23 — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett — d. STREET ADDRESS (If rural, give location): 516 No. Washington

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
James	Robert	Robbins	Oct. 23, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed 2	April 9, 1902	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
merchant 35	tire shop 16	Butler, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Robbins	unknown	unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	509 07 6979	X Gail Poole	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

322.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: unknown minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) alcoholism — years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* never, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* unknown *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Glenn W Beatty 583 4	coroner Gem	Co. Emmett, Idaho	Oct 26, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Oct. 27, 1965	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 26, 1965	Jean A Beatty	Glenn W Beatty	E392

FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 18 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 7 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended November 5, 1965

Certificate of Death

STATE OF IDAHO

State File No. 4503
Local Reg. No. 28
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
c. LENGTH OF STAY (in this place) 3 days 3-03
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hosp. 185

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 231
b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location) 306 Maple St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Lillian	Lydia	Swatman	October 24, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never Married	Oct. 31, 1888	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teacher 12	Education 01	Templeton, So. Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Benjamin Swatman	Page Co., Iowa	Josie Weatherhead	Clinton, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Charlotte A. Swatman	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occ. 420.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 19 56, *to* Oct. 24, 19 65, *that I last saw the deceased alive on* Oct 18, 19 65, *and that death occurred at* 8:45 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm. B. Jewell 260, M.D.	107 N. Comm., Emmett, Idaho	10-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 27, 1965	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 28, 1965	Jean A. Beatty	Glenn W. Beatty	E392

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: The Beatty Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

11-4-65

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed Nov. 1, 1965

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)

for Lillian Lydia Swatman (Name on Original Certificate) who died (Was Born or Died) on Oct. 24, 1965 (Date of Event)

in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Item 8 Birth Date	May 27, 1899	Oct. 31, 1888
Item 9 Age	66	76
Sex	Male	Female

Subscribed and sworn to before me this 4 day of November, 1965.

Notary Public, residing at Eagle, Idaho

My commission expires Sept 28, 1968

(Seal)

X Signed Charlotte Lydia Swatman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

306 Maple Ave. Emmett, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

4 c.c. paid - Rec # 2363 -

11-4-65 AH

Certificate of Birth for Lillian Lydia Swatman gives date of birth as Oct. 31, 1888 Born in Templeton, South Dakota. Daughter of Benjamin Franklin Swatman and Josephine Elizabeth Weatherhead.

Viewed by V. S.

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 28
Reg. Dist. No. 340 344

BIRTH NO.

RECEIVED NOV 1 1965 Vital Statistics Bureau of Health

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 3days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 306 Maple St

3. NAME OF DECEASED (Type or Print): a. (First) Lillian b. (Middle) Lydia c. (Last) Swatman

4. DATE OF DEATH (Month) (Day) (Year): Oct. 24, 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: May 27, 1899

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): teacher

10b. KIND OF BUSINESS OR INDUSTRY: education

11. BIRTHPLACE (State or foreign country): Templeton, So. Dakota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Benjamin Swatman
BIRTHPLACE: PageCo., Iowa

14. MOTHER'S MAIDEN NAME: Josie Weatherhead
BIRTHPLACE: Clinton, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Charlotte L. Swatman
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occ.
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Broncho
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Bronchial Asthma

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1956, *to* Oct 24, 1965, *that I last saw the deceased alive on* Oct 18, 1965, *and that death occurred at* 8:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Wm B. Jewell (Degree or title): M.D.

23b. ADDRESS: 107 N. Comm., Emmett, Idaho

23c. DATE SIGNED: 10-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Oct. 27, 1965

24c. NAME OF CEMETERY OR CREMATORY: Emmett

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Oct. 28, 1965

REGISTRAR'S SIGNATURE: Jean A Beatty

25. EMBALMER: Glenn W Beatty

LICENSE NO.: E392

FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 2 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 5 1965
JUL 28 1966
AUG 3 1966
JAN 15 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 4504
Local Reg. No. 27
Reg. Dist. No. 340-341

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 230
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 14yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mounted Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 230
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Mounted Route

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Benjamin
c. (Last): Leonard

4. DATE OF DEATH (Month) (Day) (Year): October 24, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: April 16, 1901
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): merchant 35
10b. KIND OF BUSINESS OR INDUSTRY: service station 01
11. BIRTHPLACE (State or foreign country): Big Sandy, Colorado
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Leslie B. Leonard — BIRTHPLACE: Red Cloud Kansas
14. MOTHER'S MAIDEN NAME: Hattie Fuchs — BIRTHPLACE: Denver, Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-05-7773
17. INFORMANT'S OWN SIGNATURE: Cecil W. Leonard — ADDRESS:

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-8, 19 55, *to* 10-24, 19 65, *that I last saw the deceased alive on* 10-1, 19 65, *and that death occurred at* 2:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H E Holverson M.D. 241
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: 10-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct, 26, 1965
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Oct. 26, 1965
REGISTRAR'S SIGNATURE: Jean A Beatty
25. EMBALMER: Glenn W Beatty
LICENSE NO.: E392
FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: NOV 17 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4505
Local Reg. No. 29
Reg. Dist. No. 340-341

RECEIVED NOV 1 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 2 hours 4-02
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington 48 555
b. COUNTY: Cowlitz
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Longview
d. STREET ADDRESS (If rural, give location): 226 15th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Floyd
b. (Middle): Merald
c. (Last): Vanfleet

4. DATE OF DEATH (Month) (Day) (Year): Oct. 25, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: June 18, 1902
9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months 4, Days 7
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): longshoreman 06
10b. KIND OF BUSINESS OR INDUSTRY: shipping 03
11. BIRTHPLACE (State or foreign country): Indianola, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Vanfleet
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Nellie Brown
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 535-09-9689
17. INFORMANT'S OWN SIGNATURE: X Ruth P. Vanfleet
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Never, 19 to before, 19 Fatal illness, *that I last saw the deceased alive on* 25 Oct, 1965, *and that death occurred at* 225 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. L. Goodman 184 MD
23b. ADDRESS: Emmett, Ida
23c. DATE SIGNED: 26 Oct 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: Oct. 25, 1965
24c. NAME OF CEMETERY OR CREMATORY: Longview
24d. LOCATION (City, town, or county) (State): Longview, Washington

DATE REC'D BY LOCAL REG.: Oct. 26, 1965
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. EMBALMER: Glenn W. Beatty
LICENSE NO.: E-392

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: THE BEATTY CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: NOV 2 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4506
Local Reg. No. 30
Reg. Dist. No. 340-341

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED NOV 2 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem 231 5-15
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 15 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 231
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 603 No. Commercial

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Edward 085
c. (Last): Harrington

4. DATE OF DEATH (Month) (Day) (Year): Oct. 27, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: April 4, 1907
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months 6, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): equipment operator 52
10b. KIND OF BUSINESS OR INDUSTRY: construction 01
11. BIRTHPLACE (State or foreign country): Taber, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edward E. Harrington — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Pearl Miller — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-09-1193
17. INFORMANT'S OWN SIGNATURE: X Ronald F. Harrington — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* never, 19 before terminal illness, 19 , *that I last saw the deceased alive on* 27 Oct., 1965, *and that death occurred at* 4:25 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 184 — 23b. ADDRESS: Emmett, Ida — 23c. DATE SIGNED: 29 Oct 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct. 30, 1965
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Oct. 30, 1965
REGISTRAR'S SIGNATURE: Jean A Beatty
25. EMBALMER: Glenn W Beatty
LICENSE NO.: E-392

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: THE BEATTY CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NUV 1 0 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 3 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4507
Local Reg. No. 31
Reg. Dist. No. 340-341

RECEIVED NOV 2 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 23/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 22 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 804 S. Johns

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 23/
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 804 S. Johns

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Howard	Erwin	Draper	Oct. 28, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	married 3	Oct. 20, 1913	52	0	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer 37	carpenter 07	Emmett, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Erwin Draper	Utah	Mathilda Larsen	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWII 4	518-09-0323	X Ruth E Draper	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Intra abdominal Hemorrhage from gun shot wound — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 23/ (COUNTY) (STATE)
Accident	01 Home	13 Emmett Gem Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
10-28-65 5 05 p.m.		Gun discharged as deceased removed it from case

22. *I hereby certify that I attended the deceased from* Nov, 1955, *to* Oct, 1965, *that I last saw the deceased alive on* Sept, 1960, *and that death occurred at* 5 10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm B. Jewell 260	MD	107 N. Comm., Emmett, Idaho	10-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 2, 1965	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 1, 1965	Jean G Beatty	Glenn W Beatty	E-392

FIRM NAME: THE BEATTY CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 16 1965

JAN 17 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4508
Local Reg. No. 34
Reg. Dist. No. 340-341

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 22 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 231 4-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): Thour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hosp. 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 231
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 710 East Main St

3. NAME OF DECEASED (Type or Print)
a. (First): Alex
b. (Middle): Victor
c. (Last): Mylander

4. DATE OF DEATH (Month) (Day) (Year): Oct. 30, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Jan. 1, 1887
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): rancher 04
10b. KIND OF BUSINESS OR INDUSTRY: stock 01
11. BIRTHPLACE (State or foreign country): North Platt, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: August Mylander — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Anna Bergstrom — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 516-24-6522
17. INFORMANT'S OWN SIGNATURE: Mrs. Robert Newell — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 9 Hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 30, 1965, *to* Oct 30, 1965, *that I last saw the deceased alive on* OCT 30, 1965, *and that death occurred at* 10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ronald P. Rawlinson 429 — 20
23b. ADDRESS: Emmett Idaho
23c. DATE SIGNED: 11/16/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Nov. 2, 1965
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: Nov. 16, 1965
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. EMBALMER: Glenn W. Beatty
LICENSE NO.: E392

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: The Beatty Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 23 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4509
Local Reg. No. 2805
Reg. Dist. No. 420

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED OCT 21 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gooding 240 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Monor 253

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 320
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Bertha
c. (Last): Simmons

4. DATE OF DEATH (Month) (Day) (Year): Oct. 3, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 12, 1883
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 10, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Hiawatha, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Henry Renfro — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Cathrine Roache — BIRTHPLACE: New Jersey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X W H Renfro — ADDRESS: Shoshone, Ida.

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ant. sclerotic heart disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): pneumonia
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-1-, 1965, *to* 16-3-, 1965, *that I last saw the deceased alive on* 10-3-, 1965, *and that death occurred at* 6:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE 457 (Degree or title): Maurice E. Scheel MD
23b. ADDRESS: Wendell, Idaho
23c. DATE SIGNED: 10-11-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-6-1965
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 10-18-65
REGISTRAR'S SIGNATURE: Robert S. Meyer
25. EMBALMER: Francis M. Bergin
LICENSE NO.: E-643

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Bergin Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4510
Local Reg. No. 2806
Reg. Dist. No. 420

BIRTH NO.

OCT 21 1965

Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: 240 Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): 1 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho State T.B. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 240 Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerman & C'd'L.
d. STREET ADDRESS (If rural, give location): Hotel

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Frank	R.	Osowski	10 - 9 - 65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widower 2	Mar. 6, 1884	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter & Bar 35	01	Hokah Minn.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Osowski	Russia	Dora Block	Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	503-07-6404A	Verdus D. Davies	2737 Instate Ave 30, Apt 8 Minn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

525X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration of Vomitus — INTERVAL BETWEEN ONSET AND DEATH: Unreal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Pulmonary Tbc — ?
DUE TO (c) Tbc & Emphysema

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9-8, 1965, *to* 10-9, 1965, *that I last saw the deceased alive on* 10-9, 1965, *and that death occurred at* 8:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
K.A. Tyler 598	M.D.	Idaho State T.B. Hosp	10-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/12/1965	Forest	Coeur D'alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-18-65	Mabel S. Meyer	J. Forest Weaver	Rupert Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of E. Funeral Mortuary No. E 353 at Emmett on 10/9/65

ADDITIONAL REMARKS by Physician

State File No. 4511
Local Reg. No. 2807
Reg. Dist. No. 420

Certificate of Death

RECEIVED
OCT 21 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding 240 3-12
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho State T.B. Hosp 091

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah 45 ~~Oakley~~ 555
b. COUNTY: ~~Cassia~~ Box Elder
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location): Lynn Route

3. NAME OF DECEASED (Type or Print)
a. (First): Clement
b. (Middle): Ernest
c. (Last): Semper

4. DATE OF DEATH (Month) (Day) (Year): 10-9-65

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Oct 24, 1897
9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Murray, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ernest David Semper
BIRTHPLACE: Murray Utah
14. MOTHER'S MAIDEN NAME: Rose Rossella Bird
BIRTHPLACE: Murray Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 529-52-4860
17. INFORMANT'S OWN SIGNATURE: Beth Jensen (daughter)
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Emphysema

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-27, 1965, *to* 10-8, 1965, *that I last saw the deceased alive on* 10-8, 1965, *and that death occurred at* 1:55 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): K.A. Tyler 598 M.D.
23b. ADDRESS: Idaho State T.B. Hosp
23c. DATE SIGNED: 10-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-12-65
24c. NAME OF CEMETERY OR CREMATORY: Yost Cemetery
24d. LOCATION (City, town, or county) (State): Yost Utah

DATE REC'D BY LOCAL REG.: 10-18-65
REGISTRAR'S SIGNATURE: Robert J. Meyer
25. FUNERAL DIRECTOR: Armand F. Burch
ADDRESS: Burley

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAY 1 4 1970

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

Certificate of Death

STATE OF IDAHO

State File No. 4512
Local Reg. No. 2808
Reg. Dist. No. 420

BIRTH NO.

RECEIVED
OCT 21 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): 080
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Co. Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 130
b. COUNTY: Camas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Corral
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Cecil b. (Middle) Clair 090 c. (Last) Moffitt

4. DATE OF DEATH: (Month) October (Day) 10 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 2-23-1890

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Railroad 70

10b. KIND OF BUSINESS OR INDUSTRY: Union Pacific 000

11. BIRTHPLACE (State or foreign country): Garfield, Washington

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Thomas Moffitt — BIRTHPLACE: Dwight, Illinois.

14. MOTHER'S MAIDEN NAME: Matilda Ellen Ocheltree — BIRTHPLACE: Lipton, Iowa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I 3

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ivy Humphreys — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

6188

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Posterior Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Benign prostatic Hypertrophy with obstruction and secondary pyelitis.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 13, 1965, *to* Oct 10, 1965, *that I last saw the deceased alive on* Sept 10 1965, *and that death occurred at* 10:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marion W. Kenyon M.D.

23b. ADDRESS: Gooding, Idaho

23c. DATE SIGNED: 10-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-13-1965

24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery

24d. LOCATION (City, town, or county) (State): Gooding Idaho.

DATE REC'D BY LOCAL REG.: 10-18-65

REGISTRAR'S SIGNATURE: Catherine Meyer

25. EMBALMER: Robert Meyer — LICENSE NO.: E-424

FIRM NAME: Thompson Chapel Gooding, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

OCT 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4513
Local Reg. No. 2809
Reg. Dist. No. 420

Certificate of Death

RECEIVED
OCT 21 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State T. B. Hosp 091

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 070
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellevue,
d. STREET ADDRESS (If rural, give location): Gooding, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): RAYMOND
b. (Middle): L.
c. (Last): PASCOE

4. DATE OF DEATH (Month) (Day) (Year): Oct 10 1965

5. SEX: M
6. COLOR OR RACE: Caw
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): N. Married
8. DATE OF BIRTH: 17 Aug 1901
9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months 1 Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer. 04
10b. KIND OF BUSINESS OR INDUSTRY: Farmer 01
11. BIRTHPLACE (State or foreign country): Creed Colorado
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: John Rogers
BIRTHPLACE: Pascoe, England
14. MOTHER'S MAIDEN NAME: ~~Tracy~~ Teresa M. Stevie
BIRTHPLACE: Germany,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Hazel Pascoe
ADDRESS: Bellevue Sister

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

5271

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cor Pulmonale — 6 mos
DUE TO (c): obstructive lung disease — 4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: emphysema

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-30, 1965, *to* 10-10, 1965, *that I last saw the deceased alive on* 10-9, 1965, *and that death occurred at* 8:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): K. A. Tyler MD 598
23b. ADDRESS: Idaho State T B Hosp
23c. DATE SIGNED: 10-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal Burial
24b. DATE: 10/13/65
24c. NAME OF CEMETERY OR CREMATORY: Bellevue Cemetery
24d. LOCATION (City, town, or county) (State): Bellevue Idaho

DATE REC'D BY LOCAL REG.: 10-18-65
REGISTRAR'S SIGNATURE: Roberta Meyer
25. FUNERAL DIRECTOR: Ruth Bird
ADDRESS: Hailey, Idaho

E 393

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Bodmer

Certificate of Death

STATE OF IDAHO

State File No. 4514
Local Reg. No. 2810
Reg. Dist. No. 420

RECEIVED
OCT 21 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding Co. Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho. 240
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) % Clarence Ohlinger Gooding, Id

3. NAME OF DECEASED (Type or Print)
a. (First) Mary
b. (Middle) Minnie 090
c. (Last) Johnson

4. DATE OF DEATH (Month) Oct. (Day) 13 (Year) 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Nov. 21, 1878
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home 01
11. BIRTHPLACE (State or foreign country) Burks County, Pennsylvania.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME David Ohlinger — BIRTHPLACE Pennsylvania
14. MOTHER'S MAIDEN NAME Ellen L. Brocker — BIRTHPLACE Pennsylvania.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE X E. Ohlinger — ADDRESS Gooding, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Bronchial — INTERVAL BETWEEN ONSET AND DEATH 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Vacular Accident

491X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1965, *to* 13 Oct, 1965, *that I last saw the deceased alive on* 13 Oct, 1965, *and that death occurred at* 12 33 *m., from the causes and on the date stated above.*

23a. SIGNATURE 049 Bernard H. Bodmer M.D. (Degree or title)
23b. ADDRESS Gooding Idaho
23c. DATE SIGNED 12 Oct 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-18-1965
24c. NAME OF CEMETERY OR CREMATORY Jewel County Cemetery
24d. LOCATION (City, town, or county) Jewel (State) Kansas.

DATE REC'D BY LOCAL REG. 10-18-65
REGISTRAR'S SIGNATURE Robert Meyer
25. EMBALMER Robert L. Meyer. — LICENSE NO. C-424

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Thompson Chapel Gooding 737 Main St Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Kleingler

Certificate of Death

State File No. 4515
Local Reg. No. 4871
Reg. Dist. No. 4-20

STATE OF IDAHO

BIRTH NO.

RECEIVED
OCT 21 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gooding 240 003
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Co. Mem. Hosp. 090

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 240
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 1213 Colorado St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Maude	Ann	Bennett	Oct.	14	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	July 24, 1888	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Housewife 01	Troy, Indiana	U.S.A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Masterson	Unknown	Magie Hawkins	Troy, Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		X Mrs Bernice Adams	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism. — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Secondary to ope ation for fracture of right patella.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

903.0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT XX SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 240 (COUNTY) 13 (STATE)
	01 at home	Gooding, Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
9	8	65	3:15p m.		Patient fell on front sidewalk, injuring R. Knee

22. *I hereby certify that I attended the deceased from* Oct. 13, 1965 *to* Oct 14, 1965, *that I last saw the deceased alive on* Oct. 13, 1965 *and that death occurred at* 7:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
285 Morton O Kingsbury	Gooding, Idaho	10-18-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-18-65	Ridgeway Cemetery	Ridgeway, Michigan

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-18-65	Kaleen Meyer	Kaleen Meyer	E-424

FIRM NAME: Thompson Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 4 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 2 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4516
Local Reg. No. 2812
Reg. Dist. No. 420

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
NOV 17 1965
Bureau of Vital

1. PLACE OF DEATH
a. COUNTY Gooding 240 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding Co. Mem. Hosp. 890

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 130
b. COUNTY Camas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fairfield
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Arthur c. (Last) Driscall

4. DATE OF DEATH (Month) Oct. (Day) 16 (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Jan. 9, 1894
9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Prospector and Minner 01
10b. KIND OF BUSINESS OR INDUSTRY Hard Rock
11. BIRTHPLACE (State or foreign country) Portland, Oregon
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Driscall 07 BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Elizabeth Snyder BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Fred L Reidat ADDRESS Portland, Oreg.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

490X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, right upper, middle and lower lobes.

INTERVAL BETWEEN ONSET AND DEATH 3-4 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 15, 19 October 16, 1965, *to* 19, *that I last saw the deceased alive on* Oct. 15, 1965, *and that death occurred at* 3:24 A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 285 (Degree or title)
23b. ADDRESS Gooding, Idaho
23c. DATE SIGNED Oct 19, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-20-1965
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
24d. LOCATION (City, town, or county) Gooding (State) Idaho.

DATE REC'D BY LOCAL REG. 11-12-65
REGISTRAR'S SIGNATURE Robert Meyer
25. EMBALMER Robert S. Meyer
LICENSE NO. E-424

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Thompson Chapel 939 Main St. Gooding

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Bodmer

Certificate of Death

STATE OF IDAHO

State File No. 4517
Local Reg. No. 2513
Reg. Dist. No. 420

RECEIVED NOV 17 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 240
a. COUNTY Gooding 050
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence 701 3rd av. E.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) 701 3rd Avenue East

3. NAME OF DECEASED (Type or Print)
a. (First) Adlore
b. (Middle) Willie 000
c. (Last) Bissett

4. DATE OF DEATH (Month) October (Day) 26 (Year) 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH March 16, 1904

9. AGE (In years last birthday) 61
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook and Shoe Clerk

10b. KIND OF BUSINESS OR INDUSTRY 10 Retail Stores

11. BIRTHPLACE (State or foreign country) Plainville, Kansas

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Hubert Bissett
BIRTHPLACE 29 Illinois

14. MOTHER'S MAIDEN NAME Lois Adam
BIRTHPLACE Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 518-07-5755

17. INFORMANT'S OWN SIGNATURE X Velma Bissett
ADDRESS Gooding, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH Instantaneous

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Multiple Sclerosis.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1963 *to* 26 Oct, 1965, *that I last saw the deceased alive on* 21 Oct, 1965, *and that death occurred at* 12 30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Kenneth A Bodmer M.D.

23b. ADDRESS Gooding, Idaho

23c. DATE SIGNED 27 Oct 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct. 29, 1965

24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery

24d. LOCATION (City, town, or county) Gooding (State) Idaho.

DATE REC'D BY LOCAL REG. 11-12-65

REGISTRAR'S SIGNATURE Raleen S Meyer

25. EMBALMER Raleen S Meyer

LICENSE NO. E-424

FIRM NAME: Thompson Chapel Gooding, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAR 4 1966

JUL 8 1987

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4518
Local Reg. No. 52
Reg. Dist. No. 240

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 250 Idaho OCT 27 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Whitebird Bureau of Vital Statistics
c. LENGTH OF STAY (in this place) 24 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2 miles South of Whitebird 880

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 250 Idaho
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Whitebird
d. STREET ADDRESS (If rural, give location) Box 141 Whitebird, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First) VELMA
b. (Middle) ELIZABETH
c. (Last) BENTZ

4. DATE OF DEATH (Month) (Day) (Year) Oct 1, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH May 3, 1905
9. AGE (In years last birthday) 60 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home 01
11. BIRTHPLACE (State or foreign country) Butner, Oklahoma
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joe Dixon — BIRTHPLACE Oklahoma
14. MOTHER'S MAIDEN NAME Nancy McCasland — BIRTHPLACE Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 448 24 6239
17. INFORMANT'S OWN SIGNATURE X [signature] — ADDRESS Whitebird, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH immed

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Emphysema — Several Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1955 *to* Oct, 1965, *that I last saw the deceased alive on* 9 Aug, 1965, *and that death occurred at* 7:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 487 (Degree or title) M.D
23b. ADDRESS Grangeville, Idaho
23c. DATE SIGNED 20 Oct 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct 5, 1965
24c. NAME OF CEMETERY OR CREMATORY Prairieview
24d. LOCATION (City, town, or county) (State) Grangeville, Idaho

DATE REC'D BY LOCAL REG. Oct. 24 1965
REGISTRAR'S SIGNATURE Irma Cone
25. FUNERAL DIRECTOR Robert R Hansen — ADDRESS Robert R Hansen E 433 Grangeville, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert R Hansa Lic. No. E 433 at Grangeville on 10/1/65

ADDITIONAL REMARKS by Physician

RECEIVED OCT 8 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4519
Local Reg. No. 48
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 214 East North 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location): 214 East North

3. NAME OF DECEASED (Type or Print)
a. (First): Nina
b. (Middle): Linda
c. (Last): Frosig

4. DATE OF DEATH (Month) (Day) (Year): Oct 3, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 6, 1883
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 5, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Self 01
11. BIRTHPLACE (State or foreign country): Unionville, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frank B. Boyles — BIRTHPLACE: West Virginia
14. MOTHER'S MAIDEN NAME: Ina Chilcott — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: x Mrs C. Robert Jost — ADDRESS: 1128 Linden

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

434.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility + natural causes (fluid + electrolyte imbal.)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Congestive Heart Fail.
DUE TO (c): Ileus 2° to Above.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1965, *to* 3 Oct., 1965, *that I last saw the deceased alive on* 3 Oct., 1965, *and that death occurred at* 7:51 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Milton H. Wiltse, M.D. 621
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 5 Oct. 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 7, 1965
24c. NAME OF CEMETERY OR CREMATORY: Wilder Cemetery
24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: Oct. 5, 1965
REGISTRAR'S SIGNATURE: Irma Cone
25. EMBALMER: Leonard C. Flahiff
LICENSE NO.: E-481

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Homedale's Flahiff Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4520
Local Reg. No. 18
Reg. Dist. No. 242

RECEIVED NOV 15 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250 3-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place): 5 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital 093

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 310
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nezperce
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Omer
b. (Middle): Duane
c. (Last): Marshall

4. DATE OF DEATH (Month) (Day) (Year): Oct. 5 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Jan 31, 1891
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, retired 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Whitebird, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Mabron Marshall — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Flora A. Smith — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 42 3162
17. INFORMANT'S OWN SIGNATURE: [illegible] — ADDRESS: [illegible]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinomatosis (Lung) — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 30, 1965, *to* Oct 5, 1965, *that I last saw the deceased alive on* Oct 5, 1965, *and that death occurred at* 10:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: K. H. Collins M D 100 (Degree or title)
23b. ADDRESS: Craigmont Ida
23c. DATE SIGNED: 10-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem Burial 3
24b. DATE: 10-8-65
24c. NAME OF CEMETERY OR CREMATORY: Nezperce Cemetery
24d. LOCATION (City, town, or county) (State): Nezperce, Idaho

DATE REC'D BY LOCAL REG.: Oct. 8, 1965
REGISTRAR'S SIGNATURE: Wesley F. Orr MD by [illegible]
25. EMBALMER: Robt. Larrabee
LICENSE NO.: QL802

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Clovis Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 16 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 16 2007

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4521
Local Reg. No. 51
Reg. Dist. No. 240

BIRTH NO.

OCT 25 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Idaho 250 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kooskia Rural
c. LENGTH OF STAY (In this place) Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) S.E. of Lowell, Idaho 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 250 Idaho
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kooskia Rural (Lowell, Idaho)
d. STREET ADDRESS (If rural, give location) Star Rt Kooskia

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) CLYDE c. (Last) McMAHON

4. DATE OF DEATH (Month) (Day) (Year) October 5, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Nov 24, 1910
9. AGE (In years last birthday) 54 (If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer - Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY Sports 01 - Farming
11. BIRTHPLACE (State or foreign country) Forest, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William A McMahon BIRTHPLACE Iowa
14. MOTHER'S MAIDEN NAME Elizabeth Steltz BIRTHPLACE Big Stone City, S.D.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518 36 8607
17. INFORMANT'S OWN SIGNATURE X Mrs Wm M. McMahon ADDRESS Kooskia, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot Wound of abdomen — INTERVAL BETWEEN ONSET AND DEATH 2 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Wezpeice national Forest
21c. (CITY, TOWN, OR TOWNSHIP) Rural Kooskia (COUNTY) Idaho (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 5, 1965 1:15 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? was shot by Hunter who mistook his horse for an elk

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Wm Morrison 583 (Degree or title) MD Coroner
23b. ADDRESS Grangeville, Id
23c. DATE SIGNED Oct 16, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE October 9, 1965
24c. NAME OF CEMETERY OR CREMATORY Genesee,
24d. LOCATION (City, town, or county) Genesee, Idaho (State)

DATE REC'D BY LOCAL REG. Oct 20 1965
REGISTRAR'S SIGNATURE Irma Cone

25. FUNERAL DIRECTOR Robert R Hansen
ADDRESS Robert R Hansen E 433 Grangeville, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-40021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

OCT 27 1965

MAR 4 1966

JAN 17 1968

NOV 1 1977

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert R Hansen Lic. No. E 433 at Grangeville on 10/6/65

ADDITIONAL REMARKS by Physician Deceased was a professional guide and packer

Wm Marvin Larsen

Certificate of Death

STATE OF IDAHO

State File No. 4522
Local Reg. No. 50
Reg. Dist. No. 240

BIRTH NO. 250

RECEIVED
OCT 25 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia Rural
c. LENGTH OF STAY (In this place): 5-05 Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Near Indian Lake Selway Wilderness Area. 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Pennsylvania
b. COUNTY: 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grampian
d. STREET ADDRESS (If rural, give location): Grampian, Penn.

3. NAME OF DECEASED (Type or Print): a. (First) JEFFERSON b. (Middle) c. (Last) THOMAS

4. DATE OF DEATH (Month) (Day) (Year): October 8, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: October 21, 1916

9. AGE (In years last birthday): 48 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Businessman 35

10b. KIND OF BUSINESS OR INDUSTRY: Self 63

11. BIRTHPLACE (State or foreign country): Grampian, Penn

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William E Thomas — BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Annie Lloyd — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW # 2 9196 8

16. SOCIAL SECURITY NO.: 194 09 9511

17. INFORMANT'S OWN SIGNATURE: Fahy W McDonald — ADDRESS: Grampian, Penn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage from severed Right Common Iliac artery

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Gunshot Wound

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 5 min.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Selway Wilderness Area

21c. (CITY, TOWN, OR TOWNSHIP) 250 (COUNTY) Idaho County (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 8, 1965 1:30 p.m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Mistaken for wounded elk by another hunter

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm Morrison MD 583 — 23b. ADDRESS: Coroner, Grangeville Id. — 23c. DATE SIGNED: Oct 16, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Transportation — 24b. DATE: 10/20/65 — 24c. NAME OF CEMETERY OR CREMATORY — 24d. LOCATION (City, town, or county) (State): Pennsylvania

DATE REC'D BY LOCAL REG.: Oct. 20, 1965 — REGISTRAR'S SIGNATURE: Irma Cone

25. FUNERAL DIRECTOR: Robert R Hansen — ADDRESS: Robert R Hansen 433 Grangeville, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

OCT 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert R Hansen Lic. No. E 433 at Grangeville on 10/9/65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4523
Local Reg. No. 49
Reg. Dist. No. 240

BIRTH NO.

RECEIVED OCT 25 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riggins
c. LENGTH OF STAY (If in this place): 72 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 15 Miles Up Bib Salmon River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 258
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riggins, Idaho
d. STREET ADDRESS (If rural, give location): 15 Miles Up Big Salmon River

3. NAME OF DECEASED (Type or Print)
a. (First): JACK
b. (Middle): ORVILLE
c. (Last): HOWARD

4. DATE OF DEATH (Month) (Day) (Year): October 10, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 12, 1887
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Grangeville, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Orville B. Howard — BIRTHPLACE: Battle Creek, Mich
14. MOTHER'S MAIDEN NAME: Flora Cline — BIRTHPLACE: Mollalla, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 42 2737
17. INFORMANT'S OWN SIGNATURE: Alice Howard — ADDRESS: Riggins, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Death from Natural Causes — INTERVAL BETWEEN ONSET AND DEATH: inst.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 5:30 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 583 Wm Morrison, M.D., Coroner
23b. ADDRESS: Grangeville, Id.
23c. DATE SIGNED: Oct 16, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/14/65
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho

DATE REC'D BY LOCAL REG.: Oct. 20 1965
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Robert R Hansen — ADDRESS: Robert R Hansen F433. Grangeville, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

MAY 20 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert R Hansen Lic. No. E 433 Grangeville on 10/10/65

ADDITIONAL REMARKS by Physician Deceased collapsed and died suddenly while fishing

J Wm Mannion, M.D. Caronas

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED NOV 15 1965 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 4524
Local Reg. No. 19
Reg. Dist. No. 242

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ferdinand 2 mi W
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ferdinand
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Lawrence
b. (Middle): G.
c. (Last): Goeckner

4. DATE OF DEATH (Month) (Day) (Year): Oct 15 65

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: July 23 1903
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 02
11. BIRTHPLACE (State or foreign country): Cottonwood Idaho
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Henry Goeckner — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Katherine Forsmann — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519 42 3115
17. INFORMANT'S OWN SIGNATURE: Daniel H. Goeckner — ADDRESS: Craigmont

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 816.4 Fracture-Dislocation Cervical Spine — INTERVAL BETWEEN ONSET AND DEATH: Inst.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident 04
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Rural Highway 2
21c. (CITY, TOWN, OR TOWNSHIP) 250 (COUNTY) (STATE): Rural Ferdinand, Id. Id.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 15, 1965 4:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: 2-car automobile collison

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 583 Wm C Morrison, M.D., Coroner
23b. ADDRESS: Grangeville, Id.
23c. DATE SIGNED: 10/31/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 19 65
24c. NAME OF CEMETERY OR CREMATORY: Ferdinand
24d. LOCATION (City, town, or county) (State): Ferdinand, Idaho

DATE REC'D BY LOCAL REG.: Nov. 8, 1965
REGISTRAR'S SIGNATURE: Wesley F. Orr MD by m
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Cottonwood

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

NOV 16 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Cletus A. Uhlorn Lic. No. E 421 at Cottonwood Oct 15

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 15 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4525
Local Reg. No. 20
Reg. Dist. No. 242

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ferdinand
c. LENGTH OF STAY (in this place): 3-01 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): rural county road 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): whitebird
d. STREET ADDRESS (If rural, give location): rural

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harry	J.	Johnston	Oct.	15	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	June 26, 1906	59				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer-Rancher 04	Farming 01	Ferdinadd, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Johnston	Glasgow, Scotland	Anna McCallum	Toronto, Ont. Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518 24 3486	Ole Johnston	Ferdinad, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8604

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushing injuries to Head and Chest — INTERVAL BETWEEN ONSET AND DEATH: 45 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 250 (COUNTY) (STATE)
Accident	Rural Road.	Rural Ferdinand, Fd, Id

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Oct 15, 1965 5:00 p.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	2 car automobile collision

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm C Morrison, M.D. 583	County Grangeville Id	10/31/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem-Burial	10-19-65	I.O.O.F. Cemetery	Craigmont, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 8, 1965	Wesley F. Orr MD by rm	Cletus A. Uhlorn	E-421

FIRM NAME: Clovis Mortuary, Craigmont Id

Federal Security Agency
United States Public Health Service

Form DH-63021

NOV 16 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4526
Local Reg. No. 53
Reg. Dist. No. 240

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Idaho 250 OCT 27 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Hsopital 092

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 250
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Riggins
d. STREET ADDRESS (If rural, give location) Rural Up Big Salmon

3. NAME OF DECEASED (Type or Print)
a. (First) JOSEPH
b. (Middle)
c. (Last) CLAIR

4. DATE OF DEATH (Month) (Day) (Year) Oct 16, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH April 16,1886
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY Ranch and Minning 02
11. BIRTHPLACE (State or foreign country) Luneville France
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518 38 6944
17. INFORMANT'S OWN SIGNATURE Robert R Hansen County Records — ADDRESS Grangeville, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia 181.0 — INTERVAL BETWEEN ONSET AND DEATH few days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of bladder
DUE TO (c) Pyelonephritis —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. HCVD Congestive heart failure

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 22 June, 1965, *to* 16 Oct, 1965, *that I last saw the deceased alive on* 16 Oct, 1965, *and that death occurred at* 11:10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Donald Altman M.D 487 (Degree or title)
23b. ADDRESS Grangeville, Idaho
23c. DATE SIGNED 21 Oct 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10/20/1965
24c. NAME OF CEMETERY OR CREMATORY Prairieview
24d. LOCATION (City, town, or county) (State) Grangeville, Idaho

DATE REC'D BY LOCAL REG. Oct. 24 1965
REGISTRAR'S SIGNATURE Irma Cone
25. FUNERAL DIRECTOR Robert R Hansen E 433 — ADDRESS Grangeville, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert R Hansen Lic. No. E 433 at Grangeville on 10/16/65

ADDITIONAL REMARKS by Physician

State File No. 4527
Local Reg. No. 765
Reg. Dist. No. 244

RECEIVED NOV 1 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stites
c. LENGTH OF STAY (in this place): 12 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stites
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): Bell
c. (Last): Sperry

4. DATE OF DEATH (Month) (Day) (Year): Oct. 20 1965

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Jan. 2, 1896
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wife - Mother 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Potlatch Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Courtney — BIRTHPLACE: Grafton West Virginia
14. MOTHER'S MAIDEN NAME: Elizabeth C. Carter — BIRTHPLACE: West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: J. E. Sperry — ADDRESS: Stites, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Old Myocardial
DUE TO (c): Infarction

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Rectal Bleeding.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 25 Aug., 1965, *to* 2 Oct. Present, 1965, *that I last saw the deceased alive on* 2 Oct., 1965, *and that death occurred at* 8:30 P. m., *from the causes and on the date stated above.* 20 Oct. 65

23a. SIGNATURE 621 (Degree or title): Milton H. Wiltse, M.D.
23b. ADDRESS: Grangeville, Ida.
23c. DATE SIGNED: 26 Oct. 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 23, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pine Grove
24d. LOCATION (City, town, or county) (State): Kooskia Idaho

DATE REC'D BY LOCAL REG.: Oct. 27 1961
REGISTRAR'S SIGNATURE: Claude Trenary
25. EMBALMER: Robert Hansen
LICENSE NO.: E433

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Trenary Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4528
Local Reg. No. 34
Reg. Dist. No. 240

BIRTH NO.

RECEIVED

1. PLACE OF DEATH
a. COUNTY Idaho 250 NOV 5 1965 2-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
c. LENGTH OF STAY (in this place) 2½ months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Hospital 092

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 250 b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
d. STREET ADDRESS (If rural, give location) 620 West South Street

3. NAME OF DECEASED (Type or Print) a. (First) ALTA b. (Middle) EVANGELINE c. (Last) CONE

4. DATE OF DEATH (Month) (Day) (Year) October 22, 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Dec 3, 1891

9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Own Home 01

11. BIRTHPLACE (State or foreign country) Jefferson, Wisconson

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John McCarthy BIRTHPLACE Wisconson

14. MOTHER'S MAIDEN NAME Eva Shultz BIRTHPLACE Monroe, Wisconson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519 42 3546

17. INFORMANT'S OWN SIGNATURE x Jack on Conner ADDRESS Kamiah, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stroke (Hemorrhage) — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Infarct.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. GI Hemorrhage

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 Aug, 1965, *to* 22 Oct, 1965, *that I last saw the deceased alive on* 22 Oct, 1965, *and that death occurred at* 8:22 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Milton H. Wittee, M.D.

23b. ADDRESS Grangeville, Ida.

23c. DATE SIGNED 26 Oct 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10/25/65

24c. NAME OF CEMETERY OR CREMATORY Prairieview

24d. LOCATION (City, town, or county) (State) Grangeville, Idaho

DATE REC'D BY LOCAL REG. Oct. 30, 1965

REGISTRAR'S SIGNATURE Irma Cone

25. FUNERAL DIRECTOR Robert R Hansen E 435 ADDRESS Grangeville, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 9 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 9 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

MAR 10 1972

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

OCT 18 1974

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert R Hansen Lic. No. E 433 at Grangeville on 10/23/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 4529
Local Reg. No. 3
Reg. Dist. No. 240

BIRTH NO.

RECEIVED NOV 17 1965 Bureau of

1. PLACE OF DEATH
a. COUNTY 250 Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
c. LENGTH OF STAY (in this place) 16 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ranch 2½ miles S.W. Grangeville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 250 Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
d. STREET ADDRESS (If rural, give location) 2½ miles South West of Grangeville

3. NAME OF DECEASED (Type or Print) a. (First) VIOLA b. (Middle) DEA c. (Last) DENNEY

4. DATE OF DEATH (Month) (Day) (Year) October 24, 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov 6, 1917

9. AGE (In years last birthday) 47
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Grangeville, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME P.L. Johnston BIRTHPLACE Burlington Jct. Missouri

14. MOTHER'S MAIDEN NAME Opal A. DeArmond BIRTHPLACE Fairfax, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. Yes

17. INFORMANT'S OWN SIGNATURE Mrs Dorothy Greene Rt ADDRESS Grangeville, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 916.0 Third Degree Burns — INTERVAL BETWEEN ONSET AND DEATH Inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm Home

21c. (CITY, TOWN, OR TOWNSHIP) Rural Grangeville (COUNTY) 250 (STATE) Id.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 24, 1965 1:30 PM

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Bedroom fire of undetermined origin

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 583 Wm C Manson MD, Coroner

23b. ADDRESS Grangeville, Id.

23c. DATE SIGNED 10/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10/28/65

24c. NAME OF CEMETERY OR CREMATORY Prairieview

24d. LOCATION (City, town, or county) (State) Grangeville, Idaho

DATE REC'D BY LOCAL REG. Nov. 8, 1965

REGISTRAR'S SIGNATURE Irma Cone

25. FUNERAL DIRECTOR Robert R. Hansen ADDRESS Robert R. Hansen E. 433 Grangeville, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

FEB 1 4 1969

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert R Hansen Lic. No E 433 at Grangeville on 10/24/65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4530
Local Reg. No. 14
Reg. Dist. No. 640

RECEIVED NOV 17 1965

BIRTH NO.

1. PLACE OF DEATH 260
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL township): Roberts (rural)
c. LENGTH OF STAY (in this place): yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 mi. South.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 260
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roberts (rural)
d. STREET ADDRESS (If rural, give location): 4 Mi. South.

3. NAME OF DECEASED (Type or Print): a. (First) NEWEL b. (Middle) ALONZO c. (Last) JENKS

4. DATE OF DEATH (Month) (Day) (Year): Oct. 7, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Nov. 11, 1892

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farm 01

11. BIRTHPLACE (State or foreign country): Weston, Idaho.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Chauncey Jenks
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Esther Jane Bell
BIRTHPLACE: Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 519-07-3483

17. INFORMANT'S OWN SIGNATURE: Mrs Guy Rogers
ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: none performed

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 29 Aug., 1963, *to* 7 Oct, 1965, *that I last saw the deceased alive on* 7 Oct., 1965, *and that death occurred at* 9:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Asael Tall, 522 (Degree or title): M.D.

23b. ADDRESS: Rigby, Idaho.

23c. DATE SIGNED: 11 Oct. 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 11, 1965

24c. NAME OF CEMETERY OR CREMATORY: Weston

24d. LOCATION (City, town, or county) (State): Weston Idaho

DATE REC'D BY LOCAL REG.: Oct 11 1965

REGISTRAR'S SIGNATURE: Mrs a B Eckersell

25. FUNERAL DIRECTOR: Bruce A. Eckersell

ADDRESS: Rigby, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho, on 10/7/1965

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4531
Local Reg. No. 19
Reg. Dist. No. 640

RECEIVED OCT 25 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY (260) Jefferson (007) — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ririe (rural) — c. LENGTH OF STAY (in this place) X

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2 1/2 Mi. N.W. of Ririe

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE Idaho (268) — b. COUNTY Jefferson (007)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ririe

d. STREET ADDRESS (If rural, give location) 160 2nd West.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHARLES	ELTON (002)	CLARK	October 15, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married (2)	Mar. 7, 1907	58				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming, Logging (68)	Farm & Logging (02)	Rigby, Idaho.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles W. Clark	Idaho	Genevieve Graham	Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-14-4748	Leatha Clark	Ririe, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Fractured Neck — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Automobile Accident

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (260) (COUNTY) (3) (STATE)
Accident	Highway	Rural Jefferson, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
10-15-65 7:40P m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Rear End Collision

22. *I hereby certify that I attended the deceased from* [illegible] *that I last saw the deceased alive on* [illegible] *and that death occurred at* 7:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Norman Hall (583)	Coroner (4)	Rigby, Idaho.	16 OCT 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 18, 1965	Ririe-Shelton	Shelton Bonneville Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
16 Oct 1965	Mrs A B Eckersell	Bruce A. Eckersell	Rigby, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

OCT 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 29 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho on 10/15/1965

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 4532
Local Reg. No. 5
Reg. Dist. No. 640

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jefferson 260 NOV 17 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewisville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 260
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewisville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Lance	Felez	Costello	October 18 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	June 16, 1964	1				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None 02	None 60	Idaho Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Tony Costello	Montana	Patsy Steinman	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Tony F. Costello Jr.	Lewisville, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemopericardiun (45 ml blood) — INTERVAL BETWEEN ONSET AND DEATH: 10 - 15 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ruptured heart, right auricle - traumatic
DUE TO (c) reportedly due to a fall - accidental

II. OTHER SIGNIFICANT CONDITIONS (Mother holding child fell against bedstead)
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	01 Home	13 Lewisville Jefferson Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
October 18 1965 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	reportedly Mother fell while holding child & struck the bedpost.

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Norman Hall	CORONER	RIGBY IDAHO	11-9-1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/20/65	Ammon Cemetery	Ammon Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 9 1965	Mrs A B Cokenell	Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

Certificate of Death

State File No. 4533
Local Reg. No. 17
Reg. Dist. No. 640

BIRTH NO. NOV 17 1965 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Jefferson 260 3-13
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby
c. LENGTH OF STAY (in this place) 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lowder Nursing Home 096

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 260
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Roberts
d. STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN
b. (Middle) BLIZ
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Oct. 31, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) No record 0
8. DATE OF BIRTH No record
9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X 00
10b. KIND OF BUSINESS OR INDUSTRY 00 X
11. BIRTHPLACE (State or foreign country) Chicago, Illinois.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME No record — BIRTHPLACE
14. MOTHER'S MAIDEN NAME No record — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 379-09-5634
17. INFORMANT'S OWN SIGNATURE Barbara Arnell — ADDRESS 127 N. 3rd West Rigby, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 4 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic alcoholism - obesity. — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION None performed
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 17 Oct., 1965, *to* 31 Oct., 1965, *that I last saw the deceased alive on* _____, 1965, *and that death occurred at* 4 am *m., from the causes and on the date stated above.*

23a. SIGNATURE 522 Asael Hall (Degree or title) M.D.
23b. ADDRESS Rigby, Idaho.
23c. DATE SIGNED 7 Nov. 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 5, 1965
24c. NAME OF CEMETERY OR CREMATORY Pioneer
24d. LOCATION (City, town, or county) (State) Rigby Jefferson Idaho.

DATE REC'D BY LOCAL REG. Nov 7 1965
REGISTRAR'S SIGNATURE Mrs A B Eckersell
25. FUNERAL DIRECTOR Bruce A. Eckersell — ADDRESS Rigby, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho, on 10/31/1965

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED NOV 17 1965

STATE OF IDAHO

State File No. 4534
Local Reg. No. 18
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH 260
a. COUNTY Jefferson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 260 b. COUNTY Jefferson

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewisville
c. LENGTH OF STAY (in this place) 12 yrs.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewisville

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) X 000

d. STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) DANIEL FINDLAY WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year) Oct. 31, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2
8. DATE OF BIRTH Mar. 12, 1912
9. AGE (In years last birthday) 53 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Farm 01
11. BIRTHPLACE (State or foreign country) Pocatello, Idaho.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Daniel Amos Williams BIRTHPLACE Minn.
14. MOTHER'S MAIDEN NAME Catharine Findlay BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes 1 (If yes, give war or dates of service) WWII 4
16. SOCIAL SECURITY NO. 519-07-7879
17. INFORMANT'S OWN SIGNATURE Ruth Ann Williams ADDRESS Lewisville, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 5 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) Arteriosclerotic Heart Disease — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Obesity — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION None performed
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/28, 1951, *to* 31 Oct., 1965, *that I last saw the deceased alive on* 24 Oct., 1965, *and that death occurred at* 2:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE Asael Tall 522 (Degree or title) M.D.
23b. ADDRESS Rigby, Idaho.
23c. DATE SIGNED 4 Nov. 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1
24b. DATE Nov. 3, 1965
24c. NAME OF CEMETERY OR CREMATORY Lewisville
24d. LOCATION (City, town, or county) (State) Lewisville Jefferson Idaho

DATE REC'D BY LOCAL REG. Nov 4 1965
REGISTRAR'S SIGNATURE Mrs A B Eckersell
25. FUNERAL DIRECTOR Bruce A. Eckersell ADDRESS Rigby, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

NOV 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 06 2007

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho. on 10/31/1965

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4535
Local Reg. No. 815
Reg. Dist. No. 440

BIRTH NO. 65-9482

RECEIVED OCT 8 1965

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome 270 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 42
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 520 4th. Ave. East

3. NAME OF DECEASED (Type or Print)
a. (First): Oral
b. (Middle): Shaun 094
c. (Last): Davis

4. DATE OF DEATH (Month) (Day) (Year): Oct. 1, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Sept. 30, 1965

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours: 4 | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): Jerome, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert L. Davis
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Miriam Kay Talbot
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: x Robert L Davis
ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hyaline Membrane Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prematurely

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-1, 1965, *to* 10-1, 1965, *that I last saw the deceased alive on* 10-1, 1965, *and that death occurred at* 2:53a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice E Scheel MD
23b. ADDRESS: Rupert Ida
23c. DATE SIGNED: 10-4-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 2, 1965
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: Oct 5, 1965
REGISTRAR'S SIGNATURE: Louella M. Scheer
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

OCT 12 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4536
Local Reg. No. 816
Reg. Dist. No. 440

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 8 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270 b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 300 3rd. Ave. West

3. NAME OF DECEASED (Type or Print)
a. (First): Rilla
b. (Middle): Marshburn 099
c. (Last): Snow

4. DATE OF DEATH (Month) (Day) (Year): Oct. 3, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: June 6, 1883
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At home 01
11. BIRTHPLACE (State or foreign country): Comfort, No. Carolina
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Moses A. Marshburn, No. Carolina
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Mary Jane Jones, No. Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: X Lindsay Snow — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion probably (While eating, and without any choking, slumped over in a chair and died within a few minutes)

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Diabetes mellitus – mild

INTERVAL BETWEEN ONSET AND DEATH: 5 minutes; Years

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 1960, 19__, *to* Sept 1965, 19__, *that I last saw the deceased alive on* about 9/27/65 19__, *and that death occurred at* 6:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Carlyle Snail 477 MD
23b. ADDRESS: Jerome, Idaho
23c. DATE SIGNED: 10/4/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 6, 1965
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: Oct. 5, 1965
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4537
Local Reg. No. 818
Reg. Dist. No. 440

RECEIVED OCT 20 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. St. Benedict's Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Jerome~~ Eden
d. STREET ADDRESS (If rural, give location): Box 281

3. NAME OF DECEASED (Type or Print)
a. (First): Alfred
b. (Middle): Troy 099
c. (Last): Clark

4. DATE OF DEATH (Month) (Day) (Year): Oct. 5, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 29, 1900
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm laborer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 02
11. BIRTHPLACE (State or foreign country): Norton, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Clark — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Rose Watson — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 700 09 1476
17. INFORMANT'S OWN SIGNATURE: Roy A. Clark — ADDRESS: Eden, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

162.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchogenic carcinoma, rt — INTERVAL BETWEEN ONSET AND DEATH: About 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 0
DUE TO (c): 0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 0

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 1/65, 19__, *to* 10/5/65, 19__, *that I last saw the deceased alive on* 9/1/65, 19__, *and that death occurred at* 1:50p *m., from the causes and on the date stated above.*

23a. SIGNATURE 477 (Degree or title): W. Carlyle Smith MD
23b. ADDRESS: Jerome, Idaho
23c. DATE SIGNED: 10/7/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 8, 1965
24c. NAME OF CEMETERY OR CREMATORY: Hazelton Cemetery
24d. LOCATION (City, town, or county) (State): Hazelton, Idaho

DATE REC'D BY LOCAL REG.: Oct. 8 1965
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4538
Local Reg. No. 817
Reg. Dist. No. 440

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 20 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Washington b. COUNTY Pierce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Tacoma
d. STREET ADDRESS (If rural, give location) 308½ South "I"

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Benedict's Hospital

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Marian	E.	Hogan	Oct. 7, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Divorced	Jan. 3, 1914	51				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At home
11. BIRTHPLACE (State or foreign country) Milton, Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Harry S. Heath — BIRTHPLACE Penna.
14. MOTHER'S MAIDEN NAME Anna Rundquist — BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 538-07-5726
17. INFORMANT'S OWN SIGNATURE X Ellen W. Conklin ADDRESS Hagerman, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

971.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrochloric Acid Poisoning — INTERVAL BETWEEN ONSET AND DEATH: 28 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Depression — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Not known

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hagerman
21c. (CITY, TOWN, OR TOWNSHIP) Ida (COUNTY) 240 (STATE) Gooding
21d. TIME OF INJURY (Month) 10 (Day) 6 (Year) 65 (Hour) 7:35 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Drank Babbitts Cleaner

22. *I hereby certify that I attended the deceased from* 10-6-, 1965, *to* 11-7, 1965, *that I last saw the deceased alive on* 10-7, 1965, *and that death occurred at* 11:10p m., *from the causes and on the date stated above.*

23a. SIGNATURE Harold G. Holsinger (Degree or title) MD 239
23b. ADDRESS Wendell Idaho
23c. DATE SIGNED 10/11/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 11, 1965
24c. NAME OF CEMETERY OR CREMATORY Jerome Cemetery
24d. LOCATION (City, town, or county) Jerome, Idaho (State)

DATE REC'D BY LOCAL REG. Oct. 12 1965
REGISTRAR'S SIGNATURE Louella M. Deherer
25. EMBALMER W. L. Hove
LICENSE NO. E-431

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4539
Local Reg. No. 819
Reg. Dist. No. 4140

BIRTH NO.

RECEIVED
OCT 20 1965
Bureau of Vital Statistics

STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome 270 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. St. Benedict's Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 316 4th. Ave. West

3. NAME OF DECEASED (Type or Print)
a. (First): JACOB
b. (Middle): 099
c. (Last): WAHL

4. DATE OF DEATH (Month) (Day) (Year): Oct. 10, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Dec. 4, 1887

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic 10

10b. KIND OF BUSINESS OR INDUSTRY: Auto 01

11. BIRTHPLACE (State or foreign country): Odessa, Russia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Wahl
BIRTHPLACE: Germany.

14. MOTHER'S MAIDEN NAME: Margaret Engelhart
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W. W. I

16. SOCIAL SECURITY NO.: 518 09 2958

17. INFORMANT'S OWN SIGNATURE: X Mrs Vena Belle Wahl
ADDRESS: Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.7

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Angina Pectoris — INTERVAL BETWEEN ONSET AND DEATH: 15-3 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Coronary insufficiency — 6 mos.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-21, 1965, *to* Oct 10, 1965, *that I last saw the deceased alive on* Sept 21, 1965, *and that death occurred at* 6:45p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Reuben C. Matson 33b (Degree or title)
23b. ADDRESS: Jerome Ida
23c. DATE SIGNED: 10-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 13, 1965
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: Oct. 13, 1965
REGISTRAR'S SIGNATURE: Louella M. Doherer
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

OCT 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 28 1965 Bureau of Vital Statistics

State File No. 4540
Local Reg. No. 821
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome 600
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benidict Nursing Home 999

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 320
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dietrich Rural
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Karl b. (Middle) M. c. (Last) Moan

4. DATE OF DEATH: (Month) Oct. (Day) 18, (Year) 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Aug. 23, 1902
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 2, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: 60
11. BIRTHPLACE (State or foreign country): Fort Lupton, Colorado
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert M. Moan — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Theodora Spinner — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 569-18-1385
17. INFORMANT'S OWN SIGNATURE: From Baptismal records — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 163X Carcenoma Lung — INTERVAL BETWEEN ONSET AND DEATH: 6 Mos?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-11, 1965, *to* 10-18, 1965, *that I last saw the deceased alive on* 10-16, 1965, *and that death occurred at* 9:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reuben C. Matson MD 332
23b. ADDRESS: Jerome Ida
23c. DATE SIGNED: 10-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-21-1965
24c. NAME OF CEMETERY OR CREMATORY: Shoshone Cemetery
24d. LOCATION (City, town, or county) (State): Shoshone, Idaho

DATE REC'D BY LOCAL REG.: Oct. 22 1965
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. EMBALMER: Francis M. Bergin
LICENSE NO.: E-463

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Bergin Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4541
Local Reg. No. 820
Reg. Dist. No. 440

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jerome 270 OCT 22 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
c. LENGTH OF STAY (in this place) 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) D.O.A. St. Benedict's Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Wyoming 555 b. COUNTY Sheridan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sheridan
d. STREET ADDRESS (If rural, give location) Downer Addition

3. NAME OF DECEASED (Type or Print) a. (First) CECIL b. (Middle) HOLLAND c. (Last) ROSS

4. DATE OF DEATH (Month) (Day) (Year) Oct. 18, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Sept. 11, 1904

9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oiler 06

10b. KIND OF BUSINESS OR INDUSTRY Hwy. Eqpt. 03 Constr.

11. BIRTHPLACE (State or foreign country) Adair Co., Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Mack Ross
BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Clara M. Olson
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 478 14 9249

17. INFORMANT'S OWN SIGNATURE X Ralph E. Ross ADDRESS Renton, Washington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from did not see alive, 19, to , 19, that I last saw the deceased alive on , 19, and that death occurred at 7:30a m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Veda L. Harman Justice of the Peace

23b. ADDRESS Box 315 - Eden

23c. DATE SIGNED 10-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Transportation

24b. DATE Oct. 19, 1965

24c. NAME OF CEMETERY OR CREMATORY Sheridan

24d. LOCATION (City, town, or county) Sheridan, Wyoming (State)

DATE REC'D BY LOCAL REG. Oct. 20 1965

REGISTRAR'S SIGNATURE Louella M. Asheim

25. EMBALMER W. L. Hove

LICENSE NO. E-431

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 26 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4542
Local Reg. No. 822
Reg. Dist. No. 440

RECEIVED
OCT 28 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 270
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital 099

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 430 West "F"

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Henry
c. (Last): Davis

4. DATE OF DEATH (Month) (Day) (Year): Oct. 21, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Aug. 21, 1899
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: Warehouse 03
11. BIRTHPLACE (State or foreign country): Wilford, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel H. Davis — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: May L. Rice — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 30 1696
17. INFORMANT'S OWN SIGNATURE: X Mrs Mary Davis — ADDRESS: Jerome, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of cecum with metastases — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocardial insufficiency — Many years

19a. DATE OF OPERATION: 10/20/65
19b. MAJOR FINDINGS OF OPERATION: Cancer cecum with metases; small bowel obstruction
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 10/18/65, 19__, *to* 10/21/65, 19__, *that I last saw the deceased alive on* ~~10/18/65~~, 19__, *and that death occurred at* 8:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE 10/20/65 (Wed) (Degree or title): W. Carlyle Small 477 MD
23b. ADDRESS: Jerome, Idaho
23c. DATE SIGNED: 10/22/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 25, 1965
24c. NAME OF CEMETERY OR CREMATORY: Firth Cemetery
24d. LOCATION (City, town, or county) (State): Firth, Idaho

DATE REC'D BY LOCAL REG.: Oct. 26, 1965
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 1 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 4 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 21 1985

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4543
Local Reg. No. 823
Reg. Dist. No. 440

RECEIVED NOV 1 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 324 West 5th.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Illa	Louise 099	Luper	Oct. 25, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 2	May 9, 1944	21				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	At home 01	Wendell, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Squire Hepworth	Utah	Lydia Ruesch	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	--	John O. Hepworth	Jerome, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	260X Diabetic coma	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-19, 1965, *to* 10-25 1965 *that I last saw the deceased alive on* 10-25, 1965 *and that death occurred at* 1:15a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Maurice E. Scheel M.D. 457	Wendell, Idaho	10-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 27, 1965	Jerome Cemetery	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 28, 1965	Louella M. Schurr	W. L. Hove	E-431

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 2 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 5 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4544
Local Reg. No. 824
Reg. Dist. No. 440

Certificate of Death

BIRTH NO. 65-10530 RECEIVED STATE OF IDAHO

NOV 8 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital 049

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): North Side Inn Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): Rose
b. (Middle): Twilia
c. (Last): Griffith

4. DATE OF DEATH (Month) (Day) (Year): Oct. 28, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Oct. 26, 1965
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 2; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 82
10b. KIND OF BUSINESS OR INDUSTRY: -01
11. BIRTHPLACE (State or foreign country): Jerome, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Griffith — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Grace Snoderly — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: -
17. INFORMANT'S OWN SIGNATURE: Charles Allen Griffith — ADDRESS: Jerome, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

761.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity (Wt 2' 2")
INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Abruptio placentae (mother) — 12 hrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 10/26, 1965, *to* 10/28, 1965, *that I last saw the deceased alive on* 10/27, 1965, *and that death occurred at* 3:10a *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. Carlyle Small 477 — (Degree or title): MD
23b. ADDRESS: Jerome, Idaho
23c. DATE SIGNED: 10/29/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 30, 1965
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: Nov. 2 1965
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. A. Barclay

Certificate of Death

STATE OF IDAHO

State File No. 4545
Local Reg. No. 210
Reg. Dist. No. 120

BIRTH NO.

RECEIVED OCT 7 1965 Bureau of Vital Statistics

1. PLACE OF DEATH 281
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 24 & Sherman

3. NAME OF DECEASED (Type or Print)
a. (First): Marthe
b. (Middle): 101
c. (Last): Wilhelm

4. DATE OF DEATH (Month) (Day) (Year): October 1, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Sept. 18, 1887
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own HOme 01
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Marius Pederson — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Maria Larsdatter — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): NOne
16. SOCIAL SECURITY NO.: 539-12-9948
17. INFORMANT'S OWN SIGNATURE: Peter Grande — ADDRESS: Coeur d'Alene, Ida

18. CAUSE OF DEATH 293X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 10 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gen. Arteriosclerosis
DUE TO (c): Severe secondary anemia — 6 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-13, 1965, *to* 10-1, 1965, *that I last saw the deceased alive on* 9-30, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 025 Frank Barclay M.D.
23b. ADDRESS: Coeur d'Alene Ida.
23c. DATE SIGNED: 10-4-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-5-1965
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Cemetery
24d. LOCATION (City, town, or county): Coeur d'Alene — (State): Idaho

DATE REC'D BY LOCAL REG.: Oct. 4, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. F. Triplinger Jr.
LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel, Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 18 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4546
Local Reg. No. 212
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
OCT 14 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai 28 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): C.d'A. General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): 208 Second Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Robert; b. (Middle) James (01); c. (Last) Jessick

4. DATE OF DEATH: (Month) (Day) (Year): 10/2/65

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: 4/30/1923

9. AGE (In years last birthday): 42
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Green Chain Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Sawmill 07

11. BIRTHPLACE (State or foreign country): Coeur d'Alene, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Matt Jessick
BIRTHPLACE: Austria

14. MOTHER'S MAIDEN NAME: Mary Stephanic
BIRTHPLACE: Austria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW 2

16. SOCIAL SECURITY NO.: 519-20-0294

17. INFORMANT'S OWN SIGNATURE: Mrs. Betty Jessick
ADDRESS: Post Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute coronary occlusion, recurrent — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Acute coronary infarction w/ tachycardia — 1 wk.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Possible cholengitis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 24, 1965, *to* Oct. 2, 1965, *that I last saw the deceased alive on* Oct. 2, 1965, *and that death occurred at* 12:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. A. Hawkins MD 215
(Degree or title): M.D.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/5/65

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: Oct. 5 1965

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: G.D.Yates
LICENSE NO.: 365

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

OCT 15 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 19 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. H. Hughes

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4547
Local Reg. No. 220
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY KOOTENAI 281 OCT 22 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) COEUR D" ALENE
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) LAKE CITY GENERAL HOSPITAL

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO 281
b. COUNTY KOOTENAI
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) COEUR D'ALENE
d. STREET ADDRESS (If rural, give location) 1123-GOV'T WAY

3. NAME OF DECEASED (Type or Print)
a. (First) NORMAN
b. (Middle) A. 101
c. (Last) NELSON

4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 6, 1965

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 3
8. DATE OF BIRTH APRIL 26, 1884
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-RAILROAD 70
10b. KIND OF BUSINESS OR INDUSTRY NORTHERN PACIFIC 60
11. BIRTHPLACE (State or foreign country) YANKTON-SOUTH DAKOTA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN NELSON — BIRTHPLACE NORWAY
14. MOTHER'S MAIDEN NAME ALENE EGLAND — BIRTHPLACE NORWAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. 701-07-8324
17. INFORMANT'S OWN SIGNATURE Oscar E. Nelson — ADDRESS COEUR d'ALENE, IDA

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma, urinary bladder with metastases to lung and bones — INTERVAL BETWEEN ONSET AND DEATH 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Fall, 1964 *to* 10-6, 1965, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Howard A Hughes 25 (Degree or title) MD
23b. ADDRESS Coeur d'Alene, Idaho
23c. DATE SIGNED 10-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE OCT. 8, 1965
24c. NAME OF CEMETERY OR CREMATORY FOREST CEMETERY
24d. LOCATION (City, town, or county) COEUR D'ALENE (State) IDAHO

DATE REC'D BY LOCAL REG. Oct. 13, 1965
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER N. F. Tiplinger Jr.
LICENSE NO. E-397

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: ENGLISH CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4548
Local Reg. No. 214
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH 28 OCT 14 1965 1-02 Bureau of Vital Statistics
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 30 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Nursing Home 10

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1115 N. 2nd.

3. NAME OF DECEASED (Type or Print): a. (First) Christiana b. (Middle) c. (Last) Voss

4. DATE OF DEATH (Month) (Day) (Year): 10/6/65

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: 5/26/1872

9. AGE (In years last birthday): 93 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: at home 01

11. BIRTHPLACE (State or foreign country): Ida, Mich.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Weisleder — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Eva M. Hager — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT'S OWN SIGNATURE — ADDRESS: Irene Negrey, Coeur d'Alene, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Senility — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): 176.0

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Carcinoma rectum

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1951, 19____, *to* 65, 19____, *that I last saw the deceased alive on* Sept, 19 65, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 192 M.D.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED: 7 Oct 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/9/65

24c. NAME OF CEMETERY OR CREMATORY: Plains Cemetery

24d. LOCATION (City, town, or county) (State): Plains, Montana

DATE REC'D BY LOCAL REG.: Oct. 8 1965

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Fred Noland — LICENSE NO.: 493

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4549
Local Reg. No. 216
Reg. Dist. No. 120

RECEIVED Bureau of Vital Statistics OCT 22 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 28 | b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene | c. LENGTH OF STAY (In this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 819 N. 6th Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28 | b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 819 N. 6th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ossie		Earin	Oct. 7, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 2	Oct. 20, 1924	40				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Service Advisor 96	Gen Telephone Co 22	Norway	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Carlson	Norway	Pauline Olsen	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-16-2931	Robert J Earin	Ida. Coeur d'Alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

970.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable barbiturate intoxication — INTERVAL BETWEEN ONSET AND DEATH: 1 Hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute mental depression — 4 days
DUE TO (c) Chronic depression — 3-5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 11, 1965, to Oct 7, 1965, *that I last saw the deceased alive on* Oct 5, 1965, *and that death occurred at* APPROX 10:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Wray Wilson MD 568	Coeur d'Alene, Idaho	Oct 12, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-11-1965	Forest Cemetery	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 14, 1965	Lorraine K. Brush	Bill Lauff	E-439

FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 25 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4550
Local Reg. No. 218
Reg. Dist. No. 120

RECEIVED
OCT 22 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 281 3-09
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'A;ene
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Herman
b. (Middle): J. 101
c. (Last): Goecke

4. DATE OF DEATH (Month) (Day) (Year): 10/8/65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 11/16/1894
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Seward,, Neb.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Heramn Goecke — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Christine Hegener — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 539-10-2054A
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Arthur Goecke, Post Falls, Idaho

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction. — INTERVAL BETWEEN ONSET AND DEATH: 10 da.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-29, 1965, *to* 10-8, 1965, *that I last saw the deceased alive on* 10-8, 1965, *and that death occurred at* 12:50 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE 025 Beach Barclay (Degree or title): M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/12/65
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: Oct. 12, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Fred Noland — LICENSE NO.: 493

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 25 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. A. Barclay, M.D.

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4551
Local Reg. No. 217
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Kootenai 281 — OCT 22 1965 — 3-09 — Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY IN (this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CDA General Hospital 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281 — b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Laura	C.	Foster	October 8, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	April 2, 1886	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home 01	Canada	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Crittendon	N.Y.	Emma J. Mead	Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
N/O None	None	Helen L. Krause	Prosser, Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 3 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) gastro. intest. hemorrhage

DUE TO (c) ? secondary anemia

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-29 *1965, to* 10-8 *, 1965 that I last saw the deceased alive on* 10-8 *1965 and that death occurred at* 10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wendell Barclay M.D.	Coeur d'Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 11, 1965	Pinegrove Cemetery	Rathdrum, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 13, 1965	Lorraine K. Brush	Bill Neff	E-439

FIRM NAME: English Chapel-Coeur d' Alene,

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Hughes

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 4552
Local Reg. No. 219
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH 281 OCT 22 1965 3-02
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Bureau of Vital Statistics) Coeur d' Alene
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City General Hospt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 281
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 1020 Mill St.

3. NAME OF DECEASED (Type or Print)
a. (First) Betty
b. (Middle) 101
c. (Last) More

4. DATE OF DEATH (Month) (Day) (Year) Oct. 9, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH April 27, 1916
9. AGE (In years last birthday) 49 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home 01
11. BIRTHPLACE (State or foreign country) Wash.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Donald G. Galey — BIRTHPLACE Wash.
14. MOTHER'S MAIDEN NAME Irene Still — BIRTHPLACE Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Laura L. Harvey — ADDRESS N1211 Bessie

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-Vascular accident — INTERVAL BETWEEN ONSET AND DEATH 48

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Extreme hypertension — 15 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* _____, 19__, *that I last saw the deceased alive on* 10-9, 1965, *and that death occurred at* 8 *m., from the causes and on the date stated above.*

23a. SIGNATURE Howard A Hughes 281 (Degree or title) MD
23b. ADDRESS Coeur d'Alene Idaho
23c. DATE SIGNED 10-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 14, 1965
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) (State) Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG. Oct. 13, 1965
REGISTRAR'S SIGNATURE Lorraine K. Breush
25. EMBALMER Bill Wulff
LICENSE NO. E-439

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel-Coeur d' Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 2 1976

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4553
Local Reg. No. 227
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
OCT 22 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1 Box 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Rt. 1 Box 4

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	Ward	Seyforth	Oct.	10,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	May 3, 1919	46				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Saw Mill 09	Potlatch Forests	Post Falls, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William A. Seyforth	Wisc.	Cora Larson	Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W W II 4	519-22-9093	Evelyn M. Seyforth	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	INTERVAL BETWEEN ONSET AND DEATH
(a)	accidental traumatism due	Immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	to Gunshot	
DUE TO (c)	Shot through neck & head.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

919.0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 280 (COUNTY) (STATE)
accident	Home	Post Falls Kootenai Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
m.		Cleaning gun & shot himself

22. *I hereby certify that I attended the deceased from* Did Not, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
583 William T. Ward, M.D. Coroner	Coeur d'Alene, Idaho	10-13-'65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 13.65	Evergreen Cemetery	Post Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 14, 1965	Lorraine K. Brush	N. F. Ripplinger, Jr.	E-397

FIRM NAME: English Chapel-Coeur d' Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 25 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 1 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 19 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

DEC 23 1968

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

MAR 29 1972

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

DEC 21 1981

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Lanham

Certificate of Death

STATE OF IDAHO

State File No. 4554
Local Reg. No. 215
Reg. Dist. No. 120

BIRTH NO.

OCT 22 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 281 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CDA General Hospital 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Fannie
b. (Middle): B.
c. (Last): Best

4. DATE OF DEATH (Month) (Day) (Year): Oct. 10, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 25, 1889
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own HOme 01
11. BIRTHPLACE (State or foreign country): Wisc.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Whithnect — BIRTHPLACE: Wisc.
14. MOTHER'S MAIDEN NAME: Mary Lacomb — BIRTHPLACE: Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-54-4479
17. INFORMANT'S OWN SIGNATURE: Mrs E. H. Bailey — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic heart disease with aortic and mitral stenosis — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic fever
DUE TO (c) congestive heart failure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Pneumonitis
Renal failure

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 10, 1965, *to* Oct 10, 1965, *that I last saw the deceased alive on* Oct 10, 1965, *and that death occurred at* 12:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John M. Lanham 622 (Degree or title): M.D.
23b. ADDRESS: Spirit Lake Idaho
23c. DATE SIGNED: 10-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 13, 1965
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county): Coeur d' Alene, (State): Idaho

DATE REC'D BY LOCAL REG.: Oct. 18, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. F. Riplinger Jr.
LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel-Coeur d' Alene,

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 25 1965

FEB 18 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4555
Local Reg. No. 222
Reg. Dist. No. 120

BIRTH NO.

RECEIVED OCT 22 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give...): Rathdrum
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ralph	Emerson	Wark	Oct. 12, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed	Feb. 22, 1893	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Section Laborer 70	N. P. R.R.	Spencer, Indiana	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Wark	Kansas	Sally Hicks	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	701-07-8626	Hallie Z Lyon	Rathdrum, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) probable Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 27, 1965 *to* Oct 12, 1965, *that I last saw the deceased alive on* Oct 12, 1965, *and that death occurred at* 3:30 m., *from the causes and on the date stated above.* See Remarks.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Alan M. Landau 622	M.D.	Sprint Lake, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-15-1965	Pinegrove Cemetery	Rathdrum, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 18 1965	Lorraine K. Brush	No. F. Replinger, Jr.	E-397

FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 5 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician: The patient had not been seen by any known doctor for several years. I had never seen him before the occurrence of first pain.

Dr. Shrum

Certificate of Death

STATE OF IDAHO

RECEIVED

NOV 1 1965

Bureau of Vital Statistics

State File No. 45515
Local Reg. No. 225
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CDA General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 702 N. 4th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Margaret		Groves	Oct. 13, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Aug. 15, 1872	93				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Georgia	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Hickey	Not Known	Mary Murphy	Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	George W Dawson	Cda Coeur d'Alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pos Leaking Aortic Aneurysm — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD. — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7.30., 1965, *to* 10.13., 1965, *that I last saw the deceased alive on* 10.13., 1965, *and that death occurred at* 12:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Hayden Lake, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 15, 1965	St. Thomas Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 22, 1965	Lorraine K. Brush	Bill Duff	E-439

FIRM NAME: English Chapel-Coeur d' Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4557
Local Reg. No. 245
Reg. Dist. No. 120

BIRTH NO. 65-10548

RECEIVED
NOV 18 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 28 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d'Alene General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1809 Boyd Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Teresa b. (Middle) 101 c. (Last) Kryger

4. DATE OF DEATH: (Month) (Day) (Year) October 15, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: October 15, 1965

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 3 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY: None 00

11. BIRTHPLACE (State or foreign country): Coeur d'Alene, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Eugene A. Kryger
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Michele Gallivan
BIRTHPLACE: Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: E F Gallivan (Mr)
ADDRESS: Coeur d'Alene, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 779.0 Hydrops - Etiology undetermined — INTERVAL BETWEEN ONSET AND DEATH: about 1m

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Note: Hydroptic Condition developed ante natally -
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* day of Death only, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Marie Brumm 469 (Degree or title)

23b. ADDRESS: Hayden Lake, Idaho

23c. DATE SIGNED: 11-5-1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-18-65

24c. NAME OF CEMETERY OR CREMATORY: St Thomas Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: Nov. 8 1965

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Alon English
LICENSE NO.

FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by [redacted] Funeral Director: Did Not Embalm.

Certificate of Death

STATE OF IDAHO

State File No. 4558
Local Reg. No. 226
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
NOV 1 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN: Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 724 Lakeside Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN: 724 Lakeside avenue
d. STREET ADDRESS (If rural, give location): Coeur d'Alene

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Olaf	A.	Ladd	Oct. 15, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Feb. 27, 1885	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Logging Contractor	Logging	Umea, Sweden	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jonas Person	Sweden	? Sjorstrom	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-34-6234	Astrid Jakson	Seattle Wash, 7738-29th Ave. NE

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cause undetermined — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did not, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood M.D. Coroner	Coeur d'alene, Idaho	10-21-'65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-18-1965	Forest Cemetery	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 22 1965	Lorraine K. Brush	Gilbert D. Yates (X)	

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel, Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 3 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4559
Local Reg. No. 236
Reg. Dist. No. 120

Certificate of Death

RECEIVED NOV 15 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (If outside corporate limits): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): CdA. Homes

3. NAME OF DECEASED (Type or Print)
a. (First): Kristine
b. (Middle):
c. (Last): Haugness

4. DATE OF DEATH (Month) (Day) (Year): Oct 16 1965

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: Sept 27, 1881
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Kristiansund Norway
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Fredrick Vasli — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Anna — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Marvin Kirking — ADDRESS: Sandpoint Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebrovascular Accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/7, 1965, *to* 10/16, 1965, *that I last saw the deceased alive on* 10/16, 1965, *and that death occurred at* 7:55 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Maud Shrum 469 — (Degree or title): MD
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 21 65
24c. NAME OF CEMETERY OR CREMATORY: Lakeview Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Nov 8 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Gilbert Yates
LICENSE NO.: E-365

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: YATES-MORSE

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 1 6 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 6 1981

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4560
Local Reg. No. 233
Reg. Dist. No. 120

BIRTH NO.

RECEIVED NOV 5 1965 Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 181
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Route #2 (At Home)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 280
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) Route #2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Franklin	Pierce	Seavey	October 16, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	May 28, 1914	51				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retail-Mfg. 78	Custom Laboratories	Maine	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Phillip Seavey	New Hampshire	Jennie James	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	008-10-1955	[signature]	Coeur d'Alene Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarct 420.1 — INTERVAL BETWEEN ONSET AND DEATH immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8-3, 1965, *to* 10-11, 1965, *that I last saw the deceased alive on* 10-11, 1965, *and that death occurred at* 1:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Coeur d'Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-19-1965	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 1, 1965	Lorraine K Brush	Bill Wolff	E-439

FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 8 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Wood

Certificate of Death

STATE OF IDAHO

State File No. 4561
Local Reg. No. 224
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
NOV 1 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pinewood Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 28
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 1010 16th Street

3. NAME OF DECEASED (Type or Print)
a. (First) Margaret
b. (Middle) K. 26
c. (Last) Bisbee

4. DATE OF DEATH (Month) Oct. (Day) 17, (Year) 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Feb. 9, 1869

9. AGE (In years last birthday) 96
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Own Home 01

11. BIRTHPLACE (State or foreign country) Wisconsin

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Irmen
BIRTHPLACE Not Known

14. MOTHER'S MAIDEN NAME Katherine
BIRTHPLACE Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE → Mrs Leo B. Triplett
ADDRESS Ida. Coeur d'Alene

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 50, *to* 10-17, 19 65, *that I last saw the deceased alive on* 10-6, 19 65, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) William T. Wood, M.D.

23b. ADDRESS Coeur d'Alene, Idaho

23c. DATE SIGNED 10-20-'65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10-21-1965

24c. NAME OF CEMETERY OR CREMATORY St Thomas Cemetery

24d. LOCATION (City, town, or county) Coeur d'Alene (State) Idaho

DATE REC'D BY LOCAL REG. Oct. 20, 1965

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. EMBALMER Bill Luff
LICENSE NO. E-439

FIRM NAME English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1562
Local Reg. No. 229
Reg. Dist. No. 120

BIRTH NO.

NOV 1 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d'Alene Gen. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Fruitland Lane

3. NAME OF DECEASED (Type or Print): a. (First) Nettie b. (Middle) E. c. (Last) West

4. DATE OF DEATH: (Month) Oct. (Day) 18, (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug 28, 1880

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Crandall
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Amelia Beebee
BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Rose Breeden
ADDRESS: Ida Coeur d'Alene

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Anemia (cause undetermined)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 29, 1965, *to* Oct. 18, 1965, *that I last saw the deceased alive on* Oct. 18, 1965, *and that death occurred at* 11:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. A. Novak, M. D.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED: Oct. 20, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-21-1965

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Oct. 20 1965

REGISTRAR'S SIGNATURE: Lorraine K. Breech

25. EMBALMER: Bill Duff

LICENSE NO.: E-439

FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4563
Local Reg. No. 223
Reg. Dist. No. 120

RECEIVED

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai 281 NOV 1 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give twp.) Coeur d'Alene
c. LENGTH OF STAY IN THIS PLACE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pinewood Manor 261

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 280
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spirit Lake
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Virginia		Alexander	Oct	18	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Married 3	April 22 1889	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01 M	Own Home 01	Salida Colo.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unkown	Unkown	Unkown	Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	UNKNOWN	Mr. John Alexander	Spirit Lake Ida

331X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage, Massive — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — Years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1955, 19___, *to* 10/18/65, 19___, *that I last saw the deceased alive on* 10/17/65, 19___, *and that death occurred at* 9:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lynn C Fredrickson MD	M.D.	Coeur d'Alene Idaho	Oct 21 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 21, 1965	Greenwood	Spirit Lake Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 26, 1965	Lorraine K. Brush	Gilbert Yates	E-365

FIRM NAME: YATES-MORSE

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 5 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 7 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Wood

Certificate of Death

STATE OF IDAHO

State File No. 4564
Local Reg. No. 228
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai 28 NOV 1 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Bureau of Vital Statistics) Coeur d' Alene
c. LENGTH OF STAY IN THIS PLACE 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 804 N. 15th 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 28 b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 804 N. 15th

3. NAME OF DECEASED (Type or Print) a. (First) Myrtle b. (Middle) V. c. (Last) Seeley

4. DATE OF DEATH (Month) (Day) (Year) Oct. 20, 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH December 13, 1891

9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 6

10b. KIND OF BUSINESS OR INDUSTRY Own HOme 6

11. BIRTHPLACE (State or foreign country) Minn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Oren Benjamin BIRTHPLACE Minn.

14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Mr. Robert Seeley (DE) ADDRESS Sioux City Iowa

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause Undetermined — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Recent acute myocardial Infarction — 2 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 583 William T. Wood, M.D. Coroner

23b. ADDRESS Coeur d' alene, Idaho

23c. DATE SIGNED 10-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct. 23, 1965

24c. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery

24d. LOCATION (City, town, or county) Spokane, (State) Wash.

DATE REC'D BY LOCAL REG. Oct. 25, 1965

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. EMBALMER Bill Luft

LICENSE NO. E-439

FIRM NAME: English Chapel-Coeur d' Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4565
Local Reg. No. 230
Reg. Dist. No. 120

RECEIVED NOV 5 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 28 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16 COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Rt #3

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Charles	101 Harrison	Dixon	October 21, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Oct. 26, 1888	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
-Farming- 04	Agriculture 01	Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles M. Dixon	Illinois	Ellen Dillon	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None		C. C. Dixon	RE Coeur d'Alene, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Pneumonia	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Chronic Emphysema	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10-19-65, 19____, *to* _____, 19____, *that I last saw the deceased alive on* 10-21-65, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
128	816 Sherman, Coeur d'Alene	10-25-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-25-1965	Restlawn Cemetery	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 28 1965	Lorraine K. Brush	Bill Aluff	E-439

FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: DEC 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4566
Local Reg. No. 243
Reg. Dist. No. 120

RECEIVED NOV 1 5 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	O	Weitzel	10/23/65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	D	9/25/1898	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook 49
10b. KIND OF BUSINESS OR INDUSTRY: Culinary 02
11. BIRTHPLACE (State or foreign country): Superior, Neb.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Conrad P. Weitzel-Alsace Lorraine BIRTHPLACE: Ger.
14. MOTHER'S MAIDEN NAME: Katherine Bachman-Alsace Lorraine BIRTHPLACE: Ger.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 517-10-4695
17. INFORMANT'S OWN SIGNATURE: George Weitzel ADDRESS: Missoula, Mont.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Acute Coronary Occlusion 420.1 — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/9/58, 19__, *to* 9/25, 1965, *that I last saw the deceased alive on* 9/14, 1965, *and that death occurred at* 6:20 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: Merrill Morris MD 469 (Degree or title)
23b. ADDRESS: Hayden Lake, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/27/65
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: Nov. 8 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: G.D. Yates
LICENSE NO.: 365

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

707

Certificate of Death

STATE OF IDAHO

State File No. 4567
Local Reg. No. 231
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai 28 NOV 5 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 412 Annie 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 28 b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 412 Annie

Bureau of Vital Statistics

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mary	E.	Harmon	Oct. 23, , 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Jan 13, 1879	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 61
10b. KIND OF BUSINESS OR INDUSTRY Own Home 61
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Daniel Blair BIRTHPLACE Virginia
14. MOTHER'S MAIDEN NAME Unobtainable King BIRTHPLACE Virginia
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. Unobtainable
17. INFORMANT'S OWN SIGNATURE Ray H Harmon ADDRESS Ida Hayden Lake,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Generalized and Cerebral	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	arteriosclerosis	10 yrs
DUE TO (c)	Terminal	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Bronchopneumonia	2 days

334X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1900, *to* 10/23, 1965, *that I last saw the deceased alive on* 10/23, 1965, *and that death occurred at* 1030A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 174 Joe MD
23b. ADDRESS Coeur d'Alene, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-26-1965
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) (State) Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG. Oct. 28 1965
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER Bill Huff
LICENSE NO. E-429
FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4568
Local Reg. No. 232
Reg. Dist. No. 120

RECEIVED NOV 5 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Coeur d' Alene
Length of Stay (in this place): 1 1/2
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pinewood Manor 26

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1119 N. 4th St.

3. NAME OF DECEASED (Type or Print): a. (First) Eva b. (Middle) M. c. (Last) Lafferty

4. DATE OF DEATH: (Month) (Day) (Year): Oct. 25, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Jan. 13, 1894
9. AGE (In years last birthday): 71 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own HOme 0
11. BIRTHPLACE (State or foreign country): Little Falls, Minn.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Albert S. Campbell — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Viola Kidder — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519-22-9205
17. INFORMANT'S OWN SIGNATURE: Irene West, Coeur d'alene — ADDRESS 2da.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1954, *to* 10-25, 1965, *that I last saw the deceased alive on* 10-25, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Wood, M.D.
23b. ADDRESS: Coeur d'alene Idaho
23c. DATE SIGNED: 10-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 10-29-65
24c. NAME OF CEMETERY OR CREMATORY: Smith's Funeral Home
24d. LOCATION (City, town, or county) (State): Spokane, Wash.

DATE REC'D BY LOCAL REG.: Oct. 29, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Bill Wuff
LICENSE NO.: E--439

FIRM NAME: English Chapel-Coeur d' Alene

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 1 5 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. AUG 9 1977

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 7 1977

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4569
Local Reg. No. 237
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 15 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 281 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 724 Garden 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 724 Garden

3. NAME OF DECEASED (Type or Print)
a. (First): Carey
b. (Middle): Alan
c. (Last): Hietala

4. DATE OF DEATH (Month) (Day) (Year): October 27, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec. 6, 1950
9. AGE (In years last birthday): 14 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY: Jr. High School 02
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Hietala — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Sarah Higbee — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: William V. Hietala — ADDRESS: Ida. Coeur d'Alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 919.0 Gunshot wound, head (Accidental traumatism by firearms) — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 01 Home 13
21c. (CITY, TOWN, OR TOWNSHIP): Coeur d'Alene 281 — (COUNTY): Kootenai — (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 27 1965 a. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Gun accidentally discharged.

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 8:00 A.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 568 W. Wray Wilson MD
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 10/28/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-30-1965
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: Nov. 4, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. F. Riplinger Jr.
LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: English Chapel, Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4570
Local Reg. No. 239
Reg. Dist. No. 120

BIRTH NO.

RECEIVED NOV 15 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 28 000
b. CITY OR TOWN Coeur d'Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION 503 N 2nd 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 28 b. COUNTY Kootenai
c. CITY OR TOWN Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 503 N 2nd

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Carl	Page	Levin	Oct	27	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Never Married	Jan 27 1916	49				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Labor 20	U.S. Forest 12	Orofina Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Willard Shoemaker	Unkown	Unkown	Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None	518-03-3576	Edith Theroux	SanBernideno Calif

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Malnutrition — 4 years

DUE TO (c) Chronic Gastritis, Enteritis — 4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 1, 1961, *to* Oct 27, 1965, *that I last saw the deceased alive on* Oct 27, 1965, *and that death occurred at* 5:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Coeur d'Alene Idaho	Oct. 29. 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 30 65	Restlawn	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 3 1965	Lorraine K. Breuch	Fred Noland YATES-MORSE 744 N. 4th St.	493

FIRM NAME: Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

NOV 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Wood
l.j.w

Certificate of Death

STATE OF IDAHO

State File No. 4571
Local Reg. No. 244
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
NOV 18 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
LENGTH OF STAY (in this place): 1956
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d' Alene HOmes 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Coeur d' Alene Homes

3. NAME OF DECEASED (Type or Print): a. (First) Isabelle; b. (Middle); c. (Last) Hamann

4. DATE OF DEATH (Month) (Day) (Year): October 28, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: March 13, 1877

9. AGE (In years last birthday): 88 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01

11. BIRTHPLACE (State or foreign country): Farming, Minn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Burton Baker — BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Anna Lemke — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Coeur d'Alene Homes Records (BW) — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7955

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cause undetermined — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____ 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE 583: William T. Wood M.D. (Degree or title): Coroner — **23b. ADDRESS**: Coeur d'alene Idaho — **23c. DATE SIGNED**: 11-3-'65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **24b. DATE**: 10-28-1965 — **24c. NAME OF CEMETERY OR CREMATORY**: Gompf Funeral Home — **24d. LOCATION** (City, town, or county) (State): Libby, Montana

DATE REC'D BY LOCAL REG.: Nov. 10, 1965 — **REGISTRAR'S SIGNATURE**: Lorraine K. Breuth

25. EMBALMER: Harold Gompf — LICENSE NO.: 106-Montana

FIRM NAME: Gompf Funeral Home, Libby, Mon

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 23 1992

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4572
Local Reg. No. 234
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH — 280 NOV 15 1965
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
c. LENGTH OF STAY (In this place): 13yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location):

Bureau of Vital Statistics

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alfred	Daniel	Coles	Oct	28	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widowed	Oct 5, 1899	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Labor 06	Pendar Co. 03	Bird Island Minn.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
D. S. Coles	Minn	Josphine Reger	Minn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. I 3	557-46-0358	Mrs. Fred Schmieder	CdA. Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cause undetermined	unknown
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

795.5

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did Not, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
583 William T. Wood - Coroner M.D. 4	Coeur d'Alene Idaho	Oct 29, 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 30 65	St Thomas Cemetery	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 3 1965	Lorraine K. Brush	Gilbert Yates	E-365

FIRM NAME: YATES-MORSE 744 N. 4th St. Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DH-63021

NOV 16 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 7 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4573
Local Reg. No. 240
Reg. Dist. No. 120

BIRTH NO. RECEIVED NOV 15 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY IN THIS (city, town, or place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 959 7th St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 959 7th St

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Mary	Howard	Page	Oct	29	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widowed	Nov 16 1874	90				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Hounslow England	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unkown	England	Emily Howard	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None	519-34-5757	Mrs. Celia Moe	CdA. Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4-10, 1961, *to* 10-29, 1965, *that I last saw the deceased alive on* 10-29, 1965, *and that death occurred at* 1:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G Hardy 026	M.D.	Coeur d'Alene Idaho	Nov 1 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov 1, 1965	Forest Cemetery	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 3, 1965	Lorraine K Brush	Gilbert Yates	E-365

FIRM NAME: YATES-MORSE
744 N. 4th St.
Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 7 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 16 1977

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4574
Local Reg. No. 242
Reg. Dist. No. 120

RECEIVED NOV 15 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
LENGTH OF STAY (in this place) 30 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 727 8th St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 28
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 727 8th St

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Floyd	M	Reid	Oct	30	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married 3	Jan 23, 1895	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oil Distb. 36
10b. KIND OF BUSINESS OR INDUSTRY Self 08
11. BIRTHPLACE (State or foreign country) Chadron Neb.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Reid — BIRTHPLACE Canada
14. MOTHER'S MAIDEN NAME Minnie Diehel — BIRTHPLACE N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) W.W. 1
16. SOCIAL SECURITY NO. 519-36-2952
17. INFORMANT'S OWN SIGNATURE Mrs. Alta Reid — ADDRESS CdA. Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage, days — INTERVAL BETWEEN ONSET AND DEATH 30 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* Oct. 30, 1965, *that I last saw the deceased alive on* 10-30, 1965, *and that death occurred at* 7:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hamilton H. Greenwood MD	Coeur d'Alene, Ida	11-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov 2, 1965	Farmington	Farmington Wash

DATE REC'D BY LOCAL REG. Nov. 8, 1965
REGISTRAR'S SIGNATURE Lorraine K. Breuch
25. EMBALMER Gilbert Yates
LICENSE NO. E-365

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 16 1965

NOV 22 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4575
Local Reg. No. 235
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED NOV 15 1965 Bureau of Vital Statistics

1. PLACE OF DEATH 281
a. COUNTY Kootenai 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Coeur d'Alene general Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 286 b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hayden Lake
d. STREET ADDRESS (If rural, give location) Rt #1, Box 320

3. NAME OF DECEASED (Type or Print) a. (First) Kay b. (Middle) F. 101 c. (Last) Graham

4. DATE OF DEATH (Month) (Day) (Year) October 31, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Jan 22, 1891
9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker 13
10b. KIND OF BUSINESS OR INDUSTRY Naval Supply 01
11. BIRTHPLACE (State or foreign country) Oklahoma
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Graham BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Nancy R. Wilson BIRTHPLACE Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 518-01-8573
17. INFORMANT'S OWN SIGNATURE Mrs. Lavern F. Graham ADDRESS Lake, Ida. Hayden

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1951, *to* _____, 1965, *that I last saw the deceased alive on* Oct 31, 1965, *and that death occurred at* 9:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 192 (Degree or title) MD
23b. ADDRESS Coeur d'Alene, Idaho
23c. DATE SIGNED 1 Nov

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-3-1965
24c. NAME OF CEMETERY OR CREMATORY Restlawn Cemetery
24d. LOCATION (City, town, or county) Coeur d'Alene (State) Idaho

DATE REC'D BY LOCAL REG. Nov. 4, 1965
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER Bill Duff LICENSE NO. E-439
FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 7 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4576
Local Reg. No. 113
Reg. Dist. No. 200

RECEIVED OCT 14 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah
b. CITY OR TOWN Moscow
LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Latah
c. CITY OR TOWN Potlatch
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOSEPH		SANAIA	Oct. 6, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	10-20-1892	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Saw Mill Employee	Potlatch Forests	Selva del Montello, Italy	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Anthony Sanaia	Italy	Amelia Stefaitto	Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-01-0189	Amelia Sanaia	Potlatch, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis of arteries of brain

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocardial arteriosclerosis

DUE TO (c) Generalized arteriosclerosis 20 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes 2 years Prostate Hypertrophy

INTERVAL BETWEEN ONSET AND DEATH: 2 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Nephrosclerosis	YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct 3, 1965, *to* Oct, 1965, *that I last saw the deceased alive on* Oct 6, 1965, *and that death occurred at* 12:30 PM, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph H. Wilson MD	Moscow, Idaho	10-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-9-1965	Moscow Catholic Cemetery	Moscow, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 11, 1965	Ruth L. Bruce	W. E. Kimball	E269

FIRM NAME: Kimball Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4577
Local Reg. No. 114
Reg. Dist. No. 200

RECEIVED OCT 14 1965

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 291 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 2 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): Rt. 3 Moscow

3. NAME OF DECEASED (Type or Print)
a. (First): Maude
b. (Middle): Mae 112
c. (Last): Bumgarner

4. DATE OF DEATH (Month) (Day) (Year): Oct. 7, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 3, 1878
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: at home 01
11. BIRTHPLACE (State or foreign country): Rock Falls, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James P. Johnson — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Katherine Thome — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: Mrs. Fred O. Horning — ADDRESS: Moscow, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 331X Hypostatic Pneumonia

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Left Cerebral Hemorrhage
DUE TO (c): Hypertension, auricular fibrillation

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Bilateral Fractured Legs, Bed Sores

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: Lacerated left forehead above eye
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): County road 13
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Moscow 29 Latah, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-12-65 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Head on car accident

22. *I hereby certify that I attended the deceased from* 8-14, 1958, *to* Oct 2, 1965, *that I last saw the deceased alive on* Oct 6, 1965, *and that death occurred at* 6:30 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph [illegible] Wilson 56 M.D.
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 10-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 9, 1965
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: Oct. 12, 1965
REGISTRAR'S SIGNATURE: Ruth L. Bruce
25. EMBALMER: Donald Ward
LICENSE NO.: E-380

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4578
Local Reg. No. 115
Reg. Dist. No. 200

Certificate of Death

RECEIVED
OCT 20 1965
Bureau of V

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 11 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1 Moscow 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Sabin
b. (Middle): Leonel
c. (Last): Tanner

4. DATE OF DEATH (Month) (Day) (Year): October 9, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 1, 1904
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: Univ. of Idaho 03
11. BIRTHPLACE (State or foreign country): Atlanta, Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Sabin C. Tanner — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Clara A. Abbott — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 712-07-1356
17. INFORMANT'S OWN SIGNATURE: X Clara Alice McDonald — ADDRESS: Moscow, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Emphysema
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-29-, 1955, *to* 10-9-, 1965, *that I last saw the deceased alive on* Oct 8, 1965, *and that death occurred at* 9:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph H. Wilson MD 567
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 10-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 13, 1965
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: Oct. 18, 1965
REGISTRAR'S SIGNATURE: Ruth L. Bruce
25. EMBALMER: Donald Ward
LICENSE NO.: E-380

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 4 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4579
Local Reg. No. 116
Reg. Dist. No. 200

BIRTH NO.

RECEIVED OCT 20 1965 BUREAU OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah 29 | STATISTICAL NUMBER: 305
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow | LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290 | b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Sophia | b. (Middle) Caroline | c. (Last) Torell

4. DATE OF DEATH: (Month) (Day) (Year): October 10, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: July 27, 1891

9. AGE (In years last birthday): 74 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: at home 01

11. BIRTHPLACE (State or foreign country): Dale, Minnesota

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Carl Fredrickson | BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Unknown | BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: X Carl D. Torell | ADDRESS: Troy, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis & Hypertension
DUE TO (c) Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic Pneumonia

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 27, 1934 *to* Oct 10, 1965, *that I last saw the deceased alive on* 10-10-1965, *and that death occurred at* 1025 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo. H. Wilson M.D.

23b. ADDRESS: Moscow Idaho

23c. DATE SIGNED: 10-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 13, 1965

24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery

24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: Oct. 18, 1965

REGISTRAR'S SIGNATURE: Ruth L. Bruce

25. EMBALMER: Arnold Ward | LICENSE NO.: E-380

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAY 17 1978

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4580
Local Reg. No. 117
Reg. Dist. No. 200

BIRTH NO.

RECEIVED OCT 20 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY Latah 29 | 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow | LENGTH OF STAY (in this place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Memorial Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 29 | b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 228 North Howard

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ida	Mae	Sanders	Oct. 13, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	July 1, 1882	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	at home 01	Bloomfield, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elijah Wallace	Virginia	Nancy Wishard	Bloomfield, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		none	X Glenn J. Sanders	Moscow, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic arteriosclerotic Heart Disease with
DUE TO (c) Previous failure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10-6, 1953, *to* 10-13, 1965, *that I last saw the deceased alive on* 10-13, 1965, *and that death occurred at* 2:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph L. Tilson MD	Moscow Idaho	10-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 16, 1965	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 18, 1965	Ruth L. Bruce	E. R. Short	E-420

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 28 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4581
Local Reg. No. 118
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Deary
c. LENGTH OF STAY (in this place): 74 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 295
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Deary
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Hulda	Amelia	Johnson	Oct. 14, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Oct. 12, 1881	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	at home 01	Sweden	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Eliason	Sweden	Agnata Carlson	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Ellen Johnson	Deary, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3347

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	STROKE	2 months
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerosis	unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___ *and that death occurred at* 915 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Owen K Long 148	M.D.	Troy, Idaho	Oct 18 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 18, 1965	Dry Creek Cemetery	Latah County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 26, 1965	Ruth L. Bruce	Donald Ward	E-380

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Short's Funeral Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RF

Certificate of Death

STATE OF IDAHO

State File No. 4582
Local Reg. No. 122
Reg. Dist. No. 200

BIRTH NO.

NOV 1 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kendrick (rural) 000
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4/10 mi. East of Juliaetta, HiWay #12

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce 290
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kendrick (rural)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	LARRY	GENE	CORKILL	Oct.	14,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married 77	Aug. 4, 1944	21				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer & Student 77	03 Stock & Grain	Kendrick, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wilbur Corkill	England	78 Margaret Brookshaw	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519 52 3318	Wilbur Corkill	Kendrick, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION 825.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Head Injuries — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident 06	Highway	13 Juliaetta	290 County,	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
10-14-65 2:00a.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	One car auto accident

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Odams, M.D. 583 Coroner	Moscow, Idaho	10/22/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-Burial	Oct. 18, 1965	Normal Hill Cemetery	Lewiston, NezPerce Co., Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 29, 1965	Ruth L. Bruce	L. E. DeBaun	E-295

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

DUTIES:

NOV 2 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4583
Local Reg. No. 119
Reg. Dist. No. 200

RECEIVED
OCT 28 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latah Nursing Home 306

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bovill
d. STREET ADDRESS (If rural, give location): rural

3. NAME OF DECEASED (Type or Print)
a. (First): Martin
b. (Middle): (None)
c. (Last): Homer

4. DATE OF DEATH (Month) (Day) (Year): October 17 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: March 10, 1886
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsman 08
10b. KIND OF BUSINESS OR INDUSTRY: Lumbering 00
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: 518-01-2214
17. INFORMANT'S OWN SIGNATURE: Dwayne Baker — ADDRESS: Moscow Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Heart Dis. — INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis — yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1959, *to* Oct 17, 1965, *that I last saw the deceased alive on* Oct 17, 1965, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 490 Philip D. Spechkopf
23b. ADDRESS: Genesee Idaho
23c. DATE SIGNED: Oct 19 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: October 19 1965
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Latah Idaho

DATE REC'D BY LOCAL REG.: Oct. 26, 1965
REGISTRAR'S SIGNATURE: Ruth L. Bruce
25. EMBALMER: [signature]
LICENSE NO.: 420
FIRM NAME: Shorts Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4584
Local Reg. No. 120
Reg. Dist. No. 200

RECEIVED OCT 28 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 290 2-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 2½ Miles East of Harvard
c. LENGTH OF STAY (in this place): 4 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Harvard
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Norman
b. (Middle): Foster
c. (Last): Meloy

4. DATE OF DEATH (Month) (Day) (Year): Oct. 18, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 21, 1915
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Man 67
10b. KIND OF BUSINESS OR INDUSTRY: Highway District 05
11. BIRTHPLACE (State or foreign country): Naches, Washington
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Wallace Meloy — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Karen Jensen — BIRTHPLACE: Enumclaw, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 538050257
17. INFORMANT'S OWN SIGNATURE: Melba Meloy — ADDRESS: Harvard, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

976X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gunshot wound of head — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Harvard, Latah, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. E. Adams, M.D., Coroner 583
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 10/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: Oct. 20, 1965
24c. NAME OF CEMETERY OR CREMATORY: Hazen-Jaeger Crematory
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: Oct. 26, 1965
REGISTRAR'S SIGNATURE: Ruth L. Bruce
25. EMBALMER: E. R. Short — LICENSE NO.: E-420

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

OCT 29 1965
NOV 8 1965
NOV 18 1965
DEC 30 1965
OCT 2 1984

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4585
Local Reg. No. 121
Reg. Dist. No. 200

RECEIVED OCT 28 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1½ Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latah Nursing Home 306

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 291
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 226 East First St.

3. NAME OF DECEASED (Type or Print)
a. (First): Burton
b. (Middle): Clyde
c. (Last): Rowe

4. DATE OF DEATH (Month) (Day) (Year): Oct. 20, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 24, 1874
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Businessman 19
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate 01
11. BIRTHPLACE (State or foreign country): Newbedford, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Clarence E. Rowe — BIRTHPLACE: Rutland, Vermont
14. MOTHER'S MAIDEN NAME: Anna E. Thackaberry — BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-56-8020
17. INFORMANT'S OWN SIGNATURE: X Carl Humphrey — ADDRESS: Moscow, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Congestive Heart Failure
DUE TO (c): Arteriosclerotic Heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chronic Prostatitis with obstruction & pyuria

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 7-19-, 1933, *to* Oct 20, 1965, *that I last saw the deceased alive on* Oct 19, 1965, *and that death occurred at* 2:10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph H. Wilson MD 1568
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 10-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 23, 1965
24c. NAME OF CEMETERY OR CREMATORY: Palouse Fraternal Cemetery
24d. LOCATION (City, town, or county) (State): Palouse Wash.

DATE REC'D BY LOCAL REG.: Oct. 26, 1965
REGISTRAR'S SIGNATURE: Ruth L. Bruce
25. EMBALMER: Donald Ward — LICENSE NO.: E-380

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 5 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4586
Local Reg. No. 123
Reg. Dist. No. 200

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah 29 | NOV 1 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow | LENGTH OF STAY (in this place) 40 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 516 S. Hayes Street ooo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 29 | b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 516 S. Hayes Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Margaret	Alice	Ficke	Oct.	24,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	July 16, 1898	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Store Owner 35	women apparel	Volga, South Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Doyle	Unknown	Margaret Dempsy	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-36-4817	Esther B. Ficke	Moscow, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease
DUE TO (c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10-8, 1936, *to* Oct 24, 1965, *that I last saw the deceased alive on* 9-11, 1965, *and that death occurred at* 11:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph A. Wilson MD	Moscow, Idaho	10-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 27, 1965	Moscow Catholic Cem.	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 29, 1965	Ruth L. Bruce	Conrad Uhl	E-380

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES: NOV 5 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4587
Local Reg. No. 124
Reg. Dist. No. 200

BIRTH NO.

RECEIVED NOV 5 1965 Bureau of Vital Statistics STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. 1 Troy
c. LENGTH OF STAY in this place:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1 Troy 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. 1 Troy
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Etta; b. (Middle) none; c. (Last) Byers

4. DATE OF DEATH (Month) (Day) (Year): October 27, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Sept. 11, 1891

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home 01

11. BIRTHPLACE (State or foreign country): Ollie, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Enos Byers
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Sarah A. Stephenson
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-32-7404

17. INFORMANT'S OWN SIGNATURE: Etta M. Smith
ADDRESS: Troy, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of duodenum 152.9
INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1962, *to* October, 1965, *that I last saw the deceased alive on* October 13, 1965, *and that death occurred at* 10:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Omer H Drum 148
(Degree or title): M.D.
23b. ADDRESS: Troy Idaho
23c. DATE SIGNED: Nov. 1, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 30, 1965
24c. NAME OF CEMETERY OR CREMATORY: Buelah Cemetery
24d. LOCATION (City, town, or county) (State): Troy Idaho

DATE REC'D BY LOCAL REG.: November 4, 1965
REGISTRAR'S SIGNATURE: Ruth L. Bruce
25. EMBALMER: Donald Ward
LICENSE NO.: E-380
FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4588
Local Reg. No. 125
Reg. Dist. No. 200

RECEIVED NOV 5 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 240 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 720 Spruce 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 240
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location): 720 Spruce

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	SETH	ISLEY	QUEENER	Oct. 30, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	8-8-1896	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Wheat Farm	Latah County, Idaho	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Queener	Penn.	Sylvia Field	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-12-6447	Kenneth Queener	Potlatch, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Congestive Heart Failure - acute — 1 hr.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11/30, 1965, *to* 11/30, 1965, *that I last saw the deceased alive on* 11/30, 1965, *and that death occurred at* 2:20 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Travis A. Eggleston, M.D	850 Pine St. Potlatch, Ida	11/2/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-2-1965	Fraternal Cemetery	Palouse, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
November 4, 1965	Ruth L. Bruce	H. C. Kimball	E269

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Kimball Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 1 1 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4589
Local Reg. No. 690
Reg. Dist. No.

STATE OF IDAHO

BIRTH NO.

RECEIVED OCT 21 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lemhi 300
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 2 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial 117

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas 555
b. COUNTY: Sedgwick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wichita
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Fidelis	Dale	Herman	Oct. 12, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Oct. 23, 1907	57				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): businessman 35
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Hays, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alexander Herman — BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: Elizabeth Haberkorn — BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes WW #2
16. SOCIAL SECURITY NO.: 702-09-0542
17. INFORMANT'S OWN SIGNATURE: J. Herman — ADDRESS: Salmon, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 14 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-12, 19 65, *to* 10-12, 19 65, *that I last saw the deceased alive on* 10-12, 19 65, *and that death occurred at* 7:10p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. Moore, MD
23b. ADDRESS: Salmon, Idaho
23c. DATE SIGNED: 10-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial & Rem.
24b. DATE: 10-13-65
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Wichita, Kansas

DATE REC'D BY LOCAL REG.: Oct 19-65
REGISTRAR'S SIGNATURE: Vita E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones — ADDRESS: Salmon, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

OCT 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 7 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Delbert C. Jones Lic. No. E369 at Salmon on 10-12-65

ADDITIONAL REMARKS by Physician

State File No. 4590
Local Reg. No. 690
Reg. Dist. No.

Certificate of Death

RECEIVED
OCT 28 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 300
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Casabello Estate Nursing

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 190
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay
d. STREET ADDRESS (If rural, give location): Home

3. NAME OF DECEASED (Type or Print)
a. (First): Emile
b. (Middle): Bernard 272
c. (Last): Raymond

4. DATE OF DEATH (Month) (Day) (Year): October 14, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Jan. 20, 1885
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ranch Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY: Laboring 02
11. BIRTHPLACE (State or foreign country): Gap, France
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unobtainable — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Unobtainable — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-28-2619
17. INFORMANT'S OWN SIGNATURE: F. B. Savarria SDN. — ADDRESS: Mackay, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 191.2 Carcinoma Squamous — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) left ear c̄ metastasis 2 yr.
DUE TO (c) Arteriosclerosis generalized 3 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1953 *to* present, 19__, *that I last saw the deceased alive on* 9-25, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 045 (Degree or title) M.D.
23b. ADDRESS: Salmon Ida
23c. DATE SIGNED: 10-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial 3
24b. DATE: 10-16-65
24c. NAME OF CEMETERY OR CREMATORY: Mt. McCaleb
24d. LOCATION (City, town, or county) (State): Mackay, Idaho

DATE REC'D BY LOCAL REG.: Oct 25-65
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. EMBALMER: Delbert C. Jones — LICENSE NO.

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Jones Funeral Home, Salmon

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: NOV 3 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4591
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO. RECEIVED STATE OF IDAHO

OCT 28 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 300 Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
c. LENGTH OF STAY (in this place) 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Steele Memorial 47

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 300
b. COUNTY Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ray	Edward	Tudor	Oct. 16, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	never married	Jan. 2, 1872	93				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ranch hand 04	01	Fort Pease, Montana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Tudor	unknown	unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-42-8609	Lolande Alder	Tendoy, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — ?
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, *19* 62 *to* 10-16-65, *19* ____, *that I last saw the deceased alive on* 10-16-65 *19* ____, *and that death occurred at* 7:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Moore 369	Salmon, Idaho	10-18-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-20-65	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 25 65	Viola E. Johnson	Gilbert C. Jones	Salmon, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Delbert C. Jones Lic. No. E369 at Salmon on 10-16-65

ADDITIONAL REMARKS by Physician .....

RECEIVED NOV 3 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4592
Local Reg. No. 698
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lawrence	Berton	Hibbs	Oct. 16, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	Dec. 9, 1906	58				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer 06	03	Ulysses, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James R. Hibbs	Missouri	Mary Cox	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	WW #2		Fannie E Aldridge	Salmon

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec, 1964, *to* Oct, 1965, *that I last saw the deceased alive on* Oct 1, 1965, *and that death occurred at* 12 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Roy M Sindlan MD	Salmon Idaho	10-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-20-65	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov 1st 65	Viola E Johnson	Delbert C Jones	Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 8 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Delbert C. Jones Lic. No. E369 at Salmon on 10-17-65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 4593
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED NOV 3 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 33 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial 1 week

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Jessie
b. (Middle): Pearl
c. (Last): McDonald

4. DATE OF DEATH (Month) (Day) (Year): Oct. 22, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Aug. 19, 1884

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR — Months / Days
IF UNDER 24 HRS. — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home

10b. KIND OF BUSINESS OR INDUSTRY: 0

11. BIRTHPLACE (State or foreign country): Farnhamville, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Abram McLane
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Sarah Doughty
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S OWN SIGNATURE: James L. McDonald
ADDRESS: Salmon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary artery disease
DUE TO (c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Peripheral vascular disease

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1960, *to* Oct 22, 1965, *that I last saw the deceased alive on* Oct 22, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 263 (Degree or title): M D
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: 10 25 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-28-65
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon Idaho

DATE REC'D BY LOCAL REG.: Nov 1st 65
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert C. Jones
ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 19 1971

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 10 1971

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

APR 7 1992

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Delbert C. Jones Lic. No. E369 at Salmon on 10-22-65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 4594
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

NOV 3 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 16 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Paul	Carter	Montgomery	Oct. 25, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Nov. 16, 1905	59				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner & heavy equip. operator		Savana, Oklahoma	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Montgomery	Texas	Clara Carter	California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	WW 2	555-12-8276	Mae Montgomery	Salmon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Probable Coronary	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	occlusion	0
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death*	Diabetes mellitus 34y	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1960, 19____, *to* 1965, 19____, *that I last saw the deceased alive on* 1964, 19____, *and that death occurred at* 3A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. M. Clark 045	Clark M.D.	Salmon Ida	10-25-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-28-65	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov 1st 65	Viola E. Johnson	Delbert Jones	Salmon, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

NOV 8 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Delbert C. Jones Lic. No. E369 at Salmon on 10-25-65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 4595
Local Reg. No. 670
Reg. Dist. No.

BIRTH NO.

RECEIVED NOV 5 1965 VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY 300 Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Precinct) Gibbonsville
c. LENGTH OF STAY (In this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Twin Creeks Camp area

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 05 Calif.
b. COUNTY 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) escapee from Susanville
d. STREET ADDRESS (If rural, give location) Prison

3. NAME OF DECEASED (Type or Print)
a. (First) Virgil
b. (Middle) Wayne
c. (Last) Miller

4. DATE OF DEATH (Month) (Day) (Year) Oct. 26, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) D

8. DATE OF BIRTH May 31, 1936

9. AGE (In years last birthday) 29
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 00

10b. KIND OF BUSINESS OR INDUSTRY 00

11. BIRTHPLACE (State or foreign country) Lamar, Missouri

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Floyd Miller
BIRTHPLACE unknown

14. MOTHER'S MAIDEN NAME unknown
BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ?
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ?

17. INFORMANT'S OWN SIGNATURE F.B.I. information
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound chest — INTERVAL BETWEEN ONSET AND DEATH: none

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

9811

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U. S. Forest

21c. (CITY, TOWN, OR TOWNSHIP) near Gibbonsville (COUNTY) 300 Lemhi (STATE) Idaho

21d. TIME OF INJURY (Month) Oct. (Day) 26 (Year) 1965 (Hour) 7 a.m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR? Shot and killed by F.B.I. agents

22. *I hereby certify that I attended the deceased from* none, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 7 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE W. W. Moore 369 (Degree or title)

23b. ADDRESS Salmon, Idaho

23c. DATE SIGNED 10-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10-30-65

24c. NAME OF CEMETERY OR CREMATORY Salmon

24d. LOCATION (City, town, or county) Salmon, Idaho (State)

DATE REC'D BY LOCAL REG. Nov 2 19 65

REGISTRAR'S SIGNATURE Viola E. Johnson

25. FUNERAL DIRECTOR Wallace C. Jones
ADDRESS Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DEC 28 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Delbert C. Jones Lic. No E369 at Salmon on 10-26-65

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4596
Local Reg. No. 670
Reg. Dist. No.

BIRTH NO.

RECEIVED NOV 12 1965 VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY 300 Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
LENGTH OF STAY (in this place) 17 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Steele Memorial 117

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 300
b. COUNTY Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mary	Elizabeth	Hamilton	Oct. 31, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Mar. 26, 1882	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
home 01	01	Old Jefferson, Tenn.	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
G. Jack Harris	Tennessee	Olive Brazelton	Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Elizabeth H Snook	Salmon, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary artery disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* August, 1965, *to* 10-31, 1965, *that I last saw the deceased alive on* 10-30, 19 65, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jack Johnson MD	Salmon Idaho	11-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-1-65	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov 8 65	Viola E. Johnson	Delbert O. Jones	Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Delbert C. Jones Lic. No. E369 at Salmon on 10-31-65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 18 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4597
Local Reg. No. 1
Reg. Dist. No. 334

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lewis 310
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont own home
c. LENGTH OF STAY (in this place): 56 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): own home 605

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 310
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont
d. STREET ADDRESS (If rural, give location): rural

3. NAME OF DECEASED (Type or Print): a. (First) David Walter; b. (Middle); c. (Last) Shoun

4. DATE OF DEATH: (Month) Oct (Day) 1 (Year) 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married 3	Feb. 6, 1877	88		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer, retired 04	Farming 01	Neva, Tennessee	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas J. Shoun	Tennessee	Amanda Wagner	Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518 40 8483	James M. Shoun	Craigmont Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prostectomy — 4 Months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4-21-65	Benign Prostatic Hypertrophy	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* 10-1, 1965, *that I last saw the deceased alive on* 9-30, 1965, *and that death occurred at* 9:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
K. H. Collins MD	Craigmont Ida	10-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem-burial	10-4-65	I.O.O.F. Cemetery	Craigmont Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-3-65	[illegible]	Robert Larrabee	QL802

FIRM NAME: Clovis Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4598
Local Reg. No. 626
Reg. Dist. No. 43c

BIRTH NO.

RECEIVED
OCT 11 1965

1. PLACE OF DEATH
a. COUNTY 320 Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshone
c. LENGTH OF STAY (in this place) Bureau of V yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 320
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshone
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Leonard b. (Middle) c. (Last) Quigley

4. DATE OF DEATH (Month) (Day) (Year) Oct. 2 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 4

8. DATE OF BIRTH Dec. 13, 1895

9. AGE (In years last birthday) 69 | IF UNDER 1 YEAR Months 9 Days 18 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 9

10b. KIND OF BUSINESS OR INDUSTRY 03

11. BIRTHPLACE (State or foreign country) Swan Lake, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME ?Alma Millaer Quigley BIRTHPLACE Farmington, Utah

14. MOTHER'S MAIDEN NAME Elizabeth Heath BIRTHPLACE Cardiff, South Whales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I & WW II 4

16. SOCIAL SECURITY NO. 518-14-1113

17. INFORMANT'S OWN SIGNATURE + Estle Quigley ADDRESS Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary artery Disease — INTERVAL BETWEEN ONSET AND DEATH 5 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 14, 1965, *to* Oct 2, 1965, *that I last saw the deceased alive on* Sept 28, 1965, *and that death occurred at* 6:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Coroner

23b. ADDRESS Box 68 Shoshone Idaho

23c. DATE SIGNED 10-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10-7-1965

24c. NAME OF CEMETERY OR CREMATORY Buhl Cemetery

24d. LOCATION (City, town, or county) (State) Buhl, Idaho

DATE REC'D BY LOCAL REG. 10-9-65

REGISTRAR'S SIGNATURE Francis M. Bergin

25. EMBALMER Francis M. Bergin LICENSE NO. E-463

FIRM NAME: Bergin Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under Items 1 to 14 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 11 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4599
Local Reg. No. 627
Reg. Dist. No. 430

Certificate of Death

STATE OF IDAHO

RECEIVED
OCT 21 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 320
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richfield
c. LENGTH OF STAY (in this place): yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 320
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Lalove
b. (Middle): A.
c. (Last): King

4. DATE OF DEATH (Month) (Day) (Year): Oct. 14, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: July 2, 1901
9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months 3 Days 12
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Clarkston, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alexander Archibald
BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Laura Thompson
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-44-9532
17. INFORMANT'S OWN SIGNATURE: X Ralph M. King
ADDRESS: RICHFIELD, IDAHO

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arterio-Sclerotic Heart Disease — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Diabetes Mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1955, *to* 10-14, 1965, *that I last saw the deceased alive on* 10-11-65, 19__, *and that death occurred at* 8:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Doctor 583 4
23b. ADDRESS: Box 68 Shoshone Idaho
23c. DATE SIGNED: 10-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-19-1965
24c. NAME OF CEMETERY OR CREMATORY: Richfield Cemetery
24d. LOCATION (City, town, or county) (State): Richfield, Idaho

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
25. EMBALMER: Francis M. Bergin
LICENSE NO.: E-463

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Bergin Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 5 1964

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4600
Local Reg. No. [redacted] 47
Reg. Dist. No. 630

Certificate of Death

RECEIVED NOV 22 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 33
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 220
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chester
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): WILLIAM 123
c. (Last): WELLARD

4. DATE OF DEATH (Month) (Day) (Year): Sept. 24, 1965

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Sept. 4, 1891
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Twin Groves, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: James joseph Wellard Salt Lake City, Utah
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Frances Gertrude Davey Salt Lake City, Uta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-16-0059
17. INFORMANT'S OWN SIGNATURE: Laura Wellard — ADDRESS: Chester, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Diabetes Mellitus. Was never on Insulin.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Was brought unconscious on Sept 21 1965 to hospital — 4 duration

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: no
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1953, *to* Sept 24 1965, *that I last saw the deceased alive on* Sept 24, 1965, *and that death occurred at* 1:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. F. Rigby 447
23b. ADDRESS: Rexburg Idaho
23c. DATE SIGNED: Sept 25 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/27/65
24c. NAME OF CEMETERY OR CREMATORY: Wilford
24d. LOCATION (City, town, or county) (State): Wilford Fremont Idaho

DATE REC'D BY LOCAL REG.: 9-25-65
REGISTRAR'S SIGNATURE: Leona Flamm
25. EMBALMER: Russel Flamm
LICENSE NO.: E 254

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4601
Local Reg. No. 48
Reg. Dist. No. 630

BIRTH NO. 65-9597

RECEIVED
NOV 22 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Madison (33)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (In this place): 6000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (330)
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salem- rural
d. STREET ADDRESS (If rural, give location):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

3. NAME OF DECEASED (Type or Print): a. (First) Douglas b. (Middle) J. (122) c. (Last) Virgin

4. DATE OF DEATH (Month) (Day) (Year): September 27, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Infant	Sept., 27, 1965				5	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Rexburg, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gary T. Virgin — BIRTHPLACE: Salem, Idaho
14. MOTHER'S MAIDEN NAME: Karen Ann Otteson — BIRTHPLACE: Rexburg, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Karen Otteson — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Acute respiratory syndrome — 5 hrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-27, 1965, *to* 9-27, 1965, *that I last saw the deceased alive on* 9-27 1965 *and that death occurred at* 9 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Victor J. Petersen (413) (Degree or title): M D
23b. ADDRESS: Rexburg Idaho
23c. DATE SIGNED: 9-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/27/65
24c. NAME OF CEMETERY OR CREMATORY: Teton
24d. LOCATION (City, town, or county) (State): Fremont, Idaho

DATE REC'D BY LOCAL REG.: 9/27/65
REGISTRAR'S SIGNATURE: Lona Flamm
25. [redacted] Mrs. Wendell Virgin
FUNERAL DIRECTOR.

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4602
Local Reg. No. 38
Reg. Dist. No. 640

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED OCT 20 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Madison 330
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salem
c. LENGTH OF STAY (in this place) 500
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 500

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 330
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salem
d. STREET ADDRESS (If rural, give location) Rexburg Rt. 2

3. NAME OF DECEASED (Type or Print)
a. (First) RALPH
b. (Middle)
c. (Last) ROWBERRY

4. DATE OF DEATH (Month) Oct. (Day) 2 (Year) 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Sept 29, 1898
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: 80
11. BIRTHPLACE (State or foreign country): Hibbard, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Rowberry — BIRTHPLACE: Wellsville, Utah
14. MOTHER'S MAIDEN NAME: Martha Ann Statham — BIRTHPLACE: Wellsville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): World War II 2
16. SOCIAL SECURITY NO.: 518-07-7071
17. INFORMANT'S OWN SIGNATURE: Alvin LeRoy Rowberry — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 10 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1957, *to* Oct 2, 1965, *that I last saw the deceased alive on* Oct 2, 1965 *and that death occurred at* 7:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Bleeve H Passey 409 (Degree or title)
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: 10-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/5/65
24c. NAME OF CEMETERY OR CREMATORY: Rexburg
24d. LOCATION (City, town, or county) (State): Rexburg Madison Idaho

DATE REC'D BY LOCAL REG.: 10-5-65
REGISTRAR'S SIGNATURE: Leona Flamm
25. EMBALMER: Russel Flamm
LICENSE NO.: E354

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 2 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 17 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 17 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4603
Local Reg. No. 36
Reg. Dist. No. 640

Certificate of Death

STATE OF IDAHO

RECEIVED
OCT 20 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison 331
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital 123

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 330
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): WINNIE
b. (Middle): ROBERTS
c. (Last): MOON

4. DATE OF DEATH (Month) (Day) (Year): Oct. 4, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 10, 1923
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Sugar City, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Prentice Noble Roberts — BIRTHPLACE: Brigham City, Utah
14. MOTHER'S MAIDEN NAME: Henrietta Furness — BIRTHPLACE: Evanston, Wyo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-36-5648
17. INFORMANT'S OWN SIGNATURE: Lyle H. Moon — ADDRESS: Sugar City, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

332X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral embolus — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Emboli from aortic valve — 2 days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Hypertension — 8-10 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 29, 1952, *to* Oct. 4, 1965, *that I last saw the deceased alive on* Oct. 4, 1965, *and that death occurred at* 5:16P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. O. Furnal, M.D. 537
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: 10-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/8/65
24c. NAME OF CEMETERY OR CREMATORY: Sugar City
24d. LOCATION (City, town, or county) (State): Sugar City Madison Idaho

DATE REC'D BY LOCAL REG.: 10-8-65
REGISTRAR'S SIGNATURE: Leona Flamm
25. EMBALMER: Kenneth H. Flamm
LICENSE NO.: E347

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: APR 6 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4604
Local Reg. No. 39
Reg. Dist. No. 640

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED OCT 20 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Madison 331
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital 123

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 330
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Milton
c. (Last): Heileson

4. DATE OF DEATH (Month) (Day) (Year): October 6 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: February 25, 1888
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Glenwood, Sevier, Co., Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Neils Christian Heileson — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Lanie Margaret Tooley — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW 1 3
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Tressie N Heileson — ADDRESS: Rexburg, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Diabetes Mellitus — 5 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1954, *to* Oct 6, 1965, *that I last saw the deceased alive on* Oct 6, 1965, *and that death occurred at* 4:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Blaine H Passey 409
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: 10-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/9/65
24c. NAME OF CEMETERY OR CREMATORY: Burton Cemetery
24d. LOCATION (City, town, or county) (State): Burton Madison Co. Idaho

DATE REC'D BY LOCAL REG.: 10-9-65
REGISTRAR'S SIGNATURE: Leona Flamm
25. EMBALMER: Ralph M. Wood — Ralph M. Wood — LICENSE NO. 413

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Wood Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 22 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 4605
Local Reg. No. 38
Reg. Dist. No. 6 30

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Madison 330 OCT 20 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Bureau of Vital Statistics) Rexburg (rural) 650
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) RFD#2 607

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 330
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg (rural)
d. STREET ADDRESS (If rural, give location) RFD#2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LARRY	KAY	BRIGGS	Oct., 10, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married 7	Jan., 6, 1964	1	9			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None 02	07	American Fork, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Don Carlos Briggs	Newdale, Idaho	Lois Wilcox	Parker, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Don Le. Briggs	Rexburg, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral contusion 812.4	0
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Facial + skull fractures	—
DUE TO (c)	Fractured left femur	—
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Multiple abrasions	—

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Lacerations, contusion + abrasions	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 33 (COUNTY)	(STATE)
Accident	County road	13 Plano Madison	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21f. HOW DID INJURY OCCUR?
Oct 10 1965 10 A m.		Struck by car

22. *I hereby certify that I attended the deceased from* D.O.A., 19__, to _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O D Hansen 233	M.D.	Rexburg, Idaho	10-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12 Oct 65	Parker Cemetery	Parker, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10/18/65	Leona Flamm	Mal Hansen	E-354

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician [redacted] Hit + run accident

State File No. 4606
Local Reg. No. 39
Reg. Dist. No. 630

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED NOV 17 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Madison 331
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 331
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): 154 N. 1 East

3. NAME OF DECEASED (Type or Print)
a. (First): Maryetta
b. (Middle): Henrie
c. (Last): Sanders

4. DATE OF DEATH (Month) (Day) (Year): Oct. 26, 1965

5. SEX: Female
6. COLOR OR RACE: Cauc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 15, 1882
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Beautician 06
10b. KIND OF BUSINESS OR INDUSTRY: 36
11. BIRTHPLACE (State or foreign country): Ferrin, Emery Co., Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Henrie — BIRTHPLACE: Manti, Utah
14. MOTHER'S MAIDEN NAME: Hannah Maria Snow — BIRTHPLACE: Manti, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Kenneth F. Sanders — ADDRESS: Chicago, Ill.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Generalized Arteriosclerosis with Arteriosclerotic Heart Disease — 10 years
DUE TO (c): Anemia - Secondary to Gastric resection

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death*: Maxillary sinus carcinoma — 1953

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1952, ~~19__~~, *to* 10-26, 1965, *that I last saw the deceased alive on* 10-26, 1965, *and that death occurred at* 1:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D D Hoffman 233, M D
23b. ADDRESS: Rexburg Idaho
23c. DATE SIGNED: 10-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/29/65
24c. NAME OF CEMETERY OR CREMATORY: Cache- Clawson Cemetery
24d. LOCATION (City, town, or county) (State): Tetonia, Teton, Idaho

DATE REC'D BY LOCAL REG.: 10-28-65
REGISTRAR'S SIGNATURE: Leona Flamm
25. EMBALMER: Russel F Flamm — LICENSE NO. E-254

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED NOV 17 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4607
Local Reg. No. 40
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Madison 331
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (in this place) 60
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison Memorial Hospital 23

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 330
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sugar City
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOSEPH	WILLIAM	NIELSEN	Oct. 29, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married 3	March 28, 1885	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Blacksmith 38	60	Manti, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph William Nielsen	Aarhuse, Denmark	Margarete Kristine ...e Hansen	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-36-6383	J. Eldred Nielsen	Sugar City

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 11 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct 18, 1965, *to* Oct 29, 1965, *that I last saw the deceased alive on* Oct 29, 1965, *and that death occurred at* 10:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Blaine H Parry MD 409	Rexburg Idaho	11-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/2/65	Sugar City	Sugar City Madiosn Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-1-65	Leona Flamm	Bennett P Flamm	E347

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4608
Local Reg. No. 12
Reg. Dist. No. 450

RECEIVED
OCT 18 1965
Bureau of Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 340 Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY in this place: 2¼ Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 340 Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Eva
b. (Middle): Jane 135
c. (Last): Badger

4. DATE OF DEATH: (Month) Oct. (Day) 3, (Year) 1965

5. SEX: famale

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Nov. 18, 1881

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR — Months: 10 Days: 15
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Park Valley, Utah

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Adam Larsen,
BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Mary Ann Rose,
BIRTHPLACE: North Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Harriet Badger
ADDRESS: Rte 3 - Rupert Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio Sclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1964, *to* Oct 2, 1965, *that I last saw the deceased alive on* Oct 2, 1965, *and that death occurred at* 6:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: T. A. Hunt 255
(Degree or title): MD
23b. ADDRESS: Rupert, Idaho
23c. DATE SIGNED: 10-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 2
24b. DATE: Oct. 7, 1965
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Heyburn, Idaho

DATE REC'D BY LOCAL REG.: 10-14-65
REGISTRAR'S SIGNATURE: Mary Ellen Carlson
25. EMBALMER: Ormand F Burch
LICENSE NO.: E-471

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: MC CULLOCH FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED; For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4609
Local Reg. No. 74
Reg. Dist. No. 450

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED OCT 25 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) Rural Route 2 Rupert Idaho

3. NAME OF DECEASED (Type or Print)
a. (First) Melvin
b. (Middle) 125
c. (Last) Carter

4. DATE OF DEATH (Month) (Day) (Year) Oct 11 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Oct 12 1886
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Nephi Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph William Carter — BIRTHPLACE Nephi Utah
14. MOTHER'S MAIDEN NAME Alice Read — BIRTHPLACE Nephi Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 518-40-1354
17. INFORMANT'S OWN SIGNATURE x Geo. Dee Carter — ADDRESS Rupert Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General senile degeneration

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterial sclerosis

DUE TO (c) cause not know.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: not definately determinable. Cause unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1, 1962 *to* Oct 11, 1965, *that I last saw the deceased alive on* Oct 11, 1965, *and that death occurred at* 10:55 *m., from the causes and on the date stated above.*

23a. SIGNATURE A F Walley M D 127 (Degree or title)
23b. ADDRESS 702 G St Rupert Idaho
23c. DATE SIGNED 10/19/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct 14 1965
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 10-19-65
REGISTRAR'S SIGNATURE Mary Ellen Carlson
25. EMBALMER Charles H Pirsons
LICENSE NO. E-494

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Walk Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 4610
Local Reg. No. 70
Reg. Dist. No. 400

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka 340 OCT 25 1965 000
b. CITY OR TOWN Rupert — Bureau of Vital Statistics — c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka emorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340 b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert Idaho
d. STREET ADDRESS (If rural, give location) Route 1 Rupert

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Catherine	M 125	Boyle	10-11-65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	May 5th 1869	95				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired housewife 01	0	Donegal County Ireland	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Patrick McHugh	Ireland	Catherine McGarvey	Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No None	None	Mrs George Zeimetz	Rupert

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Generalized senile degeneration 450.0 — INTERVAL BETWEEN ONSET AND DEATH: not known

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arterial sclerosis
DUE TO (c) Cause not known.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 16, 1965, *to* 10/11, 1965, *that I last saw the deceased alive on* 10/10, 1965, *and that death occurred at* 5:10 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G F Dalley 127 MD	702 G St Rupert Idaho	Oct 1, 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	October 14	Rupert Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-19-65	Mary Ellen Carlson	Charles L Evans	E-494

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4611
Local Reg. No. 76
Reg. Dist. No. 450

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka 340 OCT 25 1965 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (If in hospital or institution, give street address or location) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paul
d. STREET ADDRESS (If rural, give location) Felton Apartments

3. NAME OF DECEASED (Type or Print)
a. (First) Alex
b. (Middle) 125
c. (Last) Heinze

4. DATE OF DEATH (Month) (Day) (Year) Oct 12 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH 8-21-1910
9. AGE (In years last birthday) 55 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY 03
11. BIRTHPLACE (State or foreign country) Samar Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David Heinze — BIRTHPLACE Russia
14. MOTHER'S MAIDEN NAME Katherine Weimer — BIRTHPLACE Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 559-05-7687
17. INFORMANT'S OWN SIGNATURE x Mrs. Anna M. Heinze — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

18 OX

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of right kidney with metastasis — INTERVAL BETWEEN ONSET AND DEATH about 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 11, 1965, *to* Oct 12, 1965, *that I last saw the deceased alive on* Oct 11, 1965, *and that death occurred at* 2:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE A F Dalley 127 (Degree or title) M D
23b. ADDRESS 702 G St Rupert Idaho
23c. DATE SIGNED Oct 19, 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 16, 1965
24c. NAME OF CEMETERY OR CREMATORY Paul Cemetery
24d. LOCATION (City, town, or county) Paul (State) Idaho

DATE REC'D BY LOCAL REG. 10-19-65
REGISTRAR'S SIGNATURE Mary Ellen Carlson
25. EMBALMER Charles H. Parsons
LICENSE NO. E-494

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Walk Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 28 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4612
Local Reg. No. 9 (79)
Reg. Dist. No. 50

BIRTH NO. 65-10668

RECEIVED OCT 25 1965 Bureau of Vital Statistics

1. PLACE OF DEATH

a. COUNTY: Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 348
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Norland
d. STREET ADDRESS (If rural, give location): Wilson Labor Camp

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOSE	FIDENCIO 135	MARTINEZ	October 14, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Mexican	Never Married	Oct. 14, 1965	-0-	0	0	0	55

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Never Worked 02	- 60 - - -	Rupert, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Rogelio R. Martinez	Mexico	Carmen Baquec	Tyler, Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	- - - - -	None	Carmen Vasquez Martinez	Norland, Ida

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 1 hour. of life.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Placenta Previa Centralis
DUE TO (c) Breech delivery

Other significant conditions 76.15

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct. 14, 1965, *to* Oct. 14, 1965, *that I last saw the deceased alive on* Oct. 14 PM, 1965, *and that death occurred at* 2:01 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C F Dalley 127	M.D.	702 G St. Rupert, Idaho	10-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 18, '65	Rupert Cemetery	Rupert, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-22-65	Mary Ellen Larson	Charles L Parsons	E-494

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4613
Local Reg. No. 77
Reg. Dist. No. 420

BIRTH NO. RECEIVED STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Minidoka 340 OCT 25 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY in this place: 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hospital 125

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 361
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
d. STREET ADDRESS (If rural, give location): W 300 N

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	EDITH MARGARET	PRICE	FINK	Oct	16	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed 2	April 29, 1887	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: - 01
11. BIRTHPLACE (State or foreign country): Malad City, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Edwin Price	Willard, Utah	Jennette Mariah Daniels	Malad, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	-	519-30-2985	Ralph V. Fink	Burley, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes — INTERVAL BETWEEN ONSET AND DEATH: weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis Cardiovascular disease - years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-12-60, 19__, *to* 10-16-65, 19__, *that I last saw the deceased alive on* 10-15-65, 19__, *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ben K. Humphrey 253 MD	Rupert Idaho	10-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 19, 1965	Malad City Cemetery	Malad City Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-22-65	Mary Ellen Carlson	Raiford G. Benson	Malad, Idaho

BENSON FUNERAL HOME License No. #-E-351

Federal Security Agency
United States Public Health Service
Form DPH-48021

JUL 21 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Raiford G. Benson Lic. No. E-351 at Malad, Idaho on Oct 16, 1965

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 4614
Local Reg. No. 80
Reg. Dist. No. 450

RECEIVED OCT 29 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka 348
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Heyburn Bureau of Vital Statistics
c. LENGTH OF STAY (in this place) years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 425 West 500 South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 348
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Heyburn
d. STREET ADDRESS (If rural, give location) 425 West 500 South

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Horace	Raymond	Reeves	Oct. 17, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 3	April 3, 1911	54				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Feed Mill Manager 4	Milling 07	Bruno, Arkansas	U.S.A.

13. FATHER'S NAME BIRTHPLACE	14. MOTHER'S MAIDEN NAME BIRTHPLACE
Dave Reeves - Leslie, Arkansas	Mary Emly Slagle - St. Joe, Ark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	518-09-8636	Mrs Horace Reeves	Heyburn, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary artery occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardiovascular disease — 10 years
DUE TO (c) Marked hypercholesterinemia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-5, 1960, *to* 10-17, 1965, *that I last saw the deceased alive on* 8-31, 1965, *and that death occurred at* 4:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Burley, Idaho	10/22/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	10/20/65	Pleasant View	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-27-65	Mary Ellen Carlson	[signature]	E-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 25 1975

MAR 18 1986

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

C. Moellmer + Walk

RECEIVED NOV 17 1965

Certificate of Death

STATE OF IDAHO

State File No. 4615
Local Reg. No. 81
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 340
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert Rural Route 1
d. STREET ADDRESS (If rural, give location): 600 east 200 North

3. NAME OF DECEASED (Type or Print)
a. (First): ARTHUR
b. (Middle): 125
c. (Last): GAGNON

4. DATE OF DEATH (Month) (Day) (Year): OCT 23 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Feb 3 1902
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Wyoming
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Mose Gagnon — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Malvina Pilon — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-12-0081
17. INFORMANT'S OWN SIGNATURE: Riley Dennis — ADDRESS: Acequia Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cardiac Hypertrophy

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 8, 1965, *to* Oct 3, 1965, *that I last saw the deceased alive on* Oct 22, 1965, *and that death occurred at* 6:47 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. A. Moellmer M.D. 365
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: 10-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 27 1965
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 11-9-65
REGISTRAR'S SIGNATURE: Mary Ellen Carlson
25. EMBALMER: Robert C. Walk
LICENSE NO.: E 294.

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Walk Mortuary

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4616
Local Reg. No. 236
Reg. Dist. No. 220

RECEIVED OCT 20 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 350
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewiston Manor 312

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 357
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 128 New 6th Street (Justice Apts.)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GEORGE		CARBUHN	October 1, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	white	married 3	March 15, 1882	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farming 84	Wheat 01	Uniontown, Washington	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Mathies Carbuhn	Germany	Louise Sharnhorst	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-46-7124	Irma L. Bennett	Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

332X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* Oct. 1, 1965, *and that death occurred at* 11:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Lewiston	10 4 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Oct. 4, 1965	Normal Hill cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-4-65	Mildred Hughes	V. Vassar	E297

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 21 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4617
Local Reg. No. 237
Reg. Dist. No. 220

RECEIVED OCT 20 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Own Residence 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 351
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 612 - 9th Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	GEORGE	ALEXIS	WILLIAMS		Oct.	1,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	Mar. 7, 1876	89				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
General Foreman 270	Rail Road 02	Decatur, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Williams	Ireland	Kanthrine Leak	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	700-07-5611	X D. H. Williams	Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Hemorrhage	30 min.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Generalized Arterio Sclerosis	1 yr. plus
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

3317X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct 1, *19* 65, *to* - - -, *19* ___, *that I last saw the deceased alive on* - - -, *19* ___, *and that death occurred at* approx. 10:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W S Rayner M.D.	307 St. John's Way Lewiston	Oct. 11, 196

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-5-65	Normal Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-5-65	Mildred Hughes	W. F. Black	E-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 26 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 30 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4618
Local Reg. No. 222
Reg. Dist. No. 220

RECEIVED Bureau of Vital Statistics OCT 20 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 35 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 802-10th Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 802 10th Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ERNEST	HUBERT	FARMAR	October 1, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	February 25, 1880	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
clerk 29	retail paint store 10	Chicago, Illinois	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
no record		Ruth Bell	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		no record	Josephine Custer	Lewiston, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 8:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Alfred J. Ducker 583	Coroner 4	Lewiston, Idaho	10/6/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-6-65	Normal Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-6-65	Mildred Hughes	V. Vassar	E297

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 21 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 27 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4619
Local Reg. No. 238
Reg. Dist. No. 220

BIRTH NO.

RECEIVED OCT 2 0 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce 350
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gifford (rural)
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 358
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gifford (rural)
d. STREET ADDRESS (If rural, give location): 2 miles East of Gifford

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FRANKLIN	CHARLES	VINCENT	Oct.	2,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Aug. 2, 1914	51				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Stock - Gramm 0	Webb, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew J. Vincent	Washington	Audra Kollenborn	Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No Record	No Record	Vestus A. Vincent	Culdesac, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 981X Shock & Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Blast of Shot-Gun
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES XX NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 250 (COUNTY) (STATE)
Homicide	03 Own Home	Gifford (rural) Nez Perce, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Probably Sept. 25, 1965	WHILE AT WORK ☐ NOT WHILE AT WORK XX	Shotgun in hands of unknown Assailant

22. *I hereby certify that I attended the deceased from* - - - - -, 19--, *to* - - - - -, 19--, *that I last saw the deceased alive on* - - - - -, 19--, *and that death occurred at* ? *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Milford Duncan 0583 NezPerce Co. Coroner	Lewiston, Idaho	Oct. 5, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 6, 1965	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-5-65	Mildred Hughes	W. T. Black	E-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 12 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 11 2015

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician: This death probably occured 9/26/65 between 5:30 and 9:30AM but the body was not found till 10/2/65

State File No. 4620
Local Reg. No. 239
Reg. Dist. No. 220

RECEIVED OCT 20 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 350 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gifford (rural)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own Residence 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 350
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gifford (rural)
d. STREET ADDRESS (If rural, give location): 2 miles East of Gifford

3. NAME OF DECEASED (Type or Print)
a. (First): MARVELLA
b. (Middle):
c. (Last): VINCENT

4. DATE OF DEATH (Month) (Day) (Year): Oct. 2, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct.29,1923
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Culdesac, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Verner McKay — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Christle Wyman — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No Record
17. INFORMANT'S OWN SIGNATURE: Verner McKay — ADDRESS: Myttle, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9818

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Shock & Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Blast of Shot-Gun
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [XX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 01 Own Home
21c. (CITY, TOWN, OR TOWNSHIP) 350 **(COUNTY)** **(STATE)**: 13 Gifford (rural) NezPerce Idabo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Probably Sept.26,1965 m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [XX]
21f. HOW DID INJURY OCCUR?: Shotgun in hands of unknown Assailant

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Wilfred J. Duclos 583 — (Degree or title): NezPerce Co. 4 Coroner
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: Oct.5,1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct.6,1965
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 10-5-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: [signature]
LICENSE NO.: E-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 12 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 5 1974

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 11 2015

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician: This death prpbab;y pccured between 5:30 and 9:30 9/26/65 but bodies were not fpind till 10/2/65

Certificate of Death

STATE OF IDAHO

State File No. 4621
Local Reg. No. 240
Reg. Dist. No. 220

RECEIVED OCT 20 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce 35 | 3-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 912 - 9th Street

3. NAME OF DECEASED (Type or Print): a. (First) IRVING b. (Middle) c. (Last) STEVENSON

4. DATE OF DEATH: (Month) Oct. (Day) 3, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: July 27, 1894

9. AGE (In years last birthday): 71 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heavy Equipment Opr.

10b. KIND OF BUSINESS OR INDUSTRY: US For. Serv. & City

11. BIRTHPLACE (State or foreign country): Nova Scottia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Archebald Stevenson | BIRTHPLACE: Nova Scottia

14. MOTHER'S MAIDEN NAME: Minnie West | BIRTHPLACE: Nova Scottia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Canadian Army 1916-1919 (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518 20 7026

17. INFORMANT'S OWN SIGNATURE: Lucille Stevenson | ADDRESS: Lewiston, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident. — INTERVAL BETWEEN ONSET AND DEATH: 5d.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic hypertensive disease. — 5+ yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ____, 19__, to Oct, 1965; that I last saw the deceased alive on Oct, 1965, and that death occurred at 10:38 pm., from the causes and on the date stated above.

23a. SIGNATURE: [illegible] 496 (Degree or title) MD

23b. ADDRESS: Lewiston Idaho

23c. DATE SIGNED: 7 October 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 7, 1965

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 10-5-65

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: W. O. Black

LICENSE NO.: E-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 26 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 30 1971

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4622
Local Reg. No. 241
Reg. Dist. No. 220

BIRTH NO.

REGISTERED OCT 20 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35 b. COUNTY: Nez Perce 3-21
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 0218 - 24th Street

3. NAME OF DECEASED (Type or Print): a. (First) ROSE b. (Middle) ELLEN c. (Last) PEER

4. DATE OF DEATH: (Month) Oct. (Day) 4, (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Aug. 10, 1886

9. AGE (In years last birthday): 79 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01

11. BIRTHPLACE (State or foreign country): Little Rock, Arkansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jabus W. Harris — BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: Frances Roach — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 539 10 2599

17. INFORMANT'S OWN SIGNATURE: Virginia F. Crow ADDRESS: Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes (Mellitus)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1964, *to* October, 1965, *that I last saw the deceased alive on* Sept. 27, 1965, *and that death occurred at* 1:35 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. O. Tobute 563, M.D.

23b. ADDRESS: 307 St. John's Way, Lewiston

23c. DATE SIGNED: Oct. 7, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 9, 1965

24c. NAME OF CEMETERY OR CREMATORY: Lewis-Clark Memo. Gar.

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 10-5-65

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: W. F. Black — LICENSE NO.: E-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4623
Local Reg. No. 244
Reg. Dist. No. 220

BIRTH NO.

RECEIVED OCT 25 1965

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Bureau
c. LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchards Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 3320 - 11th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	ORVILLE	EUGENE	LEMMON	Oct.	5,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	June 27, 1870	95				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lumbering and	Logging	Plainwell, Michigan	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
No Record	No Record	No Record	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 22 5910	Fred Cole	Lenore, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral artery thrombosis (CVA)	2 wks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	" " Arteriosclerosis	yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

332X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* 10 – 5, 1965, *and that death occurred at* 4:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Lewiston, Idaho	10-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 9, 1965	Lewis-Clark Memo. Gar.	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25a. EMBALMER	LICENSE NO.
10-14-65	Mildred Hughes	L. E. DeBaun	E-295

FIRM NAME: Brower-Wann Memorial Chapl

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 2 1 1988

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4624
Local Reg. No. 243
Reg. Dist. No. 250

BIRTH NO.

RECEIVED OCT 20 1965

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: NezPerce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 10D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 218-4th Ave

3. NAME OF DECEASED (Type or Print): a. (First) Vernon; b. (Middle); c. (Last) Spaulding

4. DATE OF DEATH (Month) (Day) (Year): Oct, 8 1965

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: March 30 1885

9. AGE (In years last birthday): 80 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired 91

10b. KIND OF BUSINESS OR INDUSTRY: 03

11. BIRTHPLACE (State or foreign country): Winnebago, Minn.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Spaulding — BIRTHPLACE: N.Y.

14. MOTHER'S MAIDEN NAME: Clarissa Othoudt — BIRTHPLACE: N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 545-07-7767

17. INFORMANT'S OWN SIGNATURE: X Mae Spaulding — ADDRESS: Lewiston, Idaho.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

241X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) inflamation of eye — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) long standing asthma

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-28, 1965, *to* 10-8, 1965, *that I last saw the deceased alive on* 10-8, 1965, *and that death occurred at* 8:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 036 MD

23b. ADDRESS: 626-5th Ave Lewiston Idaho

23c. DATE SIGNED: 10-11-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 11, 1965

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: 10-11-65

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: Andrew H. Vassar — LICENSE NO.: E315

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4625
Local Reg. No. 254
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED NOV 1 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 3-14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 350
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle): THOMAS
c. (Last): MOORE

4. DATE OF DEATH (Month) (Day) (Year): Oct. 9, 1965

5. SEX: male
6. COLOR OR RACE: Indian 3
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Nov. 20, 1864
9. AGE (In years last birthday): 100 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 60
10b. KIND OF BUSINESS OR INDUSTRY: none 60
11. BIRTHPLACE (State or foreign country): Asotin, Washington
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: no record — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No record
17. INFORMANT'S OWN SIGNATURE: Hospital Rec. AFV. — ADDRESS: ~~Lapwai~~, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 593X Renal. Failure uremia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/I/65, 19__, *to* I0/9/65, 19__, *that I last saw the deceased alive on* I0/9/65, 19__, *and that death occurred at* 5:15p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Carssowne 083
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: I0/I3/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct. 13, 1965
24c. NAME OF CEMETERY OR CREMATORY: Lapwai, Tribal cemetery
24d. LOCATION (City, town, or county) (State): Lapwai, Idaho

DATE REC'D BY LOCAL REG.: 10-21-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: Andrew F. Vassar — LICENSE NO.: E297

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 22 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4626
Local Reg. No. 247
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 25 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce 350 500
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Juliaetta
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 350
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Juliaetta
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Olga
b. (Middle) Bertha
c. (Last) Hofer

4. DATE OF DEATH (Month) 10- (Day) 10 (Year) 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH May 12, 1915
9. AGE (In years last birthday) 50 — IF UNDER 1 YEAR Months 4 Days 28 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife 01
10b. KIND OF BUSINESS OR INDUSTRY Home 01
11. BIRTHPLACE (State or foreign country) Orofino, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Marion Vanderpool — BIRTHPLACE Moscow, Idaho
14. MOTHER'S MAIDEN NAME Sophia Roberson — BIRTHPLACE Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518 18 8598
17. INFORMANT'S OWN SIGNATURE Kinsey Hofer — ADDRESS Juliaetta, Ida.

18. CAUSE OF DEATH 970.9
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) overdose of sedatives

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide 01
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home 13
21c. (CITY, TOWN, OR TOWNSHIP) Juliaetta — (COUNTY) NezPerce 350 — (STATE) Idaho

21d. TIME OF INJURY (Month) 10-10-65 (Day) (Year) (Hour) 11:00PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? suicide note left(in hand) self inflicted overdose of sedatives

22. *I hereby certify that I attended the deceased from ----------, 19---, to ----------, 19---, that I last saw the deceased alive on ----------, 19---, and that death occurred at 11:00 PM m., from the causes and on the date stated above.*

23a. SIGNATURE Wilfred J. Duclos 583 — (Degree or title) Coroner 4
23b. ADDRESS Lewiston, Idaho
23c. DATE SIGNED 10-14/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 15, 1965
24c. NAME OF CEMETERY OR CREMATORY Kendrick City Cemetery
24d. LOCATION (City, town, or county) (State) Kendrick, Idaho

DATE REC'D BY LOCAL REG. 10-20-65
REGISTRAR'S SIGNATURE Mildred Hughes
25. EMBALMER L. E. DeBaun — LICENSE NO. E 295

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 22 1984

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

D-H

Certificate of Death

STATE OF IDAHO

State File No. 4627
Local Reg. No. 245
Reg. Dist. No. 220

RECEIVED
OCT 25 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 351 Nez Perce 002
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 307 St. John's Way 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 48 Washington
b. COUNTY 555 Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clarkston
d. STREET ADDRESS (If rural, give location) 422 - 8th St.

3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) E. c. (Last) Smith

4. DATE OF DEATH (Month) 10 (Day) 12 (Year) 1965

5. SEX Male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3

8. DATE OF BIRTH Jan. 22, 1911

9. AGE (In years last birthday) 54
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck mechanic 10

10b. KIND OF BUSINESS OR INDUSTRY Logging 07

11. BIRTHPLACE (State or foreign country) Phoenix Arizona

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James S. Smith
BIRTHPLACE Virginia

14. MOTHER'S MAIDEN NAME Belle Cochran
BIRTHPLACE Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-18-8678

17. INFORMANT'S OWN SIGNATURE Helen A. Smith
ADDRESS 422 - 8th St. Clarkston Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS
INTERVAL BETWEEN ONSET AND DEATH: 5 MIN

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12 OCT, 1965, *to* 12 OCT, 1965, *that I last saw the deceased alive on* 12 OCT, 1965, *and that death occurred at* 3:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Donald W. Henderson M.D.
23b. ADDRESS 307 St John's Way
23c. DATE SIGNED 14 OCT 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 15 1965
24c. NAME OF CEMETERY ~~OR CREMATORY~~ Tahoe
24d. LOCATION (City, town, or county) (State) Kooskia Idaho Idaho

DATE REC'D BY LOCAL REG. 10-18-65
REGISTRAR'S SIGNATURE Mildred Hughes
25. EMBALMER Patrick Mahoney
LICENSE NO. E-492
FIRM NAME: Trenary Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended Dec. 2, 1965

Certificate of Death

STATE OF IDAHO

State File No. 4628
Local Reg. No. 246
Reg. Dist. No. 220

RECEIVED DEC 2 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce 350 505
b. CITY OR TOWN Rural Hy. 95 4mi. E.
LENGTH OF STAY (in this place) Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 48 Washington b. COUNTY 555 Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clarkston
d. STREET ADDRESS (If rural, give location) 1313 10th. Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LE ROY		COLKINS	October 11 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	May 29, 1920	45				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Construction 06	20 Road Construction	Whiteleyville, Kentucky	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
UNKNOWN		UNKNOWN	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	W. W. 2 4	521-22-1638	Nora M. Colkins	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SHOCK & HEMORRAGE — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) OVER

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident 06	N and S Highway 12	35 1 3 4½ miles east of Lewiston, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
October 11, 1965 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Automobile Accident

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Milfred Nichols Coroner 4	Lewiston Idaho	11-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	Oct. 15, 1965	Vineland Cemetery	Clarkston, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-18-65	Mildred Hughes	Patrick Mahoney	E492

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Merchant Funeral Home - Clarkston

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the ~~county~~ where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS ~~by Physician~~ Coroners. Note The original death certificate was filled in with Wrong Date Dates

3-Cert.

Certificate of Death

STATE OF IDAHO

State File No. 4628
Local Reg. No. 246
Reg. Dist. No. 220

BIRTH NO.

RECEIVED
OCT 25 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston (Rural (Lewiston) 4½ miles east N and S Highway)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital (DOA)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 1313 10th. Street

3. NAME OF DECEASED (Type or Print): a. (First) LeRoy b. (Middle) Colkins c. (Last) Colkins

4. DATE OF DEATH: (Month) (Day) (Year): October 12, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 29, 1920

9. AGE (In years last birthday): 45
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction

10b. KIND OF BUSINESS OR INDUSTRY: Dam Construction

11. BIRTHPLACE (State or foreign country): Whitleyville, Tennessee

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: UNKNOWN
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: UNKNOWN
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW 2

16. SOCIAL SECURITY NO.: 521-22-1638

17. INFORMANT'S OWN SIGNATURE: X Mamie M. Cochenour
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Shock and Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): N and S Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 4½ miles east of Lewiston, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): October 12-65 10 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile accident

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:? p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alfred J. Duclos Coroner
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 10-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-15-1965
24c. NAME OF CEMETERY OR CREMATORY: Vineland Cemetery
24d. LOCATION (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: 10-18-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: (Patrick) Mahoney
LICENSE NO.: E-492

FIRM NAME: Merchant Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

OCT 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 10 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 7 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4629
Local Reg. No. 249
Reg. Dist. No. 220

BIRTH NO.

RECEIVED NOV 1 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Nez Perce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 1½ years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 35
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 3508-10th St.

3. NAME OF DECEASED (Type or Print)
a. (First) Clarence
b. (Middle) Richard
c. (Last) Pyles

4. DATE OF DEATH (Month) October (Day) 12 (Year) 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH Sept. 27, 1885

9. AGE (In years last birthday) 80
IF UNDER 1 YEAR: Months 0 Days 15
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY Retired 01

11. BIRTHPLACE (State or foreign country) Gold Hill Oregon

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George Pyles
BIRTHPLACE Tennesee ~~TXXXX~~ Penn.

14. MOTHER'S MAIDEN NAME Ella Todd
BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518 40 8673

17. INFORMANT'S OWN SIGNATURE Mrs. Bessie L. Pyles
ADDRESS Lewiston, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pneumonia 3344

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CStroke'
DUE TO (c) Abscess in pelvic area

INTERVAL BETWEEN ONSET AND DEATH
(a) 3 days
(b) 9 years ago
(c) 4 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October, 1961 *to* Oct 12, 1965, *that I last saw the deceased alive on* Oct. 9, 1965, *and that death occurred at* 8:40 am *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) R M Stover M.D.

23b. ADDRESS 939 Bryden Ave., Lewiston, Idaho

23c. DATE SIGNED 10/18/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct. 15, 1965

24c. NAME OF CEMETERY OR CREMATORY Lewis-Clark Memo. Gar.

24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. 10-20-65

REGISTRAR'S SIGNATURE Mildred Hughes

25. EMBALMER L. E. DeBaun

LICENSE NO. E 295

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 2 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4630
Local Reg. No. 248
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

BIRTH NO. 65-3746

RECEIVED NOV 1 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Nez Perce 351 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 291
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 115 Short St.

3. NAME OF DECEASED (Type or Print)
a. (First) Ronald
b. (Middle) Darin
c. (Last) Royse

4. DATE OF DEATH (Month) (Day) (Year) Oct. 12, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 1
8. DATE OF BIRTH April 9, 1965
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 6 Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 03
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Moscow Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Donald Royse BIRTHPLACE Fruitland, Idaho
14. MOTHER'S MAIDEN NAME Mary Glasson BIRTHPLACE Elgin, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Don W Royse ADDRESS Moscow, Idaho

18. CAUSE OF DEATH 434.4
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unknown Cause
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
Heart Exam in a/p
19. AUTOPSY? Only YES ☒ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1965, *to* Oct 12, 1965, *that I last saw the deceased alive on* Oct 12, 1965, *and that death occurred at* 12:05P. *m., from the causes and on the date stated above.*

23a. SIGNATURE Wm C Mannschreck 325 (Degree or title) M.D.
23b. ADDRESS Lewiston Idaho
23c. DATE SIGNED 10-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE Oct. 16, 1965
24c. NAME OF CEMETERY OR CREMATORY Rosedale Cemetery
24d. LOCATION (City, town, or county) (State) Payette Idaho

DATE REC'D BY LOCAL REG. 10-14-65
REGISTRAR'S SIGNATURE Mildred Hughes
25. EMBALMER Donald Ward
LICENSE NO. E-380

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4631
Local Reg. No. 258
Reg. Dist. No. 220

RECEIVED NOV 1 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Nez Perce 350 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards — c. LENGTH OF STAY (In this place): 19 months — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 350 — b. COUNTY: Nez Perce — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards — d. STREET ADDRESS (If rural, give location): 412 Warner

3. NAME OF DECEASED (Type or Print) — a. (First): EULA — b. (Middle): W. — c. (Last): WELLMAN

4. DATE OF DEATH (Month) (Day) (Year): October 14, 1965

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: Dec. 15, 1873

9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: at home 01

11. BIRTHPLACE (State or foreign country): Lincoln, Kansas

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Matt Ward — BIRTHPLACE: No record

14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Clare W. Wellman — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 421.0 Medical Hemiplegia - 3 yrs. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):

21e. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* Aug., 1950, *to* October 14, 1965, *that I last saw the deceased alive on* Oct. 7, 1965, *and that death occurred at* 5 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 022 Joseph E. Bader M.D.

23b. ADDRESS: 15 — 17th St Lewiston Idaho

23c. DATE SIGNED: Oct 18-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Oct. 16, 1965

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 10-16-65

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: V. Vasser — LICENSE NO.: E297

FIRM NAME: Vasser-Rawls Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4632
Local Reg. No. 250
Reg. Dist. No. 220

BIRTH NO.

RECEIVED STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35 / NOV 1 1965 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35 / b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 605 - 9th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) WALTER b. (Middle) ALBERT c. (Last) MYERS

4. DATE OF DEATH: (Month) Oct. (Day) 15 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Feb. 17, 1881

9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Doctor 14

10b. KIND OF BUSINESS OR INDUSTRY: Dentistery 04

11. BIRTHPLACE (State or foreign country): Bellaire, Ohio

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Albert Myers — BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S OWN SIGNATURE: Mrs Janice M. Jones — ADDRESS: Kendrick, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: Oct 13-65

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ht failure — Oct 14-65
DUE TO (c) Age —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 14 1965 *to* Oct 18th 65 *that I last saw the deceased alive on* Oct 18, 19 65 *and that death occurred at* 3:40 pm *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph E Baird M.D.

23b. ADDRESS: 1522 9th St Lewiston Idaho

23c. DATE SIGNED: 10/22/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 18, 1965

24c. NAME OF CEMETERY OR CREMATORY: Norml Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 10-20-65

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: W. E. Black — LICENSE NO.: E-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4633
Local Reg. No. 253
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED NOV 1 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 3-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (If in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 050
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Maries
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): WILBUR
b. (Middle):
c. (Last): KNIBBS

4. DATE OF DEATH (Month) (Day) (Year): Oct. 15 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Mar. 1, 1882
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Stock & Grain 01
11. BIRTHPLACE (State or foreign country): Venna Township, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Knibbs — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Nancy Lincoln — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No Record
17. INFORMANT'S OWN SIGNATURE: Lloyd Knibbs (son) by W. T. Black — ADDRESS: Springfield, Ore

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October 13, 65, *to* 10/15/65, *19*___, *that I last saw the deceased alive on* 10/14/65, *19*___, *and that death occurred at* 4 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. M. Stover, 507 MD
23b. ADDRESS: 939 Bryden Ave., Lewiston, Idaho
23c. DATE SIGNED: 10/18/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Oct. 20, 1965
24c. NAME OF CEMETERY OR CREMATORY: Browning Fun'l. Home
24d. LOCATION (City, town, or county) (State): St. Maries, Benewah Co., Idaho

DATE REC'D BY LOCAL REG.: 10-20-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: W. T. Black
LICENSE NO.: E-426

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4634
Local Reg. No. 255
Reg. Dist. No. 220

BIRTH NO.

RECEIVED STATE OF IDAHO

NOV 1 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: NezPerce 35
b. CITY OR TOWN: Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 48 Washington
b. COUNTY: 555 Whitman
c. CITY OR TOWN: Uniontown
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Donald; b. (Middle) J; c. (Last) HEITSTUMAN

4. DATE OF DEATH (Month) (Day) (Year): Oct. 15, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Jan. 9, 1944

9. AGE (In years last birthday): 21 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): P.F.I. 06

10b. KIND OF BUSINESS OR INDUSTRY: 03

11. BIRTHPLACE (State or foreign country): Colfax, Wash

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Norbert Heitstuman
BIRTHPLACE: Uniontown, Wash

14. MOTHER'S MAIDEN NAME: Isabelle Fuchs
BIRTHPLACE: Uniontown, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 538-42-0921

17. INFORMANT'S OWN SIGNATURE, ADDRESS: Uniontown
X Mrs Norbert Heitstuman

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

823.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Shock and Hemhorrage — INTERVAL BETWEEN ONSET AND DEATH: 20 Min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Acc

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 06 Hwy 95 no

21c. (CITY, TOWN, OR TOWNSHIP) 13 Lewiston (COUNTY) 35 NezPerce (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10/15/65 7:10 Am.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Auto Acc. Auto Missed Curve

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Coroner 4

23b. ADDRESS: Lewiston, Idaho

23c. DATE SIGNED: 10/15/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: Oct, 18, 1965

24c. NAME OF CEMETERY OR CREMATORY: Unointown Catholic Cemetery

24d. LOCATION (City, town, or county) (State): Uniontown, Wash.

DATE REC'D BY LOCAL REG.: 10-16-65

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: Andrew H. Vassar
LICENSE NO.: E 315

FIRM NAME: Vassar-Rawls Funeral Home.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4635
Local Reg. No. 257
Reg. Dist. No. 220

BIRTH NO.

RECEIVED NOV 1 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce 350
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Lewiston
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Tammany 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 3219 9th Street

3. NAME OF DECEASED (Type or Print): a. (First) ALBERT b. (Middle) R c. (Last) TRIBITT

4. DATE OF DEATH (Month) (Day) (Year): October 15, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: 4-10-1923

9. AGE (In years last birthday): 42 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet Maker 37

10b. KIND OF BUSINESS OR INDUSTRY: Mill 06

11. BIRTHPLACE (State or foreign country): Lewiston, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Willard A. Tribitt — BIRTHPLACE: South Dakota

14. MOTHER'S MAIDEN NAME: ~~Elizabeth Robertson~~ — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War 2 4

16. SOCIAL SECURITY NO.: 518-16-2355

17. INFORMANT'S OWN SIGNATURE: Bonnie Tribitt — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Shock and Hemhorrage — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): bullet hole in head
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 13

21c. (CITY, TOWN, OR TOWNSHIP) Tammany (COUNTY) 350 NezPerce (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 15 65 unk. m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: bullet ent. right temple out top of head

22. *I hereby certify that I attended the deceased from* Oct 16, 65 *19* ____ *to* ____, *19* ____, *that I last saw the deceased alive on* ____, *19* ____, *and that death occurred at* 3:00 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Coroner 4 — **23b. ADDRESS**: Lewiston, Idaho — **23c. DATE SIGNED**: 10/19/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 10-19-1965 — **24c. NAME OF CEMETERY OR CREMATORY**: Lewis-Clark Gardens — **24d. LOCATION** (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 10-21-65 — **REGISTRAR'S SIGNATURE**: Mildred Hughes — **25. EMBALMER**: Patricia Mahaney — **LICENSE NO.**: E492

FIRM NAME: Merchant Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 3 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 8 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 8 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAR 31 1966

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician or Coroner: XXXX he was found the 16th but believed dead the evening of the 15th. 38 cal revolver was on used

State File No. 4636
Local Reg. No. 256
Reg. Dist. No. 220

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 NOV 1 1965 5-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 3 days
Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 350
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Hatwai)
d. STREET ADDRESS (If rural, give location): Rt 1 Box 377

3. NAME OF DECEASED (Type or Print)
a. (First): VIVA
b. (Middle): M
c. (Last): DEAN

4. DATE OF DEATH (Month) (Day) (Year): October 16, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 12-28-1904
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Mission Creek, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Carroll Stephens — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Pearl Towden — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - - - - - -
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Sterling Dean — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

180X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized Cancer Metastasis

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Carcinoma of Rt Kidney
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 14, 1965, *to* October 16, 1965, *that I last saw the deceased alive on* Oct 16, 1965, *and that death occurred at* 1:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph E. Bardil MD 022
23b. ADDRESS: 1522 Nth St Idaho Lewiston
23c. DATE SIGNED: 10/18/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-18-65
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 10-21-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: Patrick Mahoney
LICENSE NO.: E-492

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Merchant Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 12 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4637
Local Reg. No. 257
Reg. Dist. No. 220

RECEIVED
NOV 1 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35
b. CITY OR TOWN: Lewiston
c. LENGTH OF STAY IN THIS PLACE: 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION: St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1114 - 12th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) ANNA b. (Middle) CORDELL c. (Last) LAWRENCE

4. DATE OF DEATH: (Month) Oct. (Day) 16, (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 10, 1877

9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Quitman, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Geo. W. Cordell — BIRTHPLACE: Whelling, Vir.

14. MOTHER'S MAIDEN NAME: Elizabeth Busby — BIRTHPLACE: Cadiz, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518 54 1006

17. INFORMANT'S OWN SIGNATURE: Pauline L. Brigh — ADDRESS: Lewiston, Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Viral pneumonia, Rt. base — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Influenza, generalized — 2 wks

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Heart disease, arteriosclerotic 2 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-20, 19 54, *to* 10-16, 19 65, *that I last saw the deceased alive on* 10-16, 1965, *and that death occurred at* 1:33 PM m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 388 Newton MD (Degree or title)

23b. ADDRESS: Lewiston, Idaho

23c. DATE SIGNED: 10-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 20, 1965

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 10-20-65

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: W. F. Black — LICENSE NO.: E-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 9 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4638
Local Reg. No. 261
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 8 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 351

a. COUNTY: Nez Perce 3-04

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston

c. LENGTH OF STAY (in this place): 4 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 350

b. COUNTY: Nez Perce

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kendrick

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): HATTIE

b. (Middle): ROSALIE

c. (Last): THURBER

4. DATE OF DEATH (Month) (Day) (Year): October 16 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Feb. 6, 1886

9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Keeper 38

10b. KIND OF BUSINESS OR INDUSTRY: Dry Goods 01

11. BIRTHPLACE (State or foreign country): Osage, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William H. Verren — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Mary Jane Rundle — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 574 66 461

17. INFORMANT'S OWN SIGNATURE: Ida Oldenness — ADDRESS: Kendrick, Ida.

18. CAUSE OF DEATH 451X

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ruptured abdominal aneurysm — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Severe recent Intestinal bleeding — 5 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 13 october 1965, *to* 16 october 1965, *that I last saw the deceased alive on* 15 october 1965, *and that death occurred at* 3 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B R Stein 496 MD

23b. ADDRESS: Lewiston Ida

23c. DATE SIGNED: 28 oct 65.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 19, 1965

24c. NAME OF CEMETERY OR CREMATORY: Kendrick City Cemetery

24d. LOCATION (City, town, or county) (State): Kendrick, Idaho

DATE REC'D BY LOCAL REG.: 10-20-65

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: W. F. Black — LICENSE NO. E-426

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 5 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4639
Local Reg. No. 252
Reg. Dist. No. 220

BIRTH NO.

RECEIVED
NOV 1 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY IN THIS PLACE: 3 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 631 Preston (Space 31)

3. NAME OF DECEASED (Type or Print): a. (First) MELVIN b. (Middle) JAMES c. (Last) RICHARDS

4. DATE OF DEATH: (Month) Oct. (Day) 18, (Year) 1965

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: April 1, 1911
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver 13
10b. KIND OF BUSINESS OR INDUSTRY: Construction 07
11. BIRTHPLACE (State or foreign country): Britton, S.D.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel L. Richards — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Alta M. Umberger — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Marjorie Richards — ADDRESS: Lewiston, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock 825.4 — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) multiple injuries - fract left femur — 5 hrs
DUE TO (c) - fract left tibia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
- Head injury.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 86 Highway
21c. (CITY, TOWN, OR TOWNSHIP) 35 13 Lewiston (COUNTY) Nez Perce (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? auto accident

22. *I hereby certify that I attended the deceased from* Oct 18, 1965, *to* _____, 19____, *that I last saw the deceased alive on* Oct 18, 1965, *and that death occurred at* 6:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: R.O. Colburn 098 (Degree or title): MD
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 10-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 10-21-65
24c. NAME OF CEMETERY OR CREMATORY: Greenacres Cemetery
24d. LOCATION (City, town, or county) (State): Bellingham, Whatcom Co., Wash.

DATE REC'D BY LOCAL REG.: 10-20-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: W. E. Black
LICENSE NO.: E-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (IGA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 2 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 7 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 11 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4640
Local Reg. No. 259
Reg. Dist. No. 226

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 1 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35 | 3-14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 2 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 2604 - 16th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): PETER
b. (Middle): JOHN
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): Oct. 21 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Oct. 27, 1871
9. AGE (In years last birthday): 93 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Stock & Grain 01
11. BIRTHPLACE (State or foreign country): Benton Co., Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael Smith | BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Lucetta Higgins | BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No Record
17. INFORMANT'S OWN SIGNATURE: Hazel E. Pressnall | ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 903.7 Infirmities of age.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Tract hip.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO XXX

21a. ACCIDENT SUICIDE HOMICIDE XX (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 13 Nursing Home
21c. (CITY, TOWN, OR TOWNSHIP) 35 (COUNTY) (STATE): 13 Lewiston Nez Perce Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2p m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell

22. *I hereby certify that I attended the deceased from* 5/20/60, 19__, *to* 10/21/65, 19__, *that I last saw the deceased alive on* 10/20/65, 19__, *and that death occurred at* 10:15 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: John E. Cusson 083 (Degree or title)
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 10/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 23, 1965
24c. NAME OF CEMETERY OR CREMATORY: Southwick Cemetery
24d. LOCATION (City, town, or county) (State): Southwick, Iddhao

DATE REC'D BY LOCAL REG.: 10-28-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: W. T. Black
LICENSE NO.: E-426

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 2 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4641
Local Reg. No. 266
Reg. Dist. No. 220

Certificate of Death

RECEIVED
NOV 18 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 38 4-09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 9 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 48 Washington 555
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pullman
d. STREET ADDRESS (If rural, give location): 605 Morton

3. NAME OF DECEASED (Type or Print)
a. (First): Baby Girl
b. (Middle): Milano 128
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Oct. 22 1965

5. SEX: F
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Oct. 21, 1965 8:58 am
9. AGE (In years last birthday): IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0 02
10b. KIND OF BUSINESS OR INDUSTRY: 00 0
11. BIRTHPLACE (State or foreign country): Washington
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Michael Milano
BIRTHPLACE: Price, Utah
14. MOTHER'S MAIDEN NAME: Edith Whitt
BIRTHPLACE: Dayton, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 0
17. INFORMANT'S OWN SIGNATURE: Michael Milano
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

762.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Atelectasis of the lung — INTERVAL BETWEEN ONSET AND DEATH: Birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Respiratory Distress Syndrome — Birth
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 21, 1965, *to* Oct 22, 1965, *that I last saw the deceased alive on* Oct 21, 1965, *and that death occurred at* 1009 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert L Olson 397 M.D.
23b. ADDRESS: 324 Fifth St, Lewiston
23c. DATE SIGNED: 10-22-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 10-22-1965
24c. NAME OF CEMETERY OR CREMATORY: Smith Funeral Home
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 10-22-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: Stanley May Mgr.
LICENSE NO. 198
FIRM NAME: Smith Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4642
Local Reg. No. 263
Reg. Dist. No. 220

BIRTH NO.

RECEIVED NOV 8 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce (35) (302)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
DURATION OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital (138)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (35) b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 203-17th Avenue

3. NAME OF DECEASED (Type or Print): a. (First) HARVEY b. (Middle) G c. (Last) Galano

4. DATE OF DEATH: (Month) Oct. (Day) 23, (Year) 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married (3)

8. DATE OF BIRTH: January 3, 1914

9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician (45)

10b. KIND OF BUSINESS OR INDUSTRY: Railroad (08)

11. BIRTHPLACE (State or foreign country): Lewiston, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: William Galano — BIRTHPLACE: Italy

14. MOTHER'S MAIDEN NAME: Mary Orrino — BIRTHPLACE: Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No record

17. INFORMANT'S OWN SIGNATURE: Mrs Harvey Galano — ADDRESS: Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 3-4 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Diabetic Acidosis. — 3-4 days.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct., 1960; *to* Oct., 1965; *that I last saw the deceased alive on* 23 Oct; 19 65, *and that death occurred at* 1230 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title) MD

23b. ADDRESS: Lewiston, Ida.

23c. DATE SIGNED: 3 Nov 65.

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Oct. 26, 1965

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 10-25-65

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: V. Vassar

LICENSE NO.: E297

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Vassar-Rawls Funeral Home

DUTIES:

NOV 1 8 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4643
Local Reg. No. 260
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED NOV 1 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 4-12
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 12 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 180
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): LINDA
b. (Middle): JOYCE
c. (Last): KROMER

4. DATE OF DEATH (Month) (Day) (Year): Oct. 24 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Nov. 8, 1953
9. AGE (In years last birthday): 11 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): student 03
10b. KIND OF BUSINESS OR INDUSTRY: school 01
11. BIRTHPLACE (State or foreign country): Spokane, Wash.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William H. Kromer — BIRTHPLACE: Fargo, N. D.
14. MOTHER'S MAIDEN NAME: Regina Wieman — BIRTHPLACE: Spokane, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X [signature] — ADDRESS: Orofino, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute leukemia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk
ANTECEDENT CAUSES — Plastic type
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1965, *to* Oct, 1965, *that I last saw the deceased alive on* 10-23, 1965, *and that death occurred at* 10 a *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 038 (Degree or title)
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 10-25-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10-27-1965
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: Oct. 28, 1965
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: [signature] — LICENSE NO. 476

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 1 0 1993

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician Exact type leukemia pending autopsy report. CVB

State File No. 4644
Local Reg. No. 265
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 8 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 351
a. COUNTY NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 3-01 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 351
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 714-15th Ave
d. STREET ADDRESS (If rural, give location) Lewiston, Idaho.

3. NAME OF DECEASED (Type or Print)
a. (First) Kathryn
b. (Middle)
c. (Last) Edwards

4. DATE OF DEATH (Month) (Day) (Year) Oct, 29, 1965

5. SEX female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2 Widowed
8. DATE OF BIRTH March 16-1916
9. AGE (In years last birthday) 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 60
10b. KIND OF BUSINESS OR INDUSTRY 60
11. BIRTHPLACE (State or foreign country) Kamiah, Idaho.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jack Dunn — BIRTHPLACE No record
14. MOTHER'S MAIDEN NAME No record — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 543-18-1859
17. INFORMANT'S OWN SIGNATURE × Barbara Donlon — ADDRESS

18. CAUSE OF DEATH 442X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiorena vasc D S.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 3, 1956, *to* Oct. 29, 1965, *that I last saw the deceased alive on* Oct 29, 1965, *and that death occurred at* 4:45p.m., *from the causes and on the date stated above.*

23a. SIGNATURE John E. Carsonne 083 (Degree or title)
23b. ADDRESS Lewiston Idaho
23c. DATE SIGNED 11/3/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
24b. DATE Nov. 3, 1965
24c. NAME OF CEMETERY OR CREMATORY Hazen-Jaeger
24d. LOCATION (City, town, or county) (State) Spokane, Wash

DATE REC'D BY LOCAL REG. 11-3-65
REGISTRAR'S SIGNATURE Mildred Hughes
25. EMBALMER Andrew F. Vassar
LICENSE NO. E3165

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 1 4 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4645
Local Reg. No. 262
Reg. Dist. No. 220

BIRTH NO. RECEIVED NOV 8 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: NezPerce 35
b. CITY OR TOWN: Lewiston
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchard Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 350
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Culdesac,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Alfred
b. (Middle):
c. (Last): Petett

4. DATE OF DEATH (Month) (Day) (Year): Oct. 29, 1965

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Sept, 7, 1886

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired 91

10b. KIND OF BUSINESS OR INDUSTRY: 02

11. BIRTHPLACE (State or foreign country): Oklahoma

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Norecord
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: No record
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No record

17. INFORMANT'S OWN SIGNATURE: Record from Home. A. Vassar
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction 420.1
INTERVAL BETWEEN ONSET AND DEATH: weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug., 1965, *to* 10-29, 1965, *that I last saw the deceased alive on* Oct. 19, 1965, *and that death occurred at* 6:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Allen Cochran 649 MD
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 10-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 30, 1965
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: 11-1-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: Andrew H. Vassar
LICENSE NO.: E315

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4646
Local Reg. No. 19
Reg. Dist. No. 530

BIRTH NO.

RECEIVED
OCT 25 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Oneida (36)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place): 86 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital 132

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida (36)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 387 Bannock St.

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): PALMER
c. (Last): EVANS

4. DATE OF DEATH: (Month) October (Day) 1, (Year) 1965

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: July 27, 1879
9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: at home 01
11. BIRTHPLACE (State or foreign country): Malad, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Palmer — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Maria Gardner — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Maria E. Williams — ADDRESS: Malad, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Prog. Cyrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): General debility — " Cyrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Kyphosis-dorsal spine. 420.0 — several yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19 53, *to* 1 Oct., 19 65, *that I last saw the deceased alive on* 1 Oct., 19 65, *and that death occurred at* 9:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Guelph F. Wolfe (314) — (Degree or title): M.D.
23b. ADDRESS: Malad, Idaho
23c. DATE SIGNED: 10/4/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 4, 1965
24c. NAME OF CEMETERY OR CREMATORY: Malad City Cemetery
24d. LOCATION (City, town, or county) (State): Malad, Idaho

DATE REC'D BY LOCAL REG.: Oct 4 1965
REGISTRAR'S SIGNATURE: Ruth G. Sweeten
25. FUNERAL DIRECTOR: Rayford G. Benson — ADDRESS: Malad, Idaho
Rayford G. Benson

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JAN 20 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 10 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of R. G. Benson Lic. No. E-351 at Malad, Idaho on 10-1-65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4647
Local Reg. No. 20
Reg. Dist. No. 530

BIRTH NO.

OCT 25 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Oneida 36 | 3-21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital 132

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 36 | b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad, Idaho
d. STREET ADDRESS (If rural, give location): 120 South 180 East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ELIZABETH OLIVE	BELL	SALVESEN	October	9	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	April 28, 1882	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mgr apts & farm 29
10b. KIND OF BUSINESS OR INDUSTRY: 81
11. BIRTHPLACE (State or foreign country): Richmond, Cache, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Matthew Francis Bell — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Elizabeth Long — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: 519-42-8916
17. INFORMANT'S OWN SIGNATURE: D. L. Salvesen — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial Disease — INTERVAL BETWEEN ONSET AND DEATH: 11+ yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) " Coronary Sclerosis — Prog. 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Cerebral Sclerosis, Severe — Known 4+ yrs.
Conditions contributing to the death but not related to the disease or condition causing death. Acute Deterioration — 3+ wks.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9/19/65	Left Intertrochanteric Fracture	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* 9 Oct., 1965, *that I last saw the deceased alive on* Oct. 9, 1965, *and that death occurred at* 4:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph F. Wilde M.D.	Malad City, Idaho	Oct. 11, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 12, 1965	Hyrum Cemetery	Hyrum, Cache, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct. 11, 1965	Ruth G. Lunstrum	Raiford G. Benson	Malad, Idaho

BENSON FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 20 1965

AUG 26 1971

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Raiford G. Benson Lic. No. E-351 at Malad, Idaho on Oct. 9, 1965

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4648
Local Reg. No. 21
Reg. Dist. No. 530

BIRTH NO.

OCT 25 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Oneida 361
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place): 17 days 317
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital 132

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 360
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): Rt 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	JESSE	LORENZO	WARD	Oct	10	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Oct 17 1898	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Woodruff, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jesse Nicholas Ward — BIRTHPLACE: Snowville, Utah
14. MOTHER'S MAIDEN NAME: Julie Ann Moon — BIRTHPLACE: Farmington, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 519-42-8051
17. INFORMANT'S OWN SIGNATURE: Jess Park Ward — ADDRESS: Malad, Idh

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

543X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastro-Duodenal Hemorrhage, Massive — INTERVAL BETWEEN ONSET AND DEATH: 30 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Duodenitis Severe — known for 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 21 Sept. 65
19b. MAJOR FINDINGS OF OPERATION: Post-Cholecystectomy — Convalescence - relatively unevenful.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1955, *to* 10 Oct., 1965, *that I last saw the deceased alive on* Oct 10, 1965, *and that death occurred at* 2:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph F. Wade 314	M.D.	Malad City, Idaho	Oct 11, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 13, 1965	Malad City Cemetery	Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 11, 1965	Ruth G. Lunstrum	Raiford G. Benson	Malad, Idaho

BENSON FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

OCT 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 22 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Raiford G. Benson Lic. No. E-351 at Malad, Idaho on Oct 10, 1965

ADDITIONAL REMARKS by Physician .....

Certificate of Death

STATE OF IDAHO

State File No. 4649
Local Reg. No. 22
Reg. Dist. No. 530

BIRTH NO.

RECEIVED NOV 2 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ONEIDA 13
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MALAD CITY
c. LENGTH OF STAY (in this place): 2 HOURS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital 132

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 360
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
d. STREET ADDRESS (If rural, give location): Rt 1 Box 15 WIFE: Ramona Hughes

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) CLIFFORD c. (Last) JONES

4. DATE OF DEATH: (Month) OCT (Day) 25 (Year) 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: June 7, 1912

9. AGE (In years last birthday): 53 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: farming 01

11. BIRTHPLACE (State or foreign country): Malad, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ALBERT DAVIS JONES BIRTHPLACE: Malad, Idaho

14. MOTHER'S MAIDEN NAME: MARGARET FARILIE JENKINS BIRTHPLACE: Lewiston, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: 519-6-0680

17. INFORMANT'S OWN SIGNATURE: Rodney Jones ADDRESS: Rt #1 Box 15 Malad Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic glomerulonephritis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1957 *to* Oct 25, 1965, *that I last saw the deceased alive on* Oct 25, 1965, *and that death occurred at* 2:30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: Malad, Idaho
23c. DATE SIGNED: Oct 26, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct 28, 1965
24c. NAME OF CEMETERY OR CREMATORY: St. John Cemetery
24d. LOCATION (City, town, or county) (State): Oneida County, Idaho

DATE REC'D BY LOCAL REG.: Oct 26, 1965
REGISTRAR'S SIGNATURE: Ruth S. Winston
25. FUNERAL DIRECTOR: Raiford G. Benson ADDRESS: Malad, Idaho
BENSON FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

NOV 3 1965
NOV 16 1965
NOV 22 1965
DEC 7 1965
DEC 18 1980
OCT 01 2008

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Raiford G. Benson Lic. No. E-351 at Malad, Idaho on Oct 25, 1965

ADDITIONAL REMARKS by Physician

State File No. 4650
Local Reg. No. 23
Reg. Dist. No. 530

Certificate of Death

BIRTH NO. 65-10727 RECEIVED

STATE OF IDAHO

NOV 2 1965

Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Oneida 13 4-08	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 361 b. COUNTY:
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad c. LENGTH OF STAY (in this place): 7 1/2 hrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad, Idaho
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital 132	d. STREET ADDRESS (If rural, give location): 63 S 100 W

3. NAME OF DECEASED (Type or Print)	a. (First): RAE	b. (Middle): LYNNE	c. (Last): QUINN	4. DATE OF DEATH (Month) (Day) (Year): Oct 26 1965
5. SEX: female	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): child	8. DATE OF BIRTH: Oct 25, 1965	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 7 Min. 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child 02	10b. KIND OF BUSINESS OR INDUSTRY: 00	11. BIRTHPLACE (State or foreign country): Malad City, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: William Ray Quinn	BIRTHPLACE: Emery, Utah	14. MOTHER'S MAIDEN NAME: Norma Louise Barton	BIRTHPLACE: Beaver, Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): -	16. SOCIAL SECURITY NO.: -	17. INFORMANT'S OWN SIGNATURE: William R Quinn	ADDRESS: Malad, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

762.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 7.30 hr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) prematurity

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 25, 1965, *to* Oct 26, 1965, *that I last saw the deceased alive on* Oct 25, 1965, *and that death occurred at* 3:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: C H Mabey Jr 315 (Degree or title): MD	23b. ADDRESS: Malad, Idaho	23c. DATE SIGNED: Oct 26, 1965	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Oct 30, 1965	24c. NAME OF CEMETERY OR CREMATORY: Fillmore, Utah, Cemetery	24d. LOCATION (City, town, or county) (State): Fillmore, Utah
DATE REC'D BY LOCAL REG.: Oct. 26, 1965	REGISTRAR'S SIGNATURE: Ruth G. Sweeten	25. FUNERAL DIRECTOR: Raiford G. Benson	ADDRESS: Malad, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

BENSON FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Raiford G. Benson Lic. No. E-351 at Malad, Idaho on Oct 26, 196

ADDITIONAL REMARKS by Physician

State File No. 4651
Local Reg. No. 392
Reg. Dist. No. Homedale Marsing

RECEIVED OCT 12 1965

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Owyhee 370 680
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star Rt. Melba
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, Star Route, Melba 680

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho 370
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marsing
d. STREET ADDRESS (If rural, give location): Star Route, Melba, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Alvin
b. (Middle): R.
c. (Last): McDermott

4. DATE OF DEATH (Month) (Day) (Year): Oct. 1, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 9, 1925
9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months 2, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 64
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): St. Francis, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lawrence C. McDermott — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Sylvia E. Jones — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): War II 4
16. SOCIAL SECURITY NO.: Yes
17. INFORMANT'S OWN SIGNATURE: Mrs. Alvin McDermott — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Electrocution — INTERVAL BETWEEN ONSET AND DEATH: Immed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

914.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 02
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm 13
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Star Route Melba 370 Owyhee Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 1 65 8 p m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Attempted to connect power from line to transformer

22. *I hereby certify that I attended the deceased from* Investigation only *, 19__, to* Oct 1 *, 1965, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 583 Cronier 4
23b. ADDRESS: Homedale Ida
23c. DATE SIGNED: Oct 6, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Oct. 5, 1965
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Oct 8 1965
REGISTRAR'S SIGNATURE: Mrs Bessie Barnes
25. EMBALMER: James R. Dakan — LICENSE NO.: E-485

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 12 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 19 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 27 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4652
Local Reg. No. 60
Reg. Dist. No. 380 391

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Owyhee 370 NOV 5 1965 000
b. CITY OR TOWN West of Riddle (If outside corporate limits, write RURAL and give township) | LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Shoe-Fly Springs 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 05 California b. COUNTY 555 Contra Costa
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richmond
d. STREET ADDRESS (If rural, give location) 5991 Rose Arbor Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	JERRY	J.	DOLAN	October	19,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	March 7, 1908	57				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 00
10b. KIND OF BUSINESS OR INDUSTRY 00
11. BIRTHPLACE (State or foreign country) Oakland California
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jerry Dolan	Ireland	Edith Colberth	Calif.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 552-05-1968
17. INFORMANT'S OWN SIGNATURE Arthur Smith ADDRESS Mtn. Home, Ida/

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) ASHD — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see alive. *, 19 , that I last saw the deceased alive on , 19 , and that death occurred at m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Arthur Smith 583	Coroner	Mountain Home, Idaho	10/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	10/21/65	Richmond, Calif.	Richmond, California

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov 1 1965	A Anderson	Arthur Smith	Bey Mortuary Mtn. Home, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NOV 8 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

State File No. 4653
Local Reg. No. 397
Reg. Dist. No. Homedale Marsing

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

370 NOV 4 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Marsing
c. STAY (in this place): Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Near Marsing Idaho 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5117 Wylie Lane

3. NAME OF DECEASED (Type or Print)
a. (First): Harvey
b. (Middle): Melvin
c. (Last): Butts

4. DATE OF DEATH (Month) (Day) (Year): Oct. 24 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Sept. 2, 1910
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gunsmith 78
10b. KIND OF BUSINESS OR INDUSTRY: Same 02
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James M. Butts — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: May Kingsley — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 532-01-7981
17. INFORMANT'S OWN SIGNATURE: x David Butts — ADDRESS

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Investigation only *19*__, *to* Oct 24, 1965, *that I last saw the deceased alive on* _____, *19*__, *and that death occurred at* 2 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 583 MD Coroner 4
23b. ADDRESS: Homedale Ida
23c. DATE SIGNED: 10-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 10-26-1965
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: Nov 2-1965
REGISTRAR'S SIGNATURE: Mrs. Bessie Barnes
25. EMBALMER: [signature]
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 15 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4654
Local Reg. No. 44
Reg. Dist. No. 330

Certificate of Death

RECEIVED
OCT 8 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette 381
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (In this place): 19 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 511 N. 10th Street 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 381
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 511 N. 10th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Lowell
b. (Middle): Allen
c. (Last): Park

4. DATE OF DEATH (Month) (Day) (Year): Oct. 1, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 4, 1910
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months - - Days - - — IF UNDER 24 HRS.: Hours - - Min. - -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 64
10b. KIND OF BUSINESS OR INDUSTRY: Own farm 01
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Clyde L. Park — BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Eva L. Carden — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - - - - -
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Evelyn C. Park — ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gun shot wound of the head — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

9768

19a. DATE OF OPERATION: - - -
19b. MAJOR FINDINGS OF OPERATION: -
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 61 In home
21c. (CITY, TOWN, OR TOWNSHIP) 381 (COUNTY) (STATE): 13 Payette — Payette — Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 1, 65 11:30 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Gun shot wound of the head, apparently self inflict

22. *I hereby certify that I ~~attended the deceased from~~* Made investigation *, 19 , to , 19 , ~~that I last saw the deceased alive~~ on* Oct. 1 *, 19*65*, and that death occurred at* 11:30 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Hardy H Jackson 583 — (Degree or title): Coroner 4
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 10-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 13
24b. DATE: Oct. 5, 65
24c. NAME OF CEMETERY OR CREMATORY: Lower Boise Valley Cem.
24d. LOCATION (City, town, or county) (State): Canyon County — Idaho

DATE REC'D BY LOCAL REG.: 10-5-65
REGISTRAR'S SIGNATURE: Roberta E. Shaffer
25. EMBALMER: Gifford R. Shaffer — LICENSE NO.: E-344
FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 4655
Local Reg. No. 45
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette 380 — OCT 8 1965 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth — LENGTH OF STAY (In this place): Few min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East edge of New Plymouth 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 230 — b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Raymond	Charles	Gladwell		Oct.	2,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced 4	Sept. 21, 1911	54	- -	- 4	- -	- -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 04	Farming 02	Ohio	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
No record	- - - - -	No record	- - - - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No - - - - - - - -	236-12-4499	State Police records	Payette, D/C. Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple head and chest injuries — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
- - - - -	- - - - - - - -

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4656
Local Reg. No. 76
Reg. Dist. No. 330

RECEIVED OCT 27 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette 380 505
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (near Payette) — c. LENGTH OF STAY (in this place): few Min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Washoe R.R. Crossing 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 380 — b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location): 422-- 3rd Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Earl	Edwin	Ware, Jr.	Oct.	17,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	never married	July 1, 1949	16 yrs	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY: High School 02
11. BIRTHPLACE (State or foreign country): Payette, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Earl E. Ware, Sr. — BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Naomi E. David — BIRTHPLACE: Nebraska
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: - - - - - - - - -
17. INFORMANT'S OWN SIGNATURE: Earl E. Ware — ADDRESS: Fruitland, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): massive skull fracture — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: fracture of left upper arm; fracture of left ankle — instant

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
- - - -	- - - - - - - - - - - - - - - - - - - -	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 38	(COUNTY)	(STATE)
Accident	06 public road	13 Payette	Payette	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Oct.	17	1965	1:10pm		victim drove motorcycle into side of railroad engine

22. *I hereby certify that I ~~attended the deceased from~~ made ~~last~~ inquiry, ~~to~~, that I last saw the deceased ~~alive~~ on* Oct. 17, *19* 65, *and that death occurred at* 1:15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hardy Harkson 583	Coroner 4	Payette, Idaho	10-17-1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	10-21-1965	Park View Cemetery	New Plymouth	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-20-65	Roberta E. Shaffer	Gifford L. Shaffer	E-344

FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 3 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4657
Local Reg. No. 47
Reg. Dist. No. 330

RECEIVED
OCT 27 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette 381
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 12 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 530 N. 10th St. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 381
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 530 N. 10th St.

3. NAME OF DECEASED (Type or Print)
a. (First): FRED
b. (Middle): WILMAN
c. (Last): ICKES

4. DATE OF DEATH (Month) (Day) (Year): Oct. 19, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 10, 1883
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railway Postal Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Postal Clerk 14
11. BIRTHPLACE (State or foreign country): Sandusky, Ohio
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Ickes 29
BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: Margaret Ann Hollenbaugh
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: 526-22-9048
17. INFORMANT'S OWN SIGNATURE: Mary Helen Ickes
ADDRESS: Idaho Payette

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 177X Anemia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of prostate — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arteriosclerotic Cardiovascular Disease — 10 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - -
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: - - - -

22. *I hereby certify that I attended the deceased from* Aug. 16, 1961, *to* Oct. 19, 1965, *that I last saw the deceased alive on* Oct. 19, 1965, *and that death occurred at* 12:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. G. Carroll 082 M.D.
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 10/19/1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Oct. 20, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sunset Hills Cemetery
24d. LOCATION (City, town, or county) (State): Bozeman, Montana

DATE REC'D BY LOCAL REG.: 10-20-65
REGISTRAR'S SIGNATURE: Roberta E. Shaffer
25. EMBALMER: Gifford R. Shaffer
LICENSE NO.: E-344

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Shaffer Memory Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 29 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4658
Local Reg. No. 49
Reg. Dist. No. 330

RECEIVED
OCT 27 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette 38
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 609 North 2nd Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 38
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 609 North 2nd Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	James	Cecil	Swisher	Oct. 20, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	married 2	Jan. 20, 1906	59 yrs	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Contractor 73	construction 02	Vermilion, South Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harry C. Swisher	Illinois	Georgia W. Claymar	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - - - - - - - -	Mrs Anna Swisher	Payette, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Carcinoma of bladder	6 ½ Yrs.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* (b)	with recurrence and local metastases and	3 Yrs.
(c)	Cerebral metastases	1 month
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Radiation stenoses of rectum and sigmoid colon (after Cobalt-60 treatment)	2 Yrs 10 months

181.0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10-29-59	Early solid malignant tumor of bladder with hydronephrosis and hydroureter widely excised.	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- - - - -	- - - - -	- - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
- - - - - m.	- - - - -	- - - - -

22. *I hereby certify that I attended the deceased from* Oct. 19, 1959, *to* Oct. 20, 1965, *that I last saw the deceased alive on* Oct. 19, 1965, *and that death occurred at* 9:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Walter 2928 S. Kotas, M.D.	Payette, Idaho	10-20-1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-23-1965m	Rosedale Mem. Park	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-23-65	Roberta E. Shaffer	Gifford L. Shaffer	E-344

FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 3 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit, ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4659
Local Reg. No. 28
Reg. Dist. No. 330

BIRTH NO. RECEIVED STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Payette 381 OCT 27 1965 2403
b. CITY OR TOWN: Payette
c. LENGTH OF STAY (in this place): 86 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Sanatarium 203

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 380
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location): 419- 3rd Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Mary	Inez	Miller	Oct.	22,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married 5	Dec. 15, 1897	67 yrs	- -	- -	- -	- -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	own home 01	Lago, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter C. Mickelson	Idaho	Annie M. Leffler	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - - - - - - - -	Ingrus B Miller	Fruitland, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Thrombosis with right hemiplegia and speech aphasia — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic cerebral arteriosclerosis and hypertension — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- - - - - -	- - - - - - - - - - - -	- -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
- - - - - - - - - - - - - - - - - - -

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 6 1974

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 1 5 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4660
Local Reg. No. 38
Reg. Dist. No. 38

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette 38
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 27 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Star Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 38
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): Star Route

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JAMES	BLAINE	HOLBERT	Oct. 23, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married 3	Sept. 28, 1892	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Own farm 01	Lebanon, South Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James B. Holbert	Iowa	No record	No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - - -	519-42-4432	Mrs Elizabeth Holbert	Ida. Payette

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease and coronary insufficiency — yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- - - - -	- - - -	- - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
- - - - - - - - - m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	- - - -

22. *I hereby certify that I attended the deceased from* 1956, 19____, *to* Oct 23, 1965, *that I last saw the deceased alive on* 10-19-65 19____, *and that death occurred at* 2:10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 574	Payette, Idaho	10/23/1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 26, 1965	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-25-65	Robert E. Shaffer	Gifford R. Shaffer	E-344

FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

NOV 19 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4661
Local Reg. No. 53
Reg. Dist. No. 330

Certificate of Death

RECEIVED
NOV 15 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Payette 381
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Payette
c. LENGTH OF STAY (in this place) 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Payette Valley Sanitarium 243

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 080
b. COUNTY Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Horseshoe Bend
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Fannie
b. (Middle) Elizabeth
c. (Last) Roberts

4. DATE OF DEATH (Month) (Day) (Year) Oct. 27, 1965

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH May 10, 1882
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR Months 5 Days 17 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY home 01
11. BIRTHPLACE (State or foreign country) Batesville, Arkansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Andrew J. Sherrill — BIRTHPLACE Arkansas
14. MOTHER'S MAIDEN NAME Fannie E. Tosh — BIRTHPLACE Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE X A. V. Gordon — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cerebrovascular Dis. — INTERVAL BETWEEN ONSET AND DEATH 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Cerebrovascular Dis. Fract. lumbar spine

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 3, 1962, *to* Oct. 27, 1965, *that I last saw the deceased alive on* Oct 27, 1965, *and that death occurred at* 8:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE E. G. Carroll, M.D. 082 (Degree or title)
23b. ADDRESS Payette, Idaho
23c. DATE SIGNED 10/29/65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Oct. 30, 1965
24c. NAME OF CEMETERY OR CREMATORY Emmett
24d. LOCATION (City, town, or county) (State) Emmett, Idaho

DATE REC'D BY LOCAL REG. 11-3-1965
REGISTRAR'S SIGNATURE Roberta E. Shaffer
25. EMBALMER Glenn W. Beatty
LICENSE NO. E-392
FIRM NAME: THE BEATTY CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 16 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4662
Local Reg. No. 57
Reg. Dist. No. 330

RECEIVED
Bureau of Vital Statistics
NOV 15 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
LENGTH OF STAY (in this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 321 - 3rd Street 022

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 380
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location): Box 65

3. NAME OF DECEASED (Type or Print): a. (First) Robert; b. (Middle) Harrison; c. (Last) Johnson

4. DATE OF DEATH: (Month) Oct. (Day) 28, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Aug. 30, 1887

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm 81

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: James H. Johnson
BIRTHPLACE: Texas

14. MOTHER'S MAIDEN NAME: Mary Long
BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): — — — — — — —

16. SOCIAL SECURITY NO.: 541-16-4390

17. INFORMANT'S OWN SIGNATURE, ADDRESS: Mrs R H Johnson, Fruitland, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

163X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarconoma of lung--rt — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — — — — —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — — — — — — — —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) — — — — — — — — — — — — — — —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — — — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? — — — — — — — — — — — — — — —

22. *I hereby certify that I attended the deceased from* July 4, 19 65 *to* Oct. 28, 1965, *that I last saw the deceased alive on* Oct. 28, 1965, *and that death occurred at* 9:40p m., *from the causes and on the date stated above.*

23a. SIGNATURE Thomas W. Walk Jr **(Degree or title)** M.D.

23b. ADDRESS: Payette, Idaho

23c. DATE SIGNED: 10-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-1-65

24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery

24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: 10-30-65

REGISTRAR'S SIGNATURE: Roberta E Shaffer

25. EMBALMER: Gilbert R. Shaffer
LICENSE NO.: E-344
FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 4 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4663
Local Reg. No. 22
Reg. Dist. No. 33

RECEIVED
NOV 15 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Payette (381) — 3-14 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette — STAY (in this place): 2 weeks — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho (381) — b. COUNTY: Payette — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette — d. STREET ADDRESS (If rural, give location): 744 N. 11th Street

3. NAME OF DECEASED (Type or Print) — a. (First): William — b. (Middle): McKinley (243) — c. (Last): Green

4. DATE OF DEATH: Oct. 29, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Oct. 18, 1893

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Crane operator (57)

10b. KIND OF BUSINESS OR INDUSTRY: Factory work (00)

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John Green — BIRTHPLACE: Tennessee

14. MOTHER'S MAIDEN NAME: Louisa Keller — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 491-14-0954

17. INFORMANT'S OWN SIGNATURE: Maud O Green — ADDRESS: Payette, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric carcinoma and extensive metastases (151)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Anemia due to blood loss and gastric hemorrhage and CA

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: months / weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED — WHILE AT WORK ☐ — NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 15, *19* 65 *to* Oct. 29, *19* 65 *that I last saw the deceased alive on* Oct. 29, *1965*, *and that death occurred at* 3:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. D. (574)

23b. ADDRESS: Payette, Idaho

23c. DATE SIGNED: 10-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-1-65

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 11-1-65

REGISTRAR'S SIGNATURE: Gilbert E Shaffer

25. EMBALMER: Gifford R Shaffer

LICENSE NO.: E-344

FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 16 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4664
Local Reg. No. 56
Reg. Dist. No. 330

BIRTH NO.

RECEIVED NOV 17 1965

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. 1 - Fruitland
c. LENGTH OF STAY (in this place): 19 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1 - Fruitland, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 380
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. 1 - Fruitland
d. STREET ADDRESS (If rural, give location): Rt. 1 - Fruitland, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Nellie; b. (Middle) Frances; c. (Last) Powell

4. DATE OF DEATH: (Month) Oct. (Day) 31, (Year) 1965

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: April 4, 1917

9. AGE (In years last birthday): 48 yrs. IF UNDER 1 YEAR: Months - Days - IF UNDER 24 HRS.: Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: own home 01

11. BIRTHPLACE (State or foreign country): Wheatland, Wyoming

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Feilding Barnes
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Mary A. Harmon
BIRTHPLACE: South Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: - - - - - - - - -

17. INFORMANT'S OWN SIGNATURE: M. W. Powell
ADDRESS: Fruitland, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cystadenocarcinoma of the Ovary — INTERVAL BETWEEN ONSET AND DEATH: 10 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Mar 5 1965

19b. MAJOR FINDINGS OF OPERATION: Ovarian cancer & metastases

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 2, 1965, *to* Oct 31, 1965, *that I last saw the deceased alive on* Oct 24, 1965, *and that death occurred at* 11:40 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lester W. Scott (Degree or title) MD

23b. ADDRESS: Ontario Ore.

23c. DATE SIGNED: 10-31-1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-3-1965

24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery

24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: 11-3-65

REGISTRAR'S SIGNATURE: Roberta E. Shaffer

25. EMBALMER: Gifford R. Shaffer

LICENSE NO.: E-344

FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 18 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 7 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4665
Local Reg. No. 17
Reg. Dist. No. 500-602

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 7 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Power 390
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Knox Canyon
c. LENGTH OF STAY (in this place) 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Arbon Valley

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 06
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EARL	RICHARD	WILSON	Oct. 1, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced 4	June 27, 1903	62	3	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 04	Farm 02	Avon, Washington	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joshua Wilson	Michigan	Florence Horsen	Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE (Sec)	ADDRESS
Merchant Marine 50	534-09-6779	Jackie Kidder	From personal papers Am. Falls, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive lung failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Emphysema Severe
DUE TO (c) Super imposed asthma attack

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct. 1, *, 1965, to* Oct. 1, *, 1965, that I last saw the deceased alive on* Oct. 1, *, 1965, and that death occurred at* 6:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Bud Kelly 583 Coroner 4	American Falls, Idaho.	Oct. 2,

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	Oct. 2, 1965	Burlington	Burlington, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
October 4, 1965	Frances Curtis	H. L. Davis	E-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician *Dr. Hoge (Walter G.) 53 Poplar Street, Blackfoot, Ida*
The coroner checked with him as Mr. Wilson had been in his care. Re.
Cause of death.

Certificate of Death

STATE OF IDAHO

State File No. 4666
Local Reg. No. 19
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Power 390 NOV 1 1965 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
c. LENGTH OF STAY IN (this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Power County Hospital 37

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Texas b. COUNTY 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lozano
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	PEDRO	GOMEZ	AGUIRRE	Oct. 22, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Mexican	Married 2	Sept. 11, 1911	54	1	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 04	Farm 02	Matamoros, Mexico	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Santiago Aguirre	Mexico	Jesusa Gomez	Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	450-46-4727	Lucie Cortez	Am. Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture 2° Brain Damage. 816.0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pick up Truck accident.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Near Schroeder Farm 13	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
10-20-65 06 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	Pickup and truck accident.

22. *I hereby certify that I attended the deceased from* 5-21- 19 62 *to* 10-22- 19 65, *that I last saw the deceased alive on* 10-22- 19 65, *and that death occurred at* 11:A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	American Falls, Idaho	10-25-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	10-24-65	San Benito Cemetery	San Benito, Texas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 30, 1965	Frances Curtis	[signature]	E-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 23 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4667
Local Reg. No. 22
Reg. Dist. No. 500-602

RECEIVED NOV 8 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power (390)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (002)
DURATION OF STAY (in this place): (100)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 22 miles West of American Falls

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (03)
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1005 West Lander Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MAURICE	R.	VAUGHN	October 23 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married (3)	December 10, 1923	41		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk (90)	Union Pacific R. R. (19)	Parma, Idaho	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Louis R. Vaughn		May Holmes	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World War II	519-22-8598	Emma M. Vaughn	Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

(816.4)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Basal Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Crushed Chest - Internal and
DUE TO (c) External multiple injuries

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (390) (COUNTY) (STATE)
Accident (00)	U.S. Highway No. 30	13 West of American Falls Power Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Oct. 23 1965 m.		Two car collision

22. *I hereby certify that I attended the deceased from ~~[illegible]~~ to ~~[illegible]~~ that I last saw the deceased* ~~Dead~~ alive on Oct. 23, 1965, *and that death occurred at* 10:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Bud Kelly (583)	Power County Coroner	Amderican Falls, Idaho	Oct. 26'65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 26, 1965	Richfield Cemetery	Richfield, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 6, 1965	Frances Curtis	Jack Henderson	E 349

FIRM NAME: Henderson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

NOV 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 8 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4668
Local Reg. No. 23
Reg. Dist. No. 500-602

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power 390 — NOV 8 1965 — 100 — Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 22 Miles West of American Falls

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03 — b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1005 West Lander Street

3. NAME OF DECEASED (Type or Print): a. (First) VICKE — b. (Middle) RAYE 000 — c. (Last) VAUGHN

4. DATE OF DEATH: (Month) October (Day) 23 (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: April 12, 1949

9. AGE (In years last birthday): 16 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77

10b. KIND OF BUSINESS OR INDUSTRY: Pocatello High School 03

11. BIRTHPLACE (State or foreign country): Twin Falls Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Maurice R. Vaughn — BIRTHPLACE: Parma, Idaho

14. MOTHER'S MAIDEN NAME: Luenna May Flovel — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): *****

16. SOCIAL SECURITY NO.: *****

17. INFORMANT'S OWN SIGNATURE: Luenna M. Vaughn — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Broken Neck - Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Crushed Chest - Internal and

DUE TO (c): External Multiple Injuries

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 06

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U. S. Highway No. 30 13

21c. (CITY, TOWN, OR TOWNSHIP) 390 **(COUNTY)** West of American Falls **(STATE)** Power Idaho

21d. TIME OF INJURY (Month) Oct. (Day) 23, (Year) 1965 (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Two Car Collision

22. *I hereby certify that I attended the deceased from [illegible], that I last saw the deceased alive on* Oct. 23, 1965, *and that death occurred at* 10:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Bud Kelly 583 — (Degree or title): Coroner — **23b. ADDRESS**: Power County / American Falls, Idaho — **23c. DATE SIGNED**: Oct. 26, '65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Oct. 26, 1965 — **24c. NAME OF CEMETERY OR CREMATORY**: Richfield Cemetery — **24d. LOCATION** (City, town, or county) Richfield (State) Idaho

DATE REC'D BY LOCAL REG.: Nov. 6, 1965 — REGISTRAR'S SIGNATURE: Frances Curtis

25. EMBALMER: Jas Henderson — LICENSE NO.: E - 349

FIRM NAME: Henderson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4669
Local Reg. No. 18
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED
NOV 1 1965
Bureau of Vital Statistics

STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Power 390
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place): 3-04 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 390
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) DAVID b. (Middle) BLAIR c. (Last) JEFFRIES

4. DATE OF DEATH: (Month) (Day) (Year): Oct. 26, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 5, 1874

9. AGE (In years last birthday): 91 IF UNDER 1 YEAR: Months 4 Days 21 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter-Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Building 61

11. BIRTHPLACE (State or foreign country): Mt. Pleasant, Ohio

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Edwin Tilton Jeffries 37 BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Bithiah Thorburn BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-12-5167

17. INFORMANT'S OWN SIGNATURE: Mrs. Carl Lowry ADDRESS: Pocatello, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebo-vascular Accident 331X — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 22, 1965, *to* Oct. 26, 1965, *that I last saw the deceased alive on* Oct. 28, 1965, *and that death occurred at* 5:55A m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): F. J. Adams 303 M.D.

23b. ADDRESS: American Falls, Idaho

23c. DATE SIGNED: Oct. 27, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-29-65

24c. NAME OF CEMETERY OR CREMATORY: Fallsview Cemetery

24d. LOCATION (City, town, or county) (State): American Falls, Idaho

DATE REC'D BY LOCAL REG.: Oct. 30 1965

REGISTRAR'S SIGNATURE: Frances Curtis

25. EMBALMER: H. L. Davis LICENSE NO.: H. L. Davis E-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JAN 12 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4670
Local Reg. No. 20
Reg. Dist. No. 500-607

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Power 390 NOV 5 1965 3-33
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
LENGTH OF STAY (in this place) 23 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Power County Hospital 37

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 650 b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aberdeen
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	RUFUS	ARNEL	HANSEN	Oct. 28, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	July 7, 1886	79.	3	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter 37	Building 0	Kendrick, Idaho	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew Hansen	Missouri	Susan Maxwell	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-03-6396	Lee Van Hallen	Aberdeen, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Myocardial Infarction

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3-20- , 1962, *to* 10-28-65, 19 , *that I last saw the deceased alive on* 10-28- , 1965, *and that death occurred at* 9:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ed Nelson MD	American Falls, Idaho	10-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem. & Burial	10-30-65	Aberdeen Cemetery	Aberdeen, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 3, 1965	Francis Curtis	Bud Kelly Bud Kelly	E-467

FIRM NAME Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 4671
Local Reg. No. 61
Reg. Dist. No. 140

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone — OCT 1 1965 — Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 173 King Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho — b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 173 King Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	L	Raymond	Wilks	10-1-65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct. 26, 1896	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Carpenter		Newtown, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles S. Wilks		Susan Elizabeth Allen	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes W.W. I	518-03-4976	Jeannette Wilks	Wallace

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: One minute

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 1 1946 *to* 10-1 1965, *that I last saw the deceased alive on* 10-1 1965, *and that death occurred at* 6:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. M. Peterson, M.D.	Wallace Idaho	10-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-4-65	Wallace Cemetery	Wallace Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-6-65	Dale Cornell	Dale L. Cornell	Wallace, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

OCT 13 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 15 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

JUL 17 1991

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

State File No. 4672
Local Reg. No. 78
Reg. Dist. No. 142

Certificate of Death

RECEIVED
OCT 22 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 400 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Kellogg
c. LENGTH OF STAY (in this place): few min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Enroute to Hospital 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 400
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smelterville
d. STREET ADDRESS (If rural, give location): 314 Northview

3. NAME OF DECEASED (Type or Print)
a. (First): FLOYD
b. (Middle): EDWARD
c. (Last): CULVER

4. DATE OF DEATH (Month) (Day) (Year): October 1, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Aug. 4, 1899
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 1, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Shift Boss
10b. KIND OF BUSINESS OR INDUSTRY: Mining 04
11. BIRTHPLACE (State or foreign country): Cheney, Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Culver 06 — BIRTHPLACE: Minnesota
14. MOTHER'S MAIDEN NAME: Mary Edwards — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-01-7797
17. INFORMANT'S OWN SIGNATURE: Floyd E. Culver Jr. — ADDRESS: Murray Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Few seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1, 1965, *to* Oct 1, 1965, *that I last saw the deceased alive on* Oct 1, 1965, *and that death occurred at* about 12:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. M. Peterson, M.D. 414
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 10-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 5, 1965
24c. NAME OF CEMETERY OR CREMATORY: Fairmount Cemetery
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 10/19/65
REGISTRAR'S SIGNATURE: Joe Irvine
25. EMBALMER: Robert G. Ross — LICENSE NO.: E 497

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Maisel Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 25 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4673
Local Reg. No. 67
Reg. Dist. No. 140

RECEIVED OCT 25 1965 BUREAU OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY IN THIS JURISDICTION
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Near McGee Ranger Sta.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Rt2. Box 70

3. NAME OF DECEASED (Type or Print): a. (First) Charlie b. (Middle) Everett c. (Last) Pixler

4. DATE OF DEATH (Month) (Day) (Year): 10/2/65

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11/1/1909

9. AGE (In years last birthday): 55
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Planer Dep't.

10b. KIND OF BUSINESS OR INDUSTRY: Sawmill

11. BIRTHPLACE (State or foreign country): Ames Oklahoma

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elmer Pixler
BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Gulana Ballard
BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 540-16-3261

17. INFORMANT'S OWN SIGNATURE: Mrs. Evelyn Pixler
ADDRESS: Post Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of chest & upper left arm

INTERVAL BETWEEN ONSET AND DEATH: 3-4 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): While hunting

21c. (CITY, TOWN, OR TOWNSHIP) 102 (COUNTY) (STATE): Wallace, Shoshone, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-2-65 about 8:00 A.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Shot by son in hunting accident

22. I hereby certify that I attended the deceased from 10-2, 1965, to 10-2, 1965, that I last saw the deceased alive on 10-2, 1965, and that death occurred at about 8:00 A.m., from the causes and on the date stated above.

23a. SIGNATURE: G.M. Peterson, M.D. (Degree or title)

23b. ADDRESS: Wallace Idaho

23c. DATE SIGNED: 10-18-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 6, 1965

24c. NAME OF CEMETERY OR CREMATORY: Restlawn

24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 10-21-65

REGISTRAR'S SIGNATURE: Dale L. Cornell

25. EMBALMER: Dale L. Cornell

LICENSE NO.: E-406

FIRM NAME: Cornell's Ward Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 12 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4674
Local Reg. No. 64
Reg. Dist. No. 140

RECEIVED OCT 13 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone 400 007
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 2 mi. w. of Osburn
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hiway #10 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 402 b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Norman	B.	Freer	Oct. 3, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Aug. 17, 1927	38				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mining 06
10b. KIND OF BUSINESS OR INDUSTRY Lucky Friday 064
11. BIRTHPLACE (State or foreign country) Burley, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Boyd Slack Freer
BIRTHPLACE
14. MOTHER'S MAIDEN NAME Mary Osterhout
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-24-5861
17. INFORMANT'S OWN SIGNATURE X Audrey J. Freer ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple skull fractures — INTERVAL BETWEEN ONSET AND DEATH: Few seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Crushed forehead & rt. skull. Fractured rt. pelvis & femur. Internal Injuries.
DUE TO (c) Fractured rt. elbow. Compound, comminuted fracture of rt. tibia & fibula. Multiple lacerations, abrasions & contusions of entire body.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 10-11-65
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 06
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Highway #10
21c. (CITY, TOWN, OR TOWNSHIP) 2 West of Osburn (COUNTY) Shoshone (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10 - 3 - 1965 about 12:30 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile - truck collision

22. *I hereby certify that I attended the deceased from* 10-3- *1965, to* 10-3-, *19 65, that I last saw the deceased alive on* 10-3-, *19 65, and that death occurred at* about 12:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE G. M. Peterson (Degree or title) M.D.
23b. ADDRESS Wallace, Idaho
23c. DATE SIGNED 10-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-7-65
24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
24d. LOCATION (City, town, or county) Kellogg (State) Idaho

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE Dale Hammell
25. FUNERAL DIRECTOR Dale L. Cornell ADDRESS Wallace, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 10 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 28 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4675
Local Reg. No. 65
Reg. Dist. No.

BIRTH NO.

RECEIVED
OCT 11 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Shoshone 402
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (In this place) 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence Hospital 139

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 403
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) 520 Bank Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Dora	C	Letchet	10-3-65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 5	June 19, 1898	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Owner 74	Ladies Aparrell 82	Grand Island, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		X	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: Hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-3, 1965, *to* 10-3, 1965, *that I last saw the deceased alive on* 10-3, 1965, *and that death occurred at* 8:45 pm., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 187	MD	Wallace Idaho	10-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	10-6-65	St. Thomas Cemetery	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-6-65	[signature]	Dale L. Cornell	Wallace, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

NOV 30 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4676
Local Reg. No. 62
Reg. Dist. No. 140

BIRTH NO.

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Shoshone 402 OCT 13 1965 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 2 mi. w of Osburn
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hiway #10 602

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 402 b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	Hughson	Beattie	Oct. 3, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	Mar. 31, 1919	46		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mining 06	Sunshine Mining 84	Landgrove, Vermont	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hugh Beattie		Irene Elliott	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-12-4524	Mrs Bill Beattie	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8166

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed left skull, forehead & face — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple fractures (compound)
DUE TO (c) of left skull, forehead & face

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 403 (COUNTY) (STATE)
accident	Highway 10 06	West of Osburn, Shoshone, Idaho

21d. TIME OF INJURY (Month) (Day) (Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
10-3-1965	12:30 p.m.		automobile-truck collision

22. *I hereby certify that I attended the deceased from* 10-3-1965 *to* 10-3-1965, *that I last saw the deceased alive on* 10-3-1965, *and that death occurred at* about 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. M. Peterson, M.D.	Wallace, Idaho	10-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10-6-65	Wallace Cemetery	Wallace Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-6-65	Dale Harnell	Dale L. Cornell	Wallace, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

D.J.J.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 19 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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State File No. 4677
Local Reg. No. 94
Reg. Dist. No. 142

RECEIVED
OCT 14 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 401 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 400
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wardner
d. STREET ADDRESS (If rural, give location): 344 Main

3. NAME OF DECEASED (Type or Print)
a. (First): LEO
b. (Middle): J. 141
c. (Last): WEEKS

4. DATE OF DEATH (Month) (Day) (Year): Oct. 4, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 2, 1900
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Miner 07
10b. KIND OF BUSINESS OR INDUSTRY: Mining 01
11. BIRTHPLACE (State or foreign country): Acme, Texas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: T. J. Weeks — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Ellen Sullivan — BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): W.W. I 3 163X
16. SOCIAL SECURITY NO.: 518-01-3547
17. INFORMANT'S OWN SIGNATURE: Mrs Bessie Weeks — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma R. Lung — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1, 1965 *to* Oct 4, 1965, *that I last saw the deceased alive on* Oct 4, 1965, *and that death occurred at* 6:30 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. E. Bonebrake 052 M.D.
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 10-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Oct. 7, 1965
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county): Kellogg, (State): Idaho

DATE REC'D BY LOCAL REG.: 10-12-65
REGISTRAR'S SIGNATURE: Joe Simms
25. EMBALMER: Donald Maisel
LICENSE NO.: 452

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Maisel Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 25 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 1 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4678
Local Reg. No. 77
Reg. Dist. No. 142

RECEIVED
OCT 22 1965
Bureau of Vital Statistics

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone 400 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Smelterville
LENGTH OF STAY (in this place): Few Minutes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 400
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst

d. FULL NAME OF HOSPITAL OR INSTITUTION: Hiway 10 near Smelterville
d. STREET ADDRESS (If rural, give location): Pinehurst, Idaho

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	DOROTHY	A. 000	YANZICK	Oct. 6, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed 2	Jan. 13, 1899	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home 01	Wallace, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None		Kenneth Yanzick	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Aneurysm of Aorta — INTERVAL BETWEEN ONSET AND DEATH: One minute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Internal Injuries & Partial
DUE TO (c) evisceration of contents of left abdomen.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Compound comminuted fracture of right tibia & fibula
Laceration of Scalp
Contusion of Skull

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct 6 *1965, to* Oct 6, *1965, that I last saw the deceased alive on* Oct 6, *1965, and that death occurred at* about 9:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. M. Peterson, M.D.		Wallace, Idaho	10-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct.9,1965	Shoshone Mem. Grdns.	Pinehurst, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10/19/65	Joe Latine	Donald Maisel	E 452

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Maisel Funeral Chapel

DUTIES:

DEC 9 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 19 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 29 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician Death not due to auto accident. Injuries came about as the result of the ruptured aneurysm which caused this person to run off the road.

Certificate of Death

State File No. 4679
Local Reg. No. 75
Reg. Dist. No. 142

RECEIVED

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone (40) OCT 22 1965
b. CITY OR TOWN: Kellogg
Bureau of Vital Statistics
c. LENGTH OF STAY IN HOSPITAL OR INSTITUTION: 69 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (402)
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kingston
d. STREET ADDRESS (If rural, give location): Box 71 Kingston, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) ETHEL b. (Middle) M (41) c. (Last) SCHWARTZ

4. DATE OF DEATH: (Month) (Day) (Year): Oct. 6, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married (3)
8. DATE OF BIRTH: Oct. 2, 1912
9. AGE (In years last birthday): 53 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife (01)
10b. KIND OF BUSINESS OR INDUSTRY: Home (01)
11. BIRTHPLACE (State or foreign country): Seattle, Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry Clancey — BIRTHPLACE: Washington
14. MOTHER'S MAIDEN NAME: Charlotte Devine — BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: E. T. Schwartz — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 5 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17, 1965, to Oct 6, 1965, that I last saw the deceased alive on Oct 6, 1965, and that death occurred at 3:20 p m., from the causes and on the date stated above.

23a. SIGNATURE: Orland B Scott (46) (Degree or title): MD
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 10/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 9, 1965
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 10/13/65
REGISTRAR'S SIGNATURE: Joe Keene
25. EMBALMER: Donald Maisel
LICENSE NO.: 452

FIRM NAME: Maisel Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 7 1966

APR 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4680
Local Reg. No. 76
Reg. Dist. No. 142

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

OCT 22 1965
Bureau of Vital Statistics

1. PLACE OF DEATH 401
a. COUNTY: Shoshone 2-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 401
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 13 West Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): LEO
b. (Middle): L. 141
c. (Last): RODRIQUES

4. DATE OF DEATH (Month) (Day) (Year): Oct. 9, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan. 11, 1888
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91
10b. KIND OF BUSINESS OR INDUSTRY: Mining 03
11. BIRTHPLACE (State or foreign country): Mexico
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Facunda Rodriques — BIRTHPLACE: Mexico
14. MOTHER'S MAIDEN NAME: Silveria Quinteros — BIRTHPLACE: Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-01-7905
17. INFORMANT'S OWN SIGNATURE: Thomas Melero — ADDRESS:

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arterio Sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture Rt femur — 2 1/2 mos

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 21, 1965, *to* Oct 9, 1965, *that I last saw the deceased alive on* Oct 9, 1965, *and that death occurred at* 8:20 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Orland B Scott MD 461 (Degree or title)
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 10/12/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 14, 1965
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county): Kellogg — (State): Idaho

DATE REC'D BY LOCAL REG.: 10/19/65
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Robert G. Ross — LICENSE NO.: E 497

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Maisel Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 26 1988

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4681
Local Reg. No. 65
Reg. Dist. No. 140

BIRTH NO. RECEIVED STATE OF IDAHO

OCT 25 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osburn
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1253 Garden Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osburn
d. STREET ADDRESS (If rural, give location): 1253 Garden Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Gabriel; b. (Middle); c. (Last) Marconi

4. DATE OF DEATH: (Month) (Day) (Year): 10-10-65

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Feb. 4, 1887

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Section Foreman

10b. KIND OF BUSINESS OR INDUSTRY: N.P. Railroad

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ferdinand Marconi
BIRTHPLACE: Italy

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 701-07-6735

17. INFORMANT'S OWN SIGNATURE: X Mrs. Sena L. Welte
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: few seconds

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 1, 1946, *to* Oct 10, 1965, *that I last saw the deceased alive on* Oct 10, 1965, *and that death occurred at* about 11:50 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: G. M. Peterson #4 (Degree or title): M.D.

23b. ADDRESS: Wallace, Idaho

23c. DATE SIGNED: 10-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 10-13-65

24c. NAME OF CEMETERY OR CREMATORY: Shoshone Memorial

24d. LOCATION (City, town, or county) (State): Pinehurst Idaho

DATE REC'D BY LOCAL REG.: 10-13-65

REGISTRAR'S SIGNATURE: Dale L. Cornell

25. FUNERAL DIRECTOR: Dale L. Cornell
ADDRESS: Wallace, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

NOV 16 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4682
Local Reg. No. 79
Reg. Dist. No. 142

BIRTH NO. 65-8401

RECEIVED NOV 1 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN: Kellogg
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION: West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): Box 334 Kellogg

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) LEWIS c. (Last) STOUT

4. DATE OF DEATH (Month) (Day) (Year): Oct. 14, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Aug. 31, 1965

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months: 1 | Days: 13 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Kellogg, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Stout — BIRTHPLACE: Arkansas

14. MOTHER'S MAIDEN NAME: Patricia Dionne — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Patricia Stout — ADDRESS: Kellogg

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

480X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Interstitial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 8-31-65 19__, *to* 10-14-, 1965, *that I last saw the deceased alive on* 10-14-65, 19__, *and that death occurred at* 8 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Kellogg Idaho

23c. DATE SIGNED: 10-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct 18, 1965

24c. NAME OF CEMETERY OR CREMATORY: Greenwood

24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 10-26-65

REGISTRAR'S SIGNATURE: [signature]

25. EMBALMER: Donald Maisel — LICENSE NO.: 452

FIRM NAME: Maisel Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4683
Local Reg. No. 80
Reg. Dist. No. 142

RECEIVED NOV 1 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

400 2-05

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place): 5 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): County Nursing Home 320

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 401
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 307 West Riverside

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): MYRTLE
c. (Last): MUNGER

4. DATE OF DEATH (Month) (Day) (Year): Oct. 16, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Dec. 29, 1873
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Charleston, West Virginia
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Williams — BIRTHPLACE: West Virginia
14. MOTHER'S MAIDEN NAME: Sarah Schoonver — BIRTHPLACE: West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-34-6285
17. INFORMANT'S OWN SIGNATURE: Leonard Churchill — ADDRESS: Kellogg, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

430.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 7, 1956, *to* Oct 16, 1965, *that I last saw the deceased alive on* Oct 16, 1965, *and that death occurred at* 4:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Orland B. [illegible] 46
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 10/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 19, 1965
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 10-26-65
REGISTRAR'S SIGNATURE: Joe [illegible]
25. EMBALMER: Donald Maisel
LICENSE NO.: 452

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Maisel Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4684
Local Reg. No. 81
Reg. Dist. No. 142

RECEIVED NOV 1 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 400 4-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Kellogg
c. LENGTH OF STAY (in this place): Few Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Fork of Moon Gulch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 401
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): Smelter Heights

3. NAME OF DECEASED (Type or Print)
a. (First): MASON
b. (Middle): SPENCER 000
c. (Last): MCCOY 11

4. DATE OF DEATH (Month) (Day) (Year): Oct. 17, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 13, 1908
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Security Officer 11
10b. KIND OF BUSINESS OR INDUSTRY: Security 15
11. BIRTHPLACE (State or foreign country): Forest, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Mason S. McCoy — BIRTHPLACE: Wash.
14. MOTHER'S MAIDEN NAME: Mary Hacker — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. 11 4
16. SOCIAL SECURITY NO.: 518-01-3751
17. INFORMANT'S OWN SIGNATURE: John McCoy — ADDRESS:

919.8

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gunshot Wound of Chest — INTERVAL BETWEEN ONSET AND DEATH: 1-2 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident 12
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Moon Gulch
21c. (CITY, TOWN, OR TOWNSHIP) 401 (COUNTY) (STATE): 13 Kellogg, Shoshone, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-17-65 about 9:30 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Hunting accident. Shot by son

22. *I hereby certify that I attended the deceased from* 10-17, 1965, *to* 10-17, 1965, *that I last saw the deceased alive on* 10-17, 1965, *and that death occurred at* 9:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. M. Peterson, M.D. 414
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 10-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 20 1965
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 10/26/65
REGISTRAR'S SIGNATURE: Joe Irvine
25. EMBALMER: Donald Maisel
LICENSE NO.: 452

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 2 1965

NOV 19 1965

JUL 19 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

DEC 8 1970

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4685
Local Reg. No. 69
Reg. Dist. No. 140

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone 400 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone Nursing Home 320

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 400
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
d. STREET ADDRESS (If rural, give location): Box 33

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) Sigird; c. (Last) Nelson

4. DATE OF DEATH: (Month) (Day) (Year): 10-19-1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: March 18, 1894

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mining 66

10b. KIND OF BUSINESS OR INDUSTRY: Mining 04

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: BIRTHPLACE

14. MOTHER'S MAIDEN NAME: BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-16-2326

17. INFORMANT'S OWN SIGNATURE: Emma Jill Nelson
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 minute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Carcinoma of Stomach with Resection & Metastases — 4 months

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 1, 1946, *to* 10-19, 1965, *that I last saw the deceased alive on* 10-19, 1965, *and that death occurred at* 11:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. M. Peterson, M.D.
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: 10-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 10-22-65
24c. NAME OF CEMETERY OR CREMATORY: Smith and Company
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 10-26-65
REGISTRAR'S SIGNATURE: Dale L Cornell

25. FUNERAL DIRECTOR: Dale L. Cornell
ADDRESS: Wallace, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

DUTIES:

NOV 2 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 6 1971

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

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Certificate of Death

STATE OF IDAHO

State File No. 4686
Local Reg. No. 82
Reg. Dist. No. 142

RECEIVED NOV 15 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone 400 2-05
b. CITY OR TOWN Silverton
LENGTH OF STAY (In this place) 5 months
d. FULL NAME OF HOSPITAL OR INSTITUTION County Nursing Home 320

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 400 b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pinecreek
d. STREET ADDRESS (If rural, give location) Pinehurst Star Route

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ELSIE	MAE	SCHULTZ	Oct. 20, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow 2	Jan 13, 1909	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home 0	Prescott, Wash.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Carl Jensen	Denmark	Elizabelle Freeburg	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Clarence A. Schultz	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

193.9

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Astrocytoma — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Feb 26 1965	Malignant astrocytoma, Rt frontoparietal	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov 21, 1964, *to* Oct 20, 1965, *that I last saw the deceased alive on* Oct 20, 1965 *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Orland B Scott MD	Kellogg Idaho	10-22-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 23 1965	Shoshone Gardens	Pinehurst, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-1-65	Joe Johnson	Donald Maisel	452

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 1 4 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4687
Local Reg. No. 68
Reg. Dist. No. 140

Certificate of Death

RECEIVED NOV 4 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 402
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence Hospital 139

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 402
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) 308 4th Street

3. NAME OF DECEASED (Type or Print)
a. (First) Constance
b. (Middle) T.
c. (Last) Benedict

4. DATE OF DEATH (Month) Oct. (Day) 21, (Year) 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH June 7, 1898
9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher 12
10b. KIND OF BUSINESS OR INDUSTRY Retired 01
11. BIRTHPLACE (State or foreign country) Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward C. Kinney — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Catherine McGinnis — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE James Benedict — ADDRESS Wallace, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

153.8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 4 mo.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Adenocarcinomma colon — 6-9 mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* None.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1965, *to* 21 Oct, 1965, *that I last saw the deceased alive on* 21 Oct, 1965, *and that death occurred at* 6:35 pm., *from the causes and on the date stated above.*

23a. SIGNATURE Robert T. Russell 435 (Degree or title) MD.
23b. ADDRESS Wallace Idaho
23c. DATE SIGNED 10/22/65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 10-25-65
24c. NAME OF CEMETERY OR CREMATORY St. Thomas Cemetery
24d. LOCATION (City, town, or county) Coeur d'Alene (State) Idaho

DATE REC'D BY LOCAL REG. 10-22-65
REGISTRAR'S SIGNATURE Dale L. Cornell
25. FUNERAL DIRECTOR Dale L. Cornell — ADDRESS Wallace, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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State File No. 4688
Local Reg. No. 83
Reg. Dist. No. 142

Certificate of Death

RECEIVED
NOV 15 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 401 2-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (In this place): 79 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 401
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 307 East Portland

3. NAME OF DECEASED (Type or Print)
a. (First): NINA
b. (Middle): S. 141
c. (Last): JOHNSON

4. DATE OF DEATH (Month) (Day) (Year): Oct. 22, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 5, 1909
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Centerville, So. Dak.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Nels Larsen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Amilia Jensen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Carl M Johnson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

170X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ca of Breast c̄ Metastasis — 1 1/2 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1965, *to* 22 Oct, 1965, *that I last saw the deceased alive on* 22 Oct, 1965, *and that death occurred at* 6:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 539 Glen M Whiteall MD
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 23 Oct 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 25, 1965
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 11-1-65
REGISTRAR'S SIGNATURE: Joe Shine
25. EMBALMER: Donald Maisel — LICENSE NO. 452

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JAN 27 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4689
Local Reg. No. 28
Reg. Dist. No. 142

RECEIVED
NOV 15 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 402
b. CITY OR TOWN: Kellogg
(If outside corporate limits, write RURAL and give township)
STAY (in this place): 2 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 400
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elizabeth Park
d. STREET ADDRESS (If rural, give location): Sunshine Star Route

3. NAME OF DECEASED (Type or Print)
a. (First): JUNE
b. (Middle): ANN 141
c. (Last): MOORE

4. DATE OF DEATH: (Month) Oct. (Day) 22, (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: March 24, 1951
9. AGE (In years last birthday): 14
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY: Student 07
11. BIRTHPLACE (State or foreign country): Ellendale, North Dakota
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Clarnece Moore
BIRTHPLACE: So. Dak.
14. MOTHER'S MAIDEN NAME: Betty M. Derry
BIRTHPLACE: North Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Clarence A. Moore
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Edema 260X
INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Complication of diabetes mellitus
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: GRANULOMAS of MYOCARDIUM & LIVER

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6 June, 1963 *to* 22 Oct, 1965 *that I last saw the deceased alive on* 22 Oct, 1965, *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glen M. Mitchell 539 Md
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 8 Nov 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 26 1965
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 11/10/65
REGISTRAR'S SIGNATURE:
25. EMBALMER: Donald Maisel
LICENSE NO.: 452

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 1 6 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4690
Local Reg. No. 87
Reg. Dist. No. 14

RECEIVED NOV 15 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 401 3-20
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
STATISTICS OF STAY (in this place): 20 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 400
b. COUNTY: Shoshone
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Smelterville
d. STREET ADDRESS (If rural, give location): 121 Main

3. NAME OF DECEASED (Type or Print): a. (First) DELBERT b. (Middle) RAY 141 c. (Last) ROCKAFELLOW

4. DATE OF DEATH: (Month) (Day) (Year): Oct. 23, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: July 22, 1905

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Area Foreman 27

10b. KIND OF BUSINESS OR INDUSTRY: Mechanics 07

11. BIRTHPLACE (State or foreign country): Hamilton, Montana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME — BIRTHPLACE

14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Alice Rockafellow — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism 9023 — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture Dislocation Rt Hip — 6 wks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT XX SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Factory

21c. (CITY, TOWN, OR TOWNSHIP) 401 13 Kellogg (COUNTY) Shoshone (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-8-65 8:00 a.m.

21e. INJURY OCCURRED WHILE AT WORK XX NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Fell from platform at work

22. *I hereby certify that I attended the deceased from* 9/8, 1965, to 10/23, 1965, *that I last saw the deceased alive on* 10/23, 1965, *and that death occurred at* 11:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Orland B Scott MD

23b. ADDRESS: Kellogg Idaho

23c. DATE SIGNED: 10/27/65

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: Oct. 27-1965

24c. NAME OF CEMETERY OR CREMATORY: GREENWOOD

24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 10-29-65

REGISTRAR'S SIGNATURE: Jos Osborne

25. EMBALMER: Donald Maisel

LICENSE NO.: 452

FIRM NAME: MAISEL FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 1 6 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4691
Local Reg. No. 70
Reg. Dist. No. 140

BIRTH NO.

RECEIVED NOV 4 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone 402
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY IN (this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital 139

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 402
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 222 Elm Street

3. NAME OF DECEASED (Type or Print): a. (First) Mildred; b. (Middle) Evangeling; c. (Last) Hess

4. DATE OF DEATH: (Month) (Day) (Year): 10-25-1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): California

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Sylvester Hauser
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-36-3001

17. INFORMANT'S OWN SIGNATURE: X
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — Interval between onset and death: One minute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardiovascular — Several years
DUE TO (c): Renal Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Emphysema, Cardiomegaly — Several years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1946, *to* 10-25, 1965, *that I last saw the deceased alive on* 10-25, 1965, *and that death occurred at* 10:10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. M. Peterson, M.D. 414

23b. ADDRESS: Wallace Idaho

23c. DATE SIGNED: 10-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 10-28-65

24c. NAME OF CEMETERY OR CREMATORY: Restlawn Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 10-28-65

REGISTRAR'S SIGNATURE: Dale Cornell

25. FUNERAL DIRECTOR: Dale L. Cornell

ADDRESS: Wallace, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

NOV 29 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 17 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4692
Local Reg. No. 4
Reg. Dist. No. 620

RECEIVED
OCT 28 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Teton 40 3-01
b. CITY OR TOWN Driggs
c. LENGTH OF STAY (in this place) 24 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Teton Valley Hospital 142

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 330
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sugar City
d. STREET ADDRESS (If rural, give location) None Given

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM
b. (Middle) JOSEPH
c. (Last) TONKS

4. DATE OF DEATH (Month) (Day) (Year) Oct. 7, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH 9 January 1887
9. AGE (In years last birthday) 78
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 54
10b. KIND OF BUSINESS OR INDUSTRY Farming 01
11. BIRTHPLACE (State or foreign country) Morgan, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Moroni Tonks
BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Emily Ann Littlefield
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) ——
16. SOCIAL SECURITY NO. 519-14-9659
17. INFORMANT'S OWN SIGNATURE X Margaret W. Tonks
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Renal failure — 1+ months
DUE TO (c) Benign Prostatic Hypertrophy — many years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 1962 to Oct 7, 1965, that I last saw the deceased alive on Oct 7, 1965 and that death occurred at 11:20A m., from the causes and on the date stated above.

23a. SIGNATURE 219 K Heud (Degree or title) MD
23b. ADDRESS Driggs Id
23c. DATE SIGNED 10-25-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 11, 1965
24c. NAME OF CEMETERY OR CREMATORY Victor Cemetery
24d. LOCATION (City, town, or county) Victor, Teton Co., Idaho (State)

DATE REC'D BY LOCAL REG. Oct. 25-65
REGISTRAR'S SIGNATURE Ella Driggs
25. EMBALMER Robert Q. Bean
LICENSE NO. E-456

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Bean Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 19 1980

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4693
Local Reg. No. D-301
Reg. Dist. No. 460

BIRTH NO. RECEIVED

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 OCT 8 1965 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): Bur au of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 42
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1334 Elmwood Circle

3. NAME OF DECEASED (Type or Print)
a. (First): Anne
b. (Middle): Scott 143
c. (Last): Robinson

4. DATE OF DEATH: (Month) Oct. (Day) 1, (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: August 10, 1894
9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate bus. 93
11. BIRTHPLACE (State or foreign country): Reynolds, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frank H. Scott
BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Melissa Gardner
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: X Lula O. Feldtman
ADDRESS: 1414 West 24th St. Harbor City, Cal.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Car Pulmonale — INTERVAL BETWEEN ONSET AND DEATH: 4

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Fibrosis — 10 yrs
DUE TO (c) Bronchial Asthma — 30

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-17, 1961, *to* 10-1, 1965, *that I last saw the deceased alive on* 10-1, 1965, *and that death occurred at* 5:40 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. W. Master
23b. ADDRESS: 204 4th Ave. E., Twin Falls
23c. DATE SIGNED: 10-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 4, 1965
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 10-4-65
REGISTRAR'S SIGNATURE: Regina Krizaitis
25. EMBALMER: Ronald J. Hamilton
LICENSE NO.: E-470
FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 1 1 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to.

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

OCT 13 1965

Certificate of Death

STATE OF IDAHO

State File No. 4694
Local Reg. No. D-312
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bur... Vital 421 Twin Falls 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 420
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl
d. STREET ADDRESS (If rural, give location) 715 North Broadway

3. NAME OF DECEASED (Type or Print)
a. (First) ROSA
b. (Middle) MAY 143
c. (Last) HOLCOMB

4. DATE OF DEATH (Month) (Day) (Year) Oct. 1, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH July 28, 1878
9. AGE (In years last birthday) 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home 01
11. BIRTHPLACE (State or foreign country) Georgetown, Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Franklin Cook — BIRTHPLACE Alabama
14. MOTHER'S MAIDEN NAME Molly Ashmore — BIRTHPLACE Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. --
17. INFORMANT'S OWN SIGNATURE RFD #3, Mrs. Frank B. Brown — ADDRESS Buhl, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 1/2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 30, 1965, *to* Oct 1, 1965, *that I last saw the deceased alive on* 10-1-, 1965, *and that death occurred at* 7:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Vern Henderson M D
23b. ADDRESS Buhl, Idaho
23c. DATE SIGNED 10-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10/5/65
24c. NAME OF CEMETERY OR CREMATORY Buhl
24d. LOCATION (City, town, or county) (State) Buhl, Idaho

DATE REC'D BY LOCAL REG. 10-11-65
REGISTRAR'S SIGNATURE Regina Grijalva
25. EMBALMER Robert F. Dickard — LICENSE NO. E-312

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4695
Local Reg. No. D-302
Reg. Dist. No. 460

Certificate of Death

RECEIVED
OCT 8 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 421 000
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: T. Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 548 Lincoln

3. NAME OF DECEASED (Type or Print)
a. (First): Roy
b. (Middle): R.
c. (Last): Whitsell

4. DATE OF DEATH (Month) (Day) (Year): October 2, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: January 21, 1881
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Bookkeeper 40
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Centerville, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frank P. Whitsell — BIRTHPLACE: Centerville, Iowa
14. MOTHER'S MAIDEN NAME: Code McCleary — BIRTHPLACE: Centerville, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-24-5957
17. INFORMANT'S OWN SIGNATURE: Helen L. Whitsell — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH 450.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arrow Basis of femorals,
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): iliac & aorta
DUE TO (c): atherosclerosis

INTERVAL BETWEEN ONSET AND DEATH: 5 Days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive heart failure compensated 2 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/28/59, 19__, *to* 10/2/, 1965, *that I last saw the deceased alive on* 10-1, 1965, *and that death occurred at* 11:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE 578 (Degree or title): R. Winster M. D. M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 10/5/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/7/65
24c. NAME OF CEMETERY OR CREMATORY: Centerville Cemetery
24d. LOCATION (City, town, or county) (State): Centerville, Iowa

DATE REC'D BY LOCAL REG.: 10-5-65
REGISTRAR'S SIGNATURE: Regina Grijalva
FUNERAL DIRECTOR ADDRESS: Reynolds Funeral Chapel-Twin Falls, Idaho
James C. Reynolds

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

OCT 11 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUN 27 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of James C. Reynolds Lic. No E-279 at Twin Falls on 10/3/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 4696
Local Reg. No. D-309
Reg. Dist. No. 760

BIRTH NO.

RECEIVED OCT 13 1965

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls Bureau of V.S.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hollister
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)
a. (First): Clara
b. (Middle): L 144
c. (Last): Jones

4. DATE OF DEATH: (Month) Oct. (Day) 2, (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 5

8. DATE OF BIRTH: Oct. 13, 1886

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 07

10b. KIND OF BUSINESS OR INDUSTRY: Housewife 07

11. BIRTHPLACE (State or foreign country): Patterson, New Jersey

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Franz L. Ahnert
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Selma Meffert
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-18-2909

17. INFORMANT'S OWN SIGNATURE: x Jean Jones
ADDRESS: Hollister, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Viral Infection & gastritis — 4 days

DUE TO (c): Diabetes Mellitus — 12 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-16, 1953, *to* 10-2, 1965, *that I last saw the deceased alive on* 10-2, 1965, *and that death occurred at* 2:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D.A. McCrushy 338 MD

23b. ADDRESS: Twin Falls Idaho

23c. DATE SIGNED: 10-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 6, 1965

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 10-11-65

REGISTRAR'S SIGNATURE: Regina Grigalva

25. EMBALMER: Ronald J. Hamilton

LICENSE NO.: 470

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4697
Local Reg. No. D-307
Reg. Dist. No. 460

BIRTH NO.

RECEIVED OCT 13 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH 42
a. COUNTY: Twin Falls 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital 43

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 42
b. COUNTY: T. Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 945 Morningside

3. NAME OF DECEASED (Type or Print): a. (First) Peter b. (Middle) c. (Last) Pearson

4. DATE OF DEATH (Month) (Day) (Year): October 4, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: September 28, 1877

9. AGE (In years last birthday): 88 | IF UNDER 1 YEAR Months: Days | IF UNDER 24 HRS. Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: unknown — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Spanish American

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Pete Smith — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH 420.1

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): coronary thrombosis with septal — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): generalized arterial sclerosis 5 to 10 yrs

DUE TO (c): arterial heart disease 3 to 4 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. , 1954, *to* 10/4/ , 1965, *that I last saw the deceased alive on* 10/4/ , 1965, *and that death occurred at* 7:25p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold C. Fuhr M.D. — **23b. ADDRESS**: Twin Falls, Idaho — **23c. DATE SIGNED**: 10/7/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 10/7/65 — **24c. NAME OF CEMETERY OR CREMATORY**: Twin Falls Cemetery — **24d. LOCATION** (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10-8-65 — **REGISTRAR'S SIGNATURE**: Regina Grijalva — **25. FUNERAL DIRECTOR** — **ADDRESS**: Reynolds Funeral Chapel-Twin Falls, Idaho — James C. Reynolds

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

OCT 14 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Paul D. Reynolds Lic. No. E-495 at Twin Falls on 10/4/65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED
STATE OF IDAHO

State File No. 4698
Local Reg. No. D-313
Reg. Dist. No. 460

BIRTH NO.

OCT 13 1965
Bureau of Vital

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): R.F.D. # 1

3. NAME OF DECEASED (Type or Print)
a. (First): MYRTIE
b. (Middle): BELL 143
c. (Last): ANDREWS

4. DATE OF DEATH (Month) (Day) (Year): Oct. 4, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Apr. 16, 1879
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Blue Lake, Michigan
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jerry Canfield — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Stella Bennett — BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: --
17. INFORMANT'S OWN SIGNATURE: E J Andrews — ADDRESS: RFD # 1 Buhl, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

903.7

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart failure Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Fractured hip — 3 days
DUE TO (c): Surgical trauma — 2 days

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: asthma

19a. DATE OF OPERATION: 2 Oct 65
19b. MAJOR FINDINGS OF OPERATION: Fractured L hip
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Sliped in Bathroom 0
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Bathroom
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13 Buhl 420 Twin falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 1 65 11:00 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Patient sliped & fell in Bathroom

22. *I hereby certify that I attended the deceased from* 1 Oct, 1965, *to* 4 Oct, 1965, *that I last saw the deceased alive on* 3 Oct, 1965 *and that death occurred at* 8:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William G Doody MD 661
23b. ADDRESS: 120 4th Ave N Buhl Ida.
23c. DATE SIGNED: 5 Oct 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 2
24b. DATE: 10/7/65
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Moscow, Idaho

DATE REC'D BY LOCAL REG.: 10-11-65
REGISTRAR'S SIGNATURE: Regina Elizalva
25. EMBALMER: George Farmer
LICENSE NO.: E0480

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

DUTIES:

OCT 26 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED
OCT 22 1965
Bureau of Vital Statistics

State File No. 4699
Local Reg. No. D-322
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 816 11th Avenue North

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	AMOS	WILLIAM 143	FAWCETT	Oct. 6, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	May 1, 1882	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Agriculture 01	Centerville, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel Fawcett	New Zealand	Charlotte Eagle	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Laurince A. Fawcett	117 12th N. Buhl, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure due to Arterio-

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Sclerotic Heart Disease - sev. yrs.
DUE TO (c) 420.0 Diverticulum of upper Esophagus with Surgical repair - Surgery - 1 wk ago

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
2. Chronic infection of lungs & left due to aspiration from diverticulum above

INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 1, 1965 *to* Oct 6, 1965, *that I last saw the deceased alive on* Oct 6, 1965, *and that death occurred at* 1:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm H Anderson MD	Buhl, Ida.	10-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/9/65	Buhl	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-19-65	Regina Silva	Robert G. Dickard	E-312

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DCT 25 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 27 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED OCT 20 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4700
Local Reg. No. D-320
Reg. Dist. No. 760

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital 43

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 42
b. COUNTY: T. Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 303 6th Avenue North

3. NAME OF DECEASED (Type or Print): a. (First) Nellie; b. (Middle) Myra; c. (Last) Lowery

4. DATE OF DEATH: (Month) (Day) (Year): October 7, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 9, 1883

9. AGE (In years last birthday): 82 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Bagley, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Oscar Zeller — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Alice — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-46-3741

17. INFORMANT'S OWN SIGNATURE: Zeola M. Jones ADDRESS: Long Beach, Calif.

18. CAUSE OF DEATH 816.4

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) undetermined; probably massive hemorrhage from heart or great vessels in the chest. — INTERVAL BETWEEN ONSET AND DEATH: 2 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Crush injury of the chest with multiple rib fractures — 8 hrs.

DUE TO (c) Car accident — 8 hrs.

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Multiple fractures of arms and legs Laceration of scalp, possible skull fracture.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Crush injury of chest with multiple rib fractures

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 06

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 13 Berger

21c. (CITY, TOWN, OR TOWNSHIP) 42 **(COUNTY)** Twin Falls, **(STATE)** Idaho

21d. TIME OF INJURY: (Month) 10 (Day) 7 (Year) 65 (Hour) 2:30 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Two car accident

22. *I hereby certify that I attended the deceased from* 10/7/ *, 19* 65 *, to* 10/7/ *, 19* 65 *, that I last saw the deceased alive on* 10/7 *, 1965 , and that death occurred at* 11:10a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 423 (Degree or title) M.D.

23b. ADDRESS: 1216 Filer Ave. E. Twin Falls, Idaho

23c. DATE SIGNED: 10/15/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/11/65

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10-18-65

REGISTRAR'S SIGNATURE: Regina Strijdom

25. FUNERAL DIRECTOR ADDRESS: Reynolds Funeral Chapel-Twin Falls, Idaho

James C. Reynolds

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

OCT 21 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of James C. Reynolds Lic. No. E-279 at Twin Falls on 10/7/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 4701
Local Reg. No. D-308
Reg. Dist. No. 460

BIRTH NO.

RECEIVED
OCT 13 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.R.#1 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 170 Jackson Street

3. NAME OF DECEASED (Type or Print): a. (First) Beulah b. (Middle) Mae c. (Last) Stevens

4. DATE OF DEATH (Month) (Day) (Year): October 7, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: June 19, 191 0

9. AGE (In years last birthday): 55 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Kaw City, Oklahoma

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Roy Earl Pinegar
BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Ella Mable Walker
BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-14-7162

17. INFORMANT'S OWN SIGNATURE: Mrs. Barbara Jamison
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

816.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Crushed Chest — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death: Broken Back. Skull Fractures.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 06

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hiway 93-6mi.So.93-30 13

21c. (CITY, TOWN, OR TOWNSHIP): Junction Twin Falls (COUNTY): Twin Falls (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 7, 1965 2:30a. m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Collision between car and truck.

22. *I hereby certify that I attended the deceased from* Did not see alive, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 2:30a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Claude Wiley Coroner 4

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 10/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/9/65

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10-8-65

REGISTRAR'S SIGNATURE: Regina Brizalara

FUNERAL DIRECTOR: Reynolds Funeral Chapel Twin Falls, Idaho ADDRESS

James C. Reynolds

Federal Security Agency
United States Public Health Service

Form DPH-48021

OCT 14 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 20 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

OCT 25 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

NOV 26 1965

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Paul D. Reynolds Lic. No. E-495 at Twin Falls on 10/7/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 4702
Local Reg. No. D-315
Reg. Dist. No. 460

RECEIVED OCT 18 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Twin Falls
LENGTH OF STAY (in this place) instant
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) U.S. 93, ¼ mile no. of Berger

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 421
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 321 Second Avenue North

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	EDITH	AGNES (nee)	CUSHATT	October 7, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married 3	June 20, 1898	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker 01	Own Home 01	Aurora, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Norman David Toland	Nebraska	Nellie Elizabeth Smith	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - - - - - -	523-30-9703	Lorna M. Cushatt	Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Chest — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fractured Skull

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 421 (COUNTY) (STATE)
Accident	Hwy 93	Twin Falls County Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
10-7-65 2:30 a.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Auto Collision

22. *I hereby certify that I attended the deceased from* Did not attend, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 2:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Claude E. Wiley, Coroner	Twin Falls, Idaho	10-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 11, 1965	Sunset Mem. Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-12-65	Regina Brizalara	William J. Boyd	E-490

FIRM NAME: Twin Falls Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 19 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 15 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 21 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4703
Local Reg. No. D-310
Reg. Dist. No. 460

BIRTH NO.

RECEIVED OCT 13 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hase Rest Home 238

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 42
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 315 Harrison

3. NAME OF DECEASED (Type or Print): a. (First) Elick; b. (Middle) B.; c. (Last) Brownfield

4. DATE OF DEATH (Month) (Day) (Year): October 8, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: September 6, 1891

9. AGE (In years last birthday): 74 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Trucking operator/3

10b. KIND OF BUSINESS OR INDUSTRY: Trucking 02

11. BIRTHPLACE (State or foreign country): Beeman, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ruben Brownfield — BIRTHPLACE: Beeman, Missouri

14. MOTHER'S MAIDEN NAME: Ida Thomas — BIRTHPLACE: Beaman, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-01-0964

17. INFORMANT'S OWN SIGNATURE: Lillian M. Brownfield — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolis — INTERVAL BETWEEN ONSET AND DEATH: 4 d.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Fracture Rt. hip — 76 d

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death Pulmonary Emphysema, Bronchopneumonia Acute Myocardial Infarction, Malnutrition

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT X X SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 01 Home

21c. (CITY, TOWN, OR TOWNSHIP) 421 (COUNTY) (STATE): 13 Twin Falls — Twin Falls — Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-24-65 4:30p.m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR?: Fell at home

22. *I hereby certify that I attended the deceased from* 25 July, 1965, *to* 8 Oct, 1965, *that I last saw the deceased alive on* 8 Oct, 1965, *and that death occurred at* 7:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James H. Gafford M.D. — **23b. ADDRESS**: Twin Falls, Idaho — **23c. DATE SIGNED**: 10/11/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 10/11/65 — **24c. NAME OF CEMETERY OR CREMATORY**: Sunset Memorial Park — **24d. LOCATION** (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10-11-65 — **REGISTRAR'S SIGNATURE**: Regina Brijalva

25. FUNERAL DIRECTOR — **ADDRESS**: Paul L. Reynolds — Twin Falls, Idaho Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

OCT 15 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Glen G. Siren Lic. No E-498 at Twin Falls on 10/8/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 4704
Local Reg. No. D-316
Reg. Dist. No. 760

BIRTH NO.

RECEIVED OCT 18 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 420 Twin Falls
b. CITY OR TOWN Buhl
c. LENGTH OF STAY (in this place) 4 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) R.F.D. # 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 420
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl
d. STREET ADDRESS (If rural, give location) R.F.D. # 2

3. NAME OF DECEASED (Type or Print)
a. (First) ARTHUR
b. (Middle) LEE
c. (Last) DEATHERAGE

4. DATE OF DEATH (Month) (Day) (Year) Oct. 9, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH March 31, 1881

9. AGE (In years last birthday) 84
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY Agriculture 01

11. BIRTHPLACE (State or foreign country) Ink, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alfred P. Deatherage
BIRTHPLACE Missouri

14. MOTHER'S MAIDEN NAME Mary Ann Shedd
BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. --

17. INFORMANT'S OWN SIGNATURE James M Deatherage
ADDRESS RFD # 2 Buhl, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 39 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Infarction — 39 days
DUE TO (c) Cerebral Vascular Accident — 1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) No

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* Sep. 1, 1965, *to* Oct, 1965, *that I last saw the deceased alive on* 5 Oct, 1965, *and that death occurred at* 7:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) William G Doody M.D.
23b. ADDRESS 120-9th ave N. Buhl Idaho
23c. DATE SIGNED 10-11-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10/11/65
24c. NAME OF CEMETERY OR CREMATORY Buhl
24d. LOCATION (City, town, or county) Buhl, (State) Idaho

DATE REC'D BY LOCAL REG. 10-13-65
REGISTRAR'S SIGNATURE Regina Hijalva

25. EMBALMER George Farmer
LICENSE NO. E-480
FIRM NAME ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 29 2015

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4705
Local Reg. No. D-314
Reg. Dist. No. 760

BIRTH NO.

RECEIVED OCT 18 1965 BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Twin Falls (421)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (420)
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) S. (143); c. (Last) Gourley

4. DATE OF DEATH (Month) (Day) (Year): October 10, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: August 30, 1884

9. AGE (In years last birthday): 81
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Orchardist (74)

10b. KIND OF BUSINESS OR INDUSTRY: Fruit Ranch (01)

11. BIRTHPLACE (State or foreign country): South Lyons, Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Gourley
BIRTHPLACE: Greensberg, Penn.

14. MOTHER'S MAIDEN NAME: Lizzie Ann Harvey
BIRTHPLACE: New Salem, Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-42-1974

17. INFORMANT'S OWN SIGNATURE: X Mary Anna Kelley
ADDRESS: Filer Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart disease — unknown.

DUE TO (c) Carcinomatosis - Lung generally — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-7, 1965, *to* 10-10-, 19 65, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harry F. Brumbach (064) (Degree or title): M.D.
23b. ADDRESS: 676 Shoup W. Twin Falls
23c. DATE SIGNED: 10-11-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 12, 1965
24c. NAME OF CEMETERY OR CREMATORY: Filer I.O.O.F. Cemetery
24d. LOCATION (City, town, or county): Filer (State): Idaho

DATE REC'D BY LOCAL REG.: 10-12-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Ronald J. Hamilton
LICENSE NO.: E-470
FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 21 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4706
Local Reg. No. D-317
Reg. Dist. No. 460

BIRTH NO.

RECEIVED OCT 20 1965 VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls Bureau of Vital Statistics
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hospital 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 430
b. COUNTY T. Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Twin Falls
d. STREET ADDRESS (If rural, give location) R.R.#1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Pasqual		Hernandez	October 10, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Mexican	Married 3	October 31, 1908	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fram Laborer 04	02	Devine, Texas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Encarnasino Hernandez	Mexico	Guadalupe Suarez	Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	721-10-6858	X Ventura Hernandez	Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

151X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Stomach

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinomatosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
3 mo.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9-8, 1965, *to* 10/10/, 1965, *that I last saw the deceased alive on* 10-10, 1965, *and that death occurred at* 6:00p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
064 Henry T. Brumbach Jr. M.D.	Twin Falls, Idaho	10-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/15/65	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
10-14-65	Regina	Reynolds Funeral Chapel-Twin Falls, Idaho

James L. Reynolds

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Paul D. Reynolds Lic. No E-495 at Twin Falls on 10/10/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 4707
Local Reg. No. D-318
Reg. Dist. No. 460

RECEIVED OCT 20 1965 BUREAU OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 42 Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 420
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Castleford
d. STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print)
a. (First) OSCAR
b. (Middle) L. 143
c. (Last) VULGAMORE

4. DATE OF DEATH (Month) Oct. (Day) 10, (Year) 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH May 20, 1906

9. AGE (In years last birthday) 59
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 04

10b. KIND OF BUSINESS OR INDUSTRY Agriculture 02

11. BIRTHPLACE (State or foreign country) Milton, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Newton Vulgamore
BIRTHPLACE Kansas

14. MOTHER'S MAIDEN NAME Linnie Mabin
BIRTHPLACE Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-40-9840

17. INFORMANT'S OWN SIGNATURE Berenice Vulgamore
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

527.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Emphysema~~ Acute Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ~~Acute Pneumonia~~ Emphysema — 10 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Hrt Dis — 10 years

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 5, 1965, *to* Oct. 10, 1965, *that I last saw the deceased alive on* Oct 10, 1965, *and that death occurred at* 7:55 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) MD

23b. ADDRESS 122 2nd Ave No Buhl

23c. DATE SIGNED 10-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10/13/65

24c. NAME OF CEMETERY OR CREMATORY Filer IOOF

24d. LOCATION (City, town, or county) Filer, (State) Idaho

DATE REC'D BY LOCAL REG. 10-14-65

REGISTRAR'S SIGNATURE Regina Hrijalva

25. EMBALMER Robert R. Dickard

LICENSE NO. E-312

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4708
Local Reg. No. D-319
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED OCT 20 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route # 1 Buhl, Idaho 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print)
a. (First): Ethel
b. (Middle): Kathern
c. (Last): Flaxbeard

4. DATE OF DEATH (Month) (Day) (Year): October 11, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: August 6, 1890
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Arkansas City, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Tom Benbrook — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Unknown Smith — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-14-1017
17. INFORMANT'S OWN SIGNATURE: X Adam A Flaxbeard — ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis — Years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Asthma — Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ——, 19__, *to* ——, 19__, *that I last saw the deceased alive on* ——, 19__, *and that death occurred at* 4:30a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. Culling MD 118
23b. ADDRESS: 122 9th Ave No Buhl
23c. DATE SIGNED: 10-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 13, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county): Twin Falls — (State): Idaho

DATE REC'D BY LOCAL REG.: 10-14-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Ronald J. Hamilton — LICENSE NO.: E-470

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUL 24 1997

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4709
Local Reg. No. D-325
Reg. Dist. No. 460

BIRTH NO.

RECEIVED
OCT 22 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY IN (Hospital or institution) (Or other place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 42 Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 250 5th Ave. West

3. NAME OF DECEASED (Type or Print)
a. (First): Lloyd
b. (Middle): Everett 143
c. (Last): Zimmerman

4. DATE OF DEATH (Month) (Day) (Year): October 15, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: September 4, 1883

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR — Months / Days
IF UNDER 24 HRS. — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Aparment owner 74

10b. KIND OF BUSINESS OR INDUSTRY: Room renting 05

11. BIRTHPLACE (State or foreign country): McAllister, Oklahoma

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: UNKNOWN
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: UNKNOWN
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-22-2302

17. INFORMANT'S OWN SIGNATURE: Paul R. Reynolds
ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 420.1 Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture right hip. — 12 Days

19a. DATE OF OPERATION: 10-7-'65

19b. MAJOR FINDINGS OF OPERATION: Extra articular Hip nailing

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-5, 1965, *to* 10-17, 1965, *that I last saw the deceased alive on* 10-17, 1965, *and that death occurred at* 11:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George W. Warner MD 55

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 10/19/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/21/65

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10-20-65

REGISTRAR'S SIGNATURE: Regina Elizalde

25. EMBALMER: Paul R. Reynolds
LICENSE NO.: E-495

FIRM NAME: Reynolds Funeral Chapel, Twin Falls

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

NOV 10 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4710
Local Reg. No. D-324
Reg. Dist. No. 460

BIRTH NO.

RECEIVED
OCT 22 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 3-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 922 11th Avenue North

3. NAME OF DECEASED (Type or Print)
a. (First): KIM
b. (Middle): 143
c. (Last): TODD

4. DATE OF DEATH (Month) (Day) (Year): Oct. 17, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 6, 1894
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 62
10b. KIND OF BUSINESS OR INDUSTRY: Highway Dist. 05
11. BIRTHPLACE (State or foreign country): Crossville, Tennessee
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Todd — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Mary Elmore — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-01-9698
17. INFORMANT'S OWN SIGNATURE: James N Todd 1140 2nd ave So — ADDRESS: Gazette Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: Min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coronary Occlusion — Days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Hypertensive heart disease — Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 8, 1965, *to* October 17, 1965, *that I last saw the deceased alive on* October 19, 1965, *and that death occurred at* 11:40 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 118 MD
23b. ADDRESS: 1229 4th Ave No Buhl
23c. DATE SIGNED: 10-18-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/20/65
24c. NAME OF CEMETERY OR CREMATORY: Buhl
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 10-19-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: George Foomer
LICENSE NO.: E-480

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4711
Local Reg. No. D-327
Reg. Dist. No. 460

Certificate of Death

RECEIVED
OCT 22 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mountain View Rest Home 297

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Route # 2

3. NAME OF DECEASED (Type or Print)
a. (First): Lydia
b. (Middle): Edna
c. (Last): Prewitt

4. DATE OF DEATH (Month) (Day) (Year): October 17, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 21, 1880
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Palace Carter — BIRTHPLACE: Kansas City, Mo.
14. MOTHER'S MAIDEN NAME: Sarah Waite — BIRTHPLACE: Kansas City, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-54-3795
17. INFORMANT'S OWN SIGNATURE: X Mrs R. K. Anderson — ADDRESS: Twin Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 332X Cerebral Arrom Bosis c — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): left hemiplegia
DUE TO (c): Cerebral Arteriosclerosis — 20 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Pulmonary Emphysema With Chronic Cor Pulmonale — 10 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1957, to Oct 17, 1965, that I last saw the deceased alive on Oct 17, 1965, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. H. Winsler M.D. 578
23b. ADDRESS: 204 4th Ave. E., Twin Falls
23c. DATE SIGNED: 10-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 20, 1965
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 10-19-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Ronald J. Hamilton — LICENSE NO.: E-470

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under it[illegible] inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 25 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Amended Nov 26, 1965

Certificate of Death

STATE OF IDAHO

State File No. 4712
Local Reg. No. 326
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 34 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 243 Blue Lakes Blvd, S.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 42
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 243 Blue Lakes Blvd. S.

3. NAME OF DECEASED (Type or Print): a. (First) Arba; b. (Middle) Euing; c. (Last) Robison

4. DATE OF DEATH (Month) (Day) (Year): October 18, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: May 22, 1898

9. AGE (In years last birthday): 67 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter 23

10b. KIND OF BUSINESS OR INDUSTRY: Contractor 1

11. BIRTHPLACE (State or foreign country): Linn County, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Granville T. Robison — BIRTHPLACE: Pa.

14. MOTHER'S MAIDEN NAME: Clara Henry — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-05-9076

17. INFORMANT'S OWN SIGNATURE: Mrs. A. E. Robison — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Arteriosclerotic Heart Disease — Years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Emphysema; Pulmonary embolism rt. — old

420.1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-10-63, 19___, *to* 10-18-65, 19___, *that I last saw the deceased alive on* 10-14-65, 19___, *and that death occurred at* 2:15p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard N. Smith, M.D. 481

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 10-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-21-65

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10-20-65

REGISTRAR'S SIGNATURE: Regina Grijalva

25. EMBALMER: Dale P. Patterson

LICENSE NO.: E-451

FIRM NAME: Twin Falls Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED NOV 22 1965 Bureau of Vital Statistics

State of ..... } ss. Certificate No. .....

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts in the certificate of death (Birth or Death)

for Arba Euing Robison (Name on Original Certificate) who died (Was Born or Died) on Oct 18, 1965 (Date of Event)

in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of Birth	May 22, 2898	May 22, 1898

Subscribed and sworn to before me this 19 day of November, 1965

Dale W. Henman

Notary Public, residing at Twin Falls, Idaho

My commission expires 12-2-68

(Seal)

Signed Dale P. Patterson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Twin Falls

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of November, 1965

Dale W. Henman

Notary Public, residing at Twin Falls, Idaho

My commission expires 12-2-68

(Seal)

Signed William J. Boyd

(Signature of Any Credible Person)

263 Fourth No., Twin Falls, Idaho

(Street Address, City, State)

FORM DH 60-155

STATE OF NEW YORK
PUBLIC LIBRARY
THOMAS CLINTON

STATE OF NEW YORK
PUBLIC LIBRARY
THOMAS CLINTON

Certificate of Death

STATE OF IDAHO

State File No. 4712
Local Reg. No. 3326
Reg. Dist. No. 460

BIRTH NO. RECEIVED OCT 22 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 34 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 243 Blue Dakes Blvd, S.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 243 Blue Lakes Blvd. S.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ARBA	EUING	ROBISON	October 18, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	married	May 22, 2898	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter	contractor	Linn County, Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Granville T. Robison	Pa.	Clara Henry	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-05-9076	Mrs. A. Eue Robison	Idaho Twin Falls,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart dis — Years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Emphysema. Pulmonary embolism rt. — old.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- - -	- - -	- - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
- - - - m.		- - -

22. *I hereby certify that I attended the deceased from* 10/10/63 19___, *to* 10/18/65, 19___, *that I last saw the deceased alive on* 10/14/65, 19___, *and that death occurred at* 2:15p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul M. Smith M.D.	Twin Falls, Idaho	10/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	10-21-65	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-20-65	Regina Shinkle	Dale V. Patterson	E-451

FIRM NAME: TWIN FALLS MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 25 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 26 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

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PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4713
Local Reg. No. D-327
Reg. Dist. No. 460

Certificate of Death

RECEIVED
OCT 22 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 143 Tyler, Twin Falls 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 421
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 143 Tyler Street

3. NAME OF DECEASED (Type or Print)
a. (First) George
b. (Middle) Lee
c. (Last) McCoy

4. DATE OF DEATH (Month) (Day) (Year) October 18, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH April 27, 1895
9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Farm 01
11. BIRTHPLACE (State or foreign country) Silver City, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lee George McCoy — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Orphia Mae Sphere — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-10-3139
17. INFORMANT'S OWN SIGNATURE X Mrs Geo L McCoy — ADDRESS Twin Falls

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 5 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 22 Sept, 1965, *to* 18 Oct, 1965, *that I last saw the deceased alive on* 18 Oct, 1965, *and that death occurred at* 7:40 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE 489 James H. Spafford (Degree or title) M.D.
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 10/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 21, 1965
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) Twin Falls (State) Idaho

DATE REC'D BY LOCAL REG. 10-20-65
REGISTRAR'S SIGNATURE Regina Grijalva
25. EMBALMER Ronald J. Hamilton — LICENSE NO. E-470

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: 6600

OCT 25 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 10 1977

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4714
Local Reg. No. D-329
Reg. Dist. No. 760

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Twin Falls 42 — OCT 25 1965 — Bureau of Vital Statistics — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls — LENGTH OF STAY (in this place): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 42 — b. COUNTY: Twin Falls — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp. — d. STREET ADDRESS (If rural, give location): 483 Fillmore Street

3. NAME OF DECEASED (Type or Print) — a. (First): Carl — b. (Middle): Lee 143 — c. (Last): Nelson

4. DATE OF DEATH — (Month) (Day) (Year): October 18, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: August 13, 1951

9. AGE (In years last birthday): 14 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 77

10b. KIND OF BUSINESS OR INDUSTRY: 02

11. BIRTHPLACE (State or foreign country): Hackensack, New Jersey

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Loren Nelson — BIRTHPLACE: Guntes, Texas

14. MOTHER'S MAIDEN NAME: Lorene Jones — BIRTHPLACE: O'Brien, Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Loren L Nelson — ADDRESS: Twin Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

812.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accident - hit by car; Unconscious initially. — INTERVAL BETWEEN ONSET AND DEATH: 1 Hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Basal skull fracture

DUE TO (c): [redacted]

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Aspiration of vomitus.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 04 Street

21c. (CITY, TOWN, OR TOWNSHIP) 42 (COUNTY) 13 Twin Falls — (COUNTY): Twin Falls — (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 18 Oct 1965 7:30 p m.

21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR?: Walking across street, hit by car.

22. *I hereby certify that I attended the deceased from* March, 19 55, *to* Oct., 19 65, *that I last saw the deceased alive on* 18 Oct., 19 65, *and that death occurred at* 8:40p m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 246 — (Degree or title): —

23b. ADDRESS: 1221 Lynwood Mall, Twin Falls, Idaho

23c. DATE SIGNED: 20 Oct. 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 22, 1965

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county): Twin Falls — (State): Idaho

DATE REC'D BY LOCAL REG.: 10-21-65

REGISTRAR'S SIGNATURE: Virginia Urijalva

25. EMBALMER: Donald J. Hamilton

LICENSE NO.: E-470

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

65-6232

BIRTH NO.

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 4715
Local Reg. No. D-328
Reg. Dist. No. 460

OCT 25 1965

Bureau of Vital Statistics

1. PLACE OF DEATH 421

a. COUNTY: Twin Falls

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls

c. LENGTH OF STAY (In this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 421

b. COUNTY: Twin Falls

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls

d. STREET ADDRESS (If rural, give location): 536½ 5th Avenue North

3. NAME OF DECEASED (Type or Print)

a. (First): Laurence

b. (Middle): Wesly 143

c. (Last): Otto

4. DATE OF DEATH (Month) (Day) (Year): October 19, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: June 23, 1965

9. AGE (In years last birthday): IF UNDER 1 YEAR Months 3 Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Robert Lee Otto

BIRTHPLACE: Deer River, Minn.

14. MOTHER'S MAIDEN NAME: Juanita Lee

BIRTHPLACE: Twin Falls, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Mrs. Robert L. Otto

ADDRESS:

18. CAUSE OF DEATH 492X

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Anoxia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Viral Pneumonia

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* did not attend *, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 5:00 *a m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Claude Wiley Crocker 583

23b. ADDRESS: Twin Falls

23c. DATE SIGNED: 10-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 21, 1965

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

24d. LOCATION (City, town, or county): Twin Falls (State): Idaho

DATE REC'D BY LOCAL REG.: 10-21-65

REGISTRAR'S SIGNATURE: Regina Grijalva

25. EMBALMER: Ronald J. Hamilton

LICENSE NO.: E-470

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: White Mortuary

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4716
Local Reg. No. 0332
Reg. Dist. No. 460

RECEIVED OCT 29 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls, 420 000
b. CITY OR TOWN Kimberly (If outside corporate limits, write RURAL and give township) | DURATION OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Mountain View Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 421 b. COUNTY Twin Falls
c. CITY OR TOWN Twin Falls
d. STREET ADDRESS 382 Filer Avenue (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Ora b. (Middle) Jewel 297 c. (Last) Darnell

4. DATE OF DEATH (Month) (Day) (Year) October 20, 1965

5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3 | 8. DATE OF BIRTH July 26, 1900 | 9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home 01
11. BIRTHPLACE (State or foreign country) Henderson, Texas
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Unknown BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Robert S Meyer ADDRESS Thompson Chapel Records

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA - PRIMARY OF LIVER — INTERVAL BETWEEN ONSET AND DEATH 14K

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

155.9

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1965, *to* 20 October, 1965, *that I last saw the deceased alive on* 20 Oct, 1965, *and that death occurred at* 10.04 m., *from the causes and on the date stated above.*

23a. SIGNATURE C. Ellis 286 (Degree or title) Knight Mrs. | 23b. ADDRESS Kimberly Ida | 23c. DATE SIGNED 10/25/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 10-23-1965 | 24c. NAME OF CEMETERY OR CREMATORY Wendell Cemetery | 24d. LOCATION (City, town, or county) (State) Wendell Idaho.

DATE REC'D BY LOCAL REG. 10-27-65 | REGISTRAR'S SIGNATURE Regina Brizalara | 25. EMBALMER Robert S Meyer | LICENSE NO. E-424

FIRM NAME Thompson Chapel Gooding, Ida. 737 Main Street

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 8 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4717
Local Reg. No. D-331
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 42 OCT 29 1965
b. CITY OR TOWN Twin Falls
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 42 b. COUNTY Twin Falls
c. CITY OR TOWN Twin Falls
d. STREET ADDRESS (If rural, give location) 571 Highland Avenue

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) W3 c. (Last) Shockey

4. DATE OF DEATH (Month) (Day) (Year) October 20, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH May 11, 1910

9. AGE (In years last birthday) 55 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 62

10b. KIND OF BUSINESS OR INDUSTRY City Water Dept. 81

11. BIRTHPLACE (State or foreign country) Still Water, Oklahoma

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Les Shockey BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Evelyn Gidney BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-07-8385

17. INFORMANT'S OWN SIGNATURE X Nettie M. Shockey ADDRESS Twin Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 812.4
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL CONTUSION, MASSIVE — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) TRAUMA TO THE HEAD
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS FRACTURE RIBS RIGHT THORAX
Conditions contributing to the death but not related to the disease or condition causing death FRACTURED PELVIS
FRACTURED KNEE, LEFT

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) STRUCK BY OLD AUTOMOBILE

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 3/4 mi So. of TWIN FALLS, Idaho

21c. (CITY, TOWN, OR TOWNSHIP) 42 TWIN FALLS (COUNTY) Twin Falls County (STATE) IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 20 65 m.

21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR? CAR LEFT ROAD + STRUCK HIM

22. I hereby certify that I attended the deceased from 20 Oct, 1965, to 20 Oct, 1965, that I last saw the deceased alive on 20 Oct, 1965, and that death occurred at 2:26 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 293 Werner H Kramer MD

23b. ADDRESS 112 Adams St. Twin Falls Ida

23c. DATE SIGNED 10/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct. 23, 1965

24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park

24d. LOCATION (City, town, or county) Twin Falls (State) Idaho

DATE REC'D BY LOCAL REG. 10-26-65

REGISTRAR'S SIGNATURE Regina Brigham

25. EMBALMER Ronald J Hamilton LICENSE NO. E-470

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 2 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 4 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4718
Local Reg. No. D-330
Reg. Dist. No. 460

Certificate of Death

RECEIVED OCT 29 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 434 Fourth Ave. West 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 434 Fourth Avenue West

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): JEFFERSON
c. (Last): SOMMER

4. DATE OF DEATH (Month) (Day) (Year): October 23, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Jan. 31, 1911
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheepherder 06
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 05
11. BIRTHPLACE (State or foreign country): Glendive, Montana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William J. Sommer — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Ruth Ward — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): - - - - - -
16. SOCIAL SECURITY NO.: 517-18-5493
17. INFORMANT'S OWN SIGNATURE: William J. Boyd — From Family Records — ADDRESS: Twin Falls, Ida

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary arrest — INTERVAL BETWEEN ONSET AND DEATH: Min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - - - - - - - - - - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - - - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: - - - - - - - - - - - - - - - -

22. *I hereby certify that I attended the deceased from* Did not attend, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 3:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Claude Wiley, Coroner 583
23b. ADDRESS: Twin Falls, Ida
23c. DATE SIGNED: 10-25-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Oct. 25, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Gardens
24d. LOCATION (City, town, or county) (State): Glendive, Montana

DATE REC'D BY LOCAL REG.: 10-26-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: William J. Boyd
LICENSE NO.: E-490

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Twin Falls Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 7 1978

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4719
Local Reg. No. D-337
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

BIRTH NO.

NOV 3 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): 530 Center Street East

3. NAME OF DECEASED (Type or Print)
a. (First): LELAND
b. (Middle): A.
c. (Last): HARRIS

4. DATE OF DEATH (Month) (Day) (Year): Oct. 25, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 20, 1898
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Installer 06
10b. KIND OF BUSINESS OR INDUSTRY: Mt. St. Telephone 22
11. BIRTHPLACE (State or foreign country): Lago, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Casper W. Harris — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Martin Christensen — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs. La Deane Jenson — ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary exclusion 420.1 — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerotic Heart disease unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Duodenal obstruction due to ulcer 15 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-11, 1965, *to* 10-25, 1965, *that I last saw the deceased alive on* 10-25, 1965, *and that death occurred at* 3:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. F. Brumbach 064
23b. ADDRESS: 876 Sheep. Twin Falls, Idaho
23c. DATE SIGNED: 10-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 29, 1965
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem. Gardens
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 11-1-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Ronald J. Hamilton
LICENSE NO.: E-470

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ~~Manning Funeral Chapel~~ White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 8 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
BIRTH NOV 8 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4720
Local Reg. No. D-343
Reg. Dist. No. 460

1. PLACE OF DEATH
a. COUNTY: Twin Falls 43 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 3-01
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 43 0
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 525 North Broadway

3. NAME OF DECEASED (Type or Print): a. (First) DAVID; b. (Middle) EDWARD 43; c. (Last) GLINE

4. DATE OF DEATH: (Month) Oct. (Day) 27, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: April 8, 1950

9. AGE (In years last birthday): 15 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77

10b. KIND OF BUSINESS OR INDUSTRY: High School 02

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: DeLawrence M. Gline — BIRTHPLACE: Colorado

14. MOTHER'S MAIDEN NAME: Josephine Oakley — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: --

17. INFORMANT'S OWN SIGNATURE: DeLawrence M. Gline — ADDRESS: 525 No. Broadway Buhl Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Lymphatic Leukemia 204.3 — INTERVAL BETWEEN ONSET AND DEATH: 6 mons

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1965, *to* Oct 27, 1965, *that I last saw the deceased alive on* Oct 27, 1965, *and that death occurred at* 8:55 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wm H Anderson (Degree or title) M.D. — **23b. ADDRESS**: Buhl, Ida — **23c. DATE SIGNED**: 11-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 10/29/65 — **24c. NAME OF CEMETERY OR CREMATORY**: Buhl — **24d. LOCATION** (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 11-5-65 — **REGISTRAR'S SIGNATURE**: Regina Brizalara — **25. EMBALMER**: Robert F. Dickard — **LICENSE NO.**: E-312

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 15 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4721
Local Reg. No. D-333
Reg. Dist. No. 3/60

BIRTH NO.

RECEIVED
NOV 3 1965
Bureau of Vital Statistics

Information, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital 42

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 42
b. COUNTY: T. Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 443 Blue Lakes Blvd.

3. NAME OF DECEASED (Type or Print): a. (First) Blanche; b. (Middle) Maude; c. (Last) Miller

4. DATE OF DEATH (Month) (Day) (Year): October 27, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: October 27, 1883

9. AGE (In years last birthday): 82 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Orenia, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Johnny Scrackangast — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Alice Bevercombe — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-43-8478

17. INFORMANT'S OWN SIGNATURE: Nellie Stultzman — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerotic Heart Disease — 3yr +

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Diabetes mellitus — 3yr +; Congestive Heart Failure — 3yr +

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2 Aug, 1965, *to* 10/27/, 1965, *that I last saw the deceased alive on* 8 Oct, 1965, *and that death occurred at* 4:10p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James H. Spafford M.D.

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 10/29/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/30/65

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10-29-65

REGISTRAR'S SIGNATURE: Regina Grijalva

25. FUNERAL DIRECTOR: James C. Reynolds — ADDRESS: Reynolds Funeral Chapel Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

DEC 16 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of James C. Reynolds Lic. No. E-279 at Twin Falls on 10/27/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 4722
Local Reg. No. D356
Reg. Dist. No. 460

BIRTH NO.

RECEIVED
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls 42 NOV 3 1965 000
b. CITY OR TOWN Twin Falls
c. LENGTH OF STAY (if not in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Hazeldel Manor 285

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 42 b. COUNTY Twin Falls
c. CITY OR TOWN Twin Falls
d. STREET ADDRESS (If rural, give location) 559 2nd Avenue North

3. NAME OF DECEASED (Type or Print) a. (First) Fannie b. (Middle) Augusta c. (Last) Clark

4. DATE OF DEATH (Month) (Day) (Year) October 28, 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH August 22, 1885

9. AGE (In years last birthday) 80
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Own Home 01

11. BIRTHPLACE (State or foreign country) DeWitt, Arkansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David Evans
BIRTHPLACE Illinois

14. MOTHER'S MAIDEN NAME Mary E. Jennings
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-07-82488

17. INFORMANT'S OWN SIGNATURE Mrs. Laura M. Clark
ADDRESS Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.0

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 20, 1952, to Oct 28, 1965, that I last saw the deceased alive on Oct 28, 1965, and that death occurred at 12:00 noon, from the causes and on the date stated above.

23a. SIGNATURE Dean T. Affleck (Degree or title) MD

23b. ADDRESS Twin Falls Ida.

23c. DATE SIGNED 29 Oct 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Nov. 1, 1965

24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park

24d. LOCATION (City, town, or county) Twin Falls (State) Idaho

DATE REC'D BY LOCAL REG. 11-1-65

REGISTRAR'S SIGNATURE Regina Grijalva

25. EMBALMER Ronald J. Hamilton

LICENSE NO. E-470

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4723
Local Reg. No. D-344
Reg. Dist. No. 460

BIRTH NO. 65-5736

NOV 8 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print): a. (First) Douglas b. (Middle) Ray c. (Last) Christensen

4. DATE OF DEATH (Month) (Day) (Year): Oct. 29, 1965

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: May 27, 1965

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 5 Days: 2; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Burley, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Earl J. Christensen BIRTHPLACE: Burley, Idaho

14. MOTHER'S MAIDEN NAME: Kathryn Zollinger BIRTHPLACE: Montpelier, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE: [signature] ADDRESS: Burley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infantile Spinal Muscular Atrophy — INTERVAL BETWEEN ONSET AND DEATH: 5 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Acute bronchopneumonia — 14 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/28, 1965, *to* 10/29, 1965, *that I last saw the deceased alive on* 10/29, 1965, *and that death occurred at* 1:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 11/1/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 10/29/65

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View

24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: 11-5-65

REGISTRAR'S SIGNATURE: Regina Boyalva

25. EMBALMER: [signature] LICENSE NO.: E-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (Items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4724
Local Reg. No. D-339
Reg. Dist. No. 460

RECEIVED Bureau of Vital Statistics NOV 5 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 42 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hospital 43

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 420
b. COUNTY T. Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Murtaugh
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Carrie	Ethel	Papineau	October 29, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	February 7, 1879	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	01	New Cambria, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wm. Long Summers	unknown	Alice Hughes	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
X		[signature]	Murtaugh, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardio-vascular disease — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10/10, 1965, *to* 10/29/, 1965, *that I last saw the deceased alive on* 10/29/, 1965, *and that death occurred at* 6:34p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Werner H. Kramer 293 M.D.	Twin Falls, Idaho	11-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/2/65	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-3-65	Regina Shipley	James E. Reynolds Funeral Chapel	Twin Falls, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 8 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 31 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Paul D. Reynolds Lic. No. E-495 at Twin Falls on 10/29/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 4725
Local Reg. No. D-338
Reg. Dist. No. 460

BIRTH NO.

RECEIVED NOV 5 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 620 4th Avenue East 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 620 4th Avenue East

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) P. c. (Last) Larsen

4. DATE OF DEATH (Month) (Day) (Year): October 30, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: February 7, 1888

9. AGE (In years last birthday): 77 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoemaker 60

10b. KIND OF BUSINESS OR INDUSTRY: 60

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Surone Larsen — BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Christina Nelson — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-07-9083-A

17. INFORMANT'S OWN SIGNATURE: James C. Reynolds, ADDRESS Twin Falls, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion. — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not attend, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* 5:00a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Claude Wiley, Coroner — **23b. ADDRESS**: Twin Falls, Idaho — **23c. DATE SIGNED**: 11/1/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 11/3/65 — **24c. NAME OF CEMETERY OR CREMATORY**: Cloverdale Cemetery — **24d. LOCATION** (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-3-65 — **REGISTRAR'S SIGNATURE**: Regina Shjalva

25. FUNERAL DIRECTOR: Reynolds Funeral Chapel-Twin Falls, ADDRESS Idaho — James C. Reynolds

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Paul D. Reynolds Lic. No E-495 at Twin Falls on 10/30/65

ADDITIONAL REMARKS by Physician

State File No. 4726
Local Reg. No. D-340
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

BIRTH NO.

NOV 5 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 12 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. # 4 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): R.F.D. # 4

3. NAME OF DECEASED (Type or Print)
a. (First): WILLARD
b. (Middle): H.
c. (Last): CHARLTON

4. DATE OF DEATH (Month) (Day) (Year): Oct. 30, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Feb. 28, 1892
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 01
11. BIRTHPLACE (State or foreign country): Salem, Arkansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William H. Charlton — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-07-8885A
17. INFORMANT'S OWN SIGNATURE: Gladys Charlton — ADDRESS: RFD # 4 Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Probable Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Unknown
DUE TO (c): " "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. " "

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: None

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 6:45 p.m., from the causes and on the date stated above.
In Body after death deceased under care of Christian Science Practitioner

23a. SIGNATURE (Degree or title): William G. Doody MD 661
23b. ADDRESS: 120 4th Ave Buhl Ida
23c. DATE SIGNED: 11/1/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/2/65
24c. NAME OF CEMETERY OR CREMATORY: Buhl
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 11-3-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Robert F. Dickard
LICENSE NO.: E-312

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4727
Local Reg. No. D-342
Reg. Dist. No. 460

RECEIVED NOV 5 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): 427 Madison Street

3. NAME OF DECEASED (Type or Print)
a. (First): Mollie
b. (Middle): A. 143
c. (Last): Noble

4. DATE OF DEATH (Month) (Day) (Year): October 30, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 25, 1876
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 01
10b. KIND OF BUSINESS OR INDUSTRY: Housewife 01
11. BIRTHPLACE (State or foreign country): Algona, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Owen McEnroe — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Katherine Quinn — BIRTHPLACE: Paris, France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-44-1780
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 446X Arteriosclerotic nephritis. — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*: Bronchopneumonia — 2 wks.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 7 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. C. Kreilberg [signature] 296
23b. ADDRESS: Twin Falls
23c. DATE SIGNED: 11-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 2, 1965
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 11-3-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Ronald J. Hamilton — LICENSE NO. E-470

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 28 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 30 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 2 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4728
Local Reg. No. 7
Reg. Dist. No. 3/0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Lakes Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 430
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Donnelly
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JENNIE 324
b. (Middle): MOLONY
c. (Last): HALFERTY

4. DATE OF DEATH (Month) (Day) (Year): October 4, 1965

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Oct. 9, 1879

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Morrowville, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David T. Molony
BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Amanda McCormick
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: ---

17. INFORMANT'S OWN SIGNATURE: Thelma F Wallace
ADDRESS: Donnelly, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: a few secs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease — 5-10 yrs
DUE TO (c): Generalized arteriosclerosis — 5-10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cerebral arteriosclerosis — 5-10 yrs

420.0

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1962, *to* Oct, 1965, *that I last saw the deceased alive on* Oct 2, 1965, *and that death occurred at* 8:24 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James J Stewart MD
23b. ADDRESS: McCall Idaho
23c. DATE SIGNED: Oct 11, 65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct. 9 '65
24c. NAME OF CEMETERY OR CREMATORY: Margaret Cemetery
24d. LOCATION (City, town, or county) (State): Cascade Idaho

DATE REC'D BY LOCAL REG.: Oct-14-1965
REGISTRAR'S SIGNATURE: Myrtle A Gardner

25. EMBALMER: Gary C. Heikkila
LICENSE NO.: E-419
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4729
Local Reg. No. 16
Reg. Dist. No. 310

RECEIVED NOV 2 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
c. LENGTH OF STAY (in this place): 55 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 430
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
IDA	HARRINGTON	BROWN	October 6, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	widowed 2	November 24, 1890	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	01	Hillsdale, Michigan	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John S. Harrington	Canada	Elizabeth Bingham	U. S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	550-26-8282	Warren A Brown	McCall, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 3-5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct, 1963 *to* Oct, 1965, *that I last saw the deceased alive on* Oct 5, 1965, *and that death occurred at* 330 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James H Stuart MD	McCall Idaho	10-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 8, 1965	McCall Cemetery	McCall, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 9 1965	Myrtle K Gardner	Burton E Walker	E-386

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: WALKER FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 2 - 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 3 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4730
Local Reg. No. 13
Reg. Dist. No. 3/0

BIRTH NO.

RECEIVED NOV 2 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Valley 430 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McCall
LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCall Memorial Hospital 209

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 430
b. COUNTY Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cascade
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LULA	MARY	EVANS	October 16, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Divorced 4	March 7, 1881	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	01	Skidmore, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Emerson Herrick	Iowa	Mary Frances Meyers	Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	unknown	Leroy Herrick	Cascade, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4221

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) cerebral arteriosclerosis disease
DUE TO (c) arteriosclerotic cardiovascular/

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	--	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* August, 1965, *to* Oct. 16, 1965, *that I last saw the deceased alive on* Oct. 16, 1965, *and that death occurred at* 10:35 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harold S Stokes M.D.	McCall, Idaho	10/21/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 19, 1965	Margaret Cemetery	Cascade, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct 23 1965	Myrtle Gardner	Burton E Walker	E-386

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: WALKER FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 15 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Dr McGrath

REC Certificate of Death

STATE OF IDAHO

State File No. 4731
Local Reg. No. 21
Reg. Dist. No. 320

BIRTH NO.

NOV 1 5 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Washington 44
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 48
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
d. STREET ADDRESS (If rural, give location): ----

3. NAME OF DECEASED (Type or Print): a. (First) DELLA b. (Middle) OLK 153 c. (Last) FULLER

4. DATE OF DEATH: (Month) 10 (Day) 5 (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: 2/10/1880

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months 7 Days 25
IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: ---- 01

11. BIRTHPLACE (State or foreign country): Nevada

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: ----
BIRTHPLACE: ----

14. MOTHER'S MAIDEN NAME: ----
BIRTHPLACE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Gene Fuller
ADDRESS: Cambridge, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331 Hypostatic Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Hemorrhage

DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-13- *, 1965, to* 10-5- *, 1965, that I last saw the deceased alive on* 10-5- *, 1965, and that death occurred at* 2:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 344 M.D. McGrath MD

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 10/5/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/8/65

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Weiser Idaho

DATE REC'D BY LOCAL REG.: 10/5/65

REGISTRAR'S SIGNATURE: L. Dan Thomason

25. EMBALMER: L. Dan Thomason

LICENSE NO.: E-388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr Giever

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 4732
Local Reg. No. 22
Reg. Dist. No. 320

BIRTH NO.

NOV 15 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Washington 441
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. STATE (in this place): Idaho
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 441
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 421 Hanthorn Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle): ROE 153
c. (Last): STOUT

4. DATE OF DEATH (Month) (Day) (Year): 10 - 7 - 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 10/7/84
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months - Days - — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer 16
10b. KIND OF BUSINESS OR INDUSTRY: Gasoline Plant 6
11. BIRTHPLACE (State or foreign country): Sedan, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James G. Stout — BIRTHPLACE: ----
14. MOTHER'S MAIDEN NAME: Alice Springstead — BIRTHPLACE: ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: + Lois Stout, Weiser Idaho — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Neutric Fibr. Nutrient — INTERVAL BETWEEN ONSET AND DEATH: 15 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteria. HT Dis — 10 yrs
DUE TO (c): Gen. arteriosclerosis — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: C.V.A.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/21, 1965, *to* 10/7, 1965, *that I last saw the deceased alive on* 10/7, 1965, *and that death occurred at* 8:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 186 (Degree or title)
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 10/7/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/12/65
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser Idaho

DATE REC'D BY LOCAL REG.: 10-7-65
REGISTRAR'S SIGNATURE: R. Dale Thomason
25. EMBALMER: R. Dale Thomason
LICENSE NO.: E-388

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 16 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED NOV 15 1965 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 4733
Local Reg. No. 23
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH 441
a. COUNTY Washington 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Memorial Hosp. 153

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho 441
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) EFFIE
b. (Middle) F.
c. (Last) SEIBER

4. DATE OF DEATH (Month) (Day) (Year) Oct. 18, 1965

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH Nov. 1, 1878
9. AGE (In years last birthday) 87 — IF UNDER 1 YEAR: Months 11, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home 01
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Newt Combs — BIRTHPLACE ----
14. MOTHER'S MAIDEN NAME Nora Hopper — BIRTHPLACE ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Claude Ogilvie — ADDRESS Box 26 Rte 2, Huntington Pa

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION 420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery Disease
DUE TO (c) Hypertension & Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-11- 1965, *to* 10-18, 1965, *that I last saw the deceased alive on* 10-18, 1965, *and that death occurred at* 5:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE 344 M D McGrath MD (Degree or title)
23b. ADDRESS Weiser, Idaho
23c. DATE SIGNED 10/18/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10/22/65
24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
24d. LOCATION (City, town, or county) Weiser (State) Idaho

DATE REC'D BY LOCAL REG. 10/18/65
REGISTRAR'S SIGNATURE R. Dale Thomason
25. EMBALMER R. Dale Thomason
LICENSE NO. E-388

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Northam-Jones Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4734
Local Reg. No. 24
Reg. Dist. No. 320

BIRTH NO.

RECEIVED NOV 17 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Washington 44 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 44 b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) 1029 E. Comm.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	JAMES	R. 153	NELSON	10	27	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	10/9/65	62	0	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Car Inspector 70	Union Pacific R.R.	Hobart, Oklahoma	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles B. Nelson	---	Annie Hall	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Thomas R. Nelson	Weiser

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

593X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-24-65, 19___, *to* 10-26-65, 19___, *that I last saw the deceased alive on* 10-26-65, 19___, *and that death occurred at* 1:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
097 Tom Coats MD	Weiser, Idaho	10/27/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10/30/65	Hillcrest Cemetery	Weiser Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
10-30-65	K. Dee Thomason	K. Dee Thomason	E-388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

McGrath

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 4735
Local Reg. No. 26
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Washington 441 NOV 22 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser Bureau of Vital Statistics
c. LENGTH OF (If not in place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 381 b. COUNTY Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Payette
d. STREET ADDRESS (If rural, give location) 1314 3rd Ave. So.

3. NAME OF DECEASED (Type or Print)
a. (First) JERALD b. (Middle) LEE 153 c. (Last) REED

4. DATE OF DEATH (Month) 10 (Day) 30 (Year) 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH 11/23/1961

9. AGE (In years last birthday) 3 — If under 1 year: Months 11 Days 7 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ---- 02

10b. KIND OF BUSINESS OR INDUSTRY --- 00

11. BIRTHPLACE (State or foreign country) Weiser, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edwin Lee Reed — BIRTHPLACE Durango, Colo.

14. MOTHER'S MAIDEN NAME Jean Ball — BIRTHPLACE Oakland, Calif.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Edwin Lee Reed — ADDRESS Payette

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Arrest 510.1 — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 10-30-65

19b. MAJOR FINDINGS OF OPERATION Tonsell Pectomy

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-30-, 1965, *to* 10-30-, 1965, *that I last saw the deceased alive on* 10-30-, 1965, *and that death occurred at* 9:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE W. S. McGrath MD 344 (Degree or title)

23b. ADDRESS Weiser, Idaho

23c. DATE SIGNED 10/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11/2/65

24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery

24d. LOCATION (City, town, or county) Weiser (State) Idaho

DATE REC'D BY LOCAL REG. 10/30/65

REGISTRAR'S SIGNATURE R. Dale Thomason

25. EMBALMER R. Dale Thomason

LICENSE NO. E-388

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 23 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4736
Local Reg. No. 21
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Washington 441 NOV 22 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) Weiser
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 38 Oregon
b. COUNTY 555 Baker
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baker
d. STREET ADDRESS (If rural, give location) ----

3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) PATRICK 152 c. (Last) ADAMS

4. DATE OF DEATH (Month) 10 (Day) 31 (Year) 65

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed- 2

8. DATE OF BIRTH 8/24/1885

9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months 2 Days 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber 44

10b. KIND OF BUSINESS OR INDUSTRY Barber 01

11. BIRTHPLACE (State or foreign country) Muskogee Oklahoma Terr.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Adams BIRTHPLACE ----

14. MOTHER'S MAIDEN NAME Genevra Allen BIRTHPLACE ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE L. S. Adams ADDRESS Huntington Or

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C.V.A. — INTERVAL BETWEEN ONSET AND DEATH 24 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arter. — 10 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/23 19 65, *to* 10/31 19 65 *that I last saw the deceased alive on* 10/31 19 65, *and that death occurred at* 3:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 186

23b. ADDRESS Weiser, Idaho

23c. DATE SIGNED 10/31/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11/2/65

24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery

24d. LOCATION (City, town, or county) Weiser Annex (State) Oregon

DATE REC'D BY LOCAL REG. 10/31/65

REGISTRAR'S SIGNATURE R. Dale Thomason

25. EMBALMER R. Dale Thomason

LICENSE NO. E-388

FIRM NAME Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 1 3 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 2 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4737
Local Reg. No. 574
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 2 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01 — 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise — LENGTH OF STAY (in this place): 24 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 38 Oregon — b. COUNTY: 555 Harney
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burns
d. STREET ADDRESS (If rural, give location): 626 West Madison

3. NAME OF DECEASED (Type or Print): a. (First) Peter — b. (Middle) James — c. (Last) Hickey

4. DATE OF DEATH (Month) (Day) (Year): Oct. 26 1965

5. SEX: Male

6. COLOR OR RACE: Cau.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: June 27, 1887

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming 01

11. BIRTHPLACE (State or foreign country): Bukvena Austria

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Hickey — BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: Louisa Turner — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Peter J Hickey — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bladder 181.0 — INTERVAL BETWEEN ONSET AND DEATH: 7 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 5 '59

19b. MAJOR FINDINGS OF OPERATION: Bladder tumor

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 7, 1958, *to* Oct 26, 1965, *that I last saw the deceased alive on* Oct 26, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: W B Jeppesen 259 (Degree or title): Md

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 11-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-30-65

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 11-30-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Earl D Jones — LICENSE NO.: E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service — Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 10 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4738
Local Reg. No. 248
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veteran's Administration Hosp. 3-02

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 380
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location): Box 401

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT b. (Middle) 004 c. (Last) HEIDTMAN

4. DATE OF DEATH: (Month) 11 (Day) 1 (Year) 65

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: 9/8/00

9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm laborer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming 02

11. BIRTHPLACE (State or foreign country): Mankato, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Heidtman — BIRTHPLACE: St. Louis, Mo.

14. MOTHER'S MAIDEN NAME: Ellen Burns — BIRTHPLACE: Gentry County, Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes give war or dates of service): 1942 to 1943

16. SOCIAL SECURITY NO.: 519-12-0232

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: John R. Heidtman — V.A. HOSPITAL, BOISE, IDAHO

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

465X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary infarction. — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary emphysema, Cor Pulmonale. — Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

V.A. Hospital

22. ~~I last saw the deceased~~ attended the deceased from 10/31, 1965, to 11/1, 1965, ~~that I last saw the deceased alive on~~, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE: F. B. HINE 597 — (Degree or title): M.D. — **23b. ADDRESS**: V.A. HOSPITAL, Boise, Idaho — **23c. DATE SIGNED**: 11/4/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 11/5/65 — **24c. NAME OF CEMETERY OR CREMATORY**: Mt'n. View Mem. Park — **24d. LOCATION** (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-8-65 — REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Richard R Maus — LICENSE NO.: E-443

FIRM NAME: Mountain View Funeral Home, Boise

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

FEB 3 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 10 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4739
Local Reg. No. 557
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
NOV 22 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 01
c. CITY OR TOWN: Boise
d. STREET ADDRESS: 1319 Empire Way

3. NAME OF DECEASED (Type or Print): a. (First) Ida b. (Middle) Gertrude c. (Last) Barnes

4. DATE OF DEATH: (Month) Nov. (Day) 3 (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 27, 1895
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Same 01
11. BIRTHPLACE (State or foreign country): Canyon City Colo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Goode — BIRTHPLACE: No. Carolina
14. MOTHER'S MAIDEN NAME: Susan Allison — BIRTHPLACE: North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): NOne
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Frankie C. Staggs — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Heart disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardiac cirrhosis — Yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: CA - Rt breast - 4 yrs ago
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/21, 1959 *to* 11/3, 1965, *that I last saw the deceased alive on* 11/3, 1965, *and that death occurred at* 11:34 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 510
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 10 Nov 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-6-65
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-19-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-460

FIRM NAME: BELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1740
Local Reg. No. 543
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
NOV 12 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 01 — 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 7 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01 b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1405 Juanita

3. NAME OF DECEASED (Type or Print): a. (First) Lee b. (Middle) L. c. (Last) Fox

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 4, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: June 7, 1901

9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stereotyper 52

10b. KIND OF BUSINESS OR INDUSTRY: Newspaper 08

11. BIRTHPLACE (State or foreign country): Shelby, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Fox — BIRTHPLACE: Maryland

14. MOTHER'S MAIDEN NAME: Nettie Eller — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWI WWII 3

16. SOCIAL SECURITY NO.: 497-01-5223

17. INFORMANT'S OWN SIGNATURE: Mrs Cynthia Fox — ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lung Cancer — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Acute Epidermoid — 7 weeks

DUE TO (c) Neoplasm

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

5211X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1965, *to* 11-4, 1965, *that I last saw the deceased alive on* 11-4, 1965, *and that death occurred at* 7:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Evelyn Mason MD — **23b. ADDRESS**: Boise Idaho — **23c. DATE SIGNED**: 11-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 11-8-65 — **24c. NAME OF CEMETERY OR CREMATORY**: Cloverdale Memorial Park — **24d. LOCATION** (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 11-12-65 — **REGISTRAR'S SIGNATURE**: Myrtle Palmer

25. EMBALMER: G. W. Waters — **LICENSE NO.**: E-461

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

NOV 12 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 24 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 25 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4741
Local Reg. No. 535
Reg. Dist. No. 370

RECEIVED NOV 8 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. # 2, Cloverdale Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Jay
c. (Last): Sales

4. DATE OF DEATH (Month) (Day) (Year): Nov. 4, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 22, 1916
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant 72
10b. KIND OF BUSINESS OR INDUSTRY: Construction 01
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Willie J. Sales — BIRTHPLACE: Ashville, N. Carolina
14. MOTHER'S MAIDEN NAME: Mamie Brookshire — BIRTHPLACE: Ashville, N. Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes 1 WW 2 & Korean 6
16. SOCIAL SECURITY NO.: 518-07-9945
17. INFORMANT'S OWN SIGNATURE: Wanda M. Sales — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Thrombosis

DUE TO (c) Coronary Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 22, 1965, *to* Nov 4, 1965, *that I last saw the deceased alive on* Nov 3, 1965, *and that death occurred at* 4 45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 261 C E Johnson MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 11-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 11/6/1965
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-8-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-422

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: McBratney-Alden-Waggoner Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 8 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 16 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 19 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

DEC 14 1965

APR 8 1966

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PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate.
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4742
Local Reg. No. 546
Reg. Dist. No. 370

RECEIVED NOV 16 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 5 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada 001
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 535 South 14th

3. NAME OF DECEASED (Type or Print)
a. (First): PEARL
b. (Middle): L.
c. (Last): ANACABE

4. DATE OF DEATH: November 5, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	divorced 4	Oct. 1, 1894	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
cashier 25	department store 10	Gold hill, Colorado	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Daniel McFarlane	Scotland	Jennie Bennett	Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	---	518-07-6830	James J. McFarlane	618 N. Howry Boise, I.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Posterior Wall Infarction	?
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary Sclerosis	?
DUE TO (c)		1
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Diabetes Mellitus	?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
—	—	—

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
— m.	—	—

22. *I hereby certify that I attended the deceased from* 8-26, 1955, *to* 11/5, 1965, *that I last saw the deceased alive on* 11/5, 1965, *and that death occurred at* 2:35 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Boise	11/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Nov. 8, 1965	Morris Hill Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-12-65	Myrtle Palmer	[signature]	E

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4743
Local Reg. No. 547
Reg. Dist. No. 370

RECEIVED NOV 16 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2812 Fry Street

3. NAME OF DECEASED (Type or Print): a. (First) ZOLA b. (Middle) J. c. (Last) HILL

4. DATE OF DEATH (Month) (Day) (Year): November 5, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2
8. DATE OF BIRTH: Jan. 13, 1910
9. AGE (In years last birthday): 55 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: at home 01
11. BIRTHPLACE (State or foreign country): Wyaconda, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Horace R. Kerfoot BIRTHPLACE: Williamstown, Mo.
14. MOTHER'S MAIDEN NAME: Bertha Raine BIRTHPLACE: Fairmont, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO. 518-24-5886
17. INFORMANT'S OWN SIGNATURE: Bennett B. Hill ADDRESS: 2812 Fry Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 1965 *to* Nov. 5, 1965, *that I last saw the deceased alive on* Oct 26, 1965, *and that death occurred at* 7 A.D. P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Max L. Bell, M.D. 039 (Degree or title)
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 11/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-10-65
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-12-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] LICENSE NO.: E-410
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 2 9 1993

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4744
Local Reg. No. 249
Reg. Dist. No. 371

BIRTH NO.

RECEIVED NOV 12 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY IN (this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls, Idaho
d. STREET ADDRESS (If rural, give location): RT # 3

3. NAME OF DECEASED (Type or Print): a. (First) William; b. (Middle) C; c. (Last) STONE

4. DATE OF DEATH: (Month) 11 (Day) 5 (Year) 65

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: 7-18-89

9. AGE (In years last birthday): 76 (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Chicken Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Same 01

11. BIRTHPLACE (State or foreign country): Ill

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: C.T. Stone 04 — BIRTHPLACE: Pa

14. MOTHER'S MAIDEN NAME: Mary Boyle — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW 1 2

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: Jack D. Stone — ADDRESS: VA Records, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 18 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease — 8 yrs

332X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES XX NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I attended the deceased from 11-3, 19 65, to 11-5, 19 65, that I last saw the deceased alive on [illegible] 19[illegible], and that death occurred at 2:15 AM m., from the causes and on the date stated above.

23a. SIGNATURE: Glenn Voyles — (Degree or title): GLENN Q VOYLES, M.D. 597

23b. ADDRESS: VA Center, Boise, Idaho

23c. DATE SIGNED: 11-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 11-8-65

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 11-10-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: John F. Wilkerson — LICENSE NO.: E 435

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

NOV 15 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4745
Local Reg. No. 568
Reg. Dist. No. 370

Certificate of Death

65-10946
BIRTH NO.

RECEIVED
NOV 30 1965
Bureau of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 011 4-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4213 Clark Street

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Ted
c. (Last): McDonald

4. DATE OF DEATH (Month) (Day) (Year): 11 6 1965

5. SEX: Male
6. COLOR OR RACE: Cau.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 11/6/65
9. AGE (In years last birthday): ------ IF UNDER 1 YEAR: Months - Days - IF UNDER 24 HRS.: Hours - Min. 40

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY: None 00
11. BIRTHPLACE (State or foreign country): Boise Ada Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Archie McDonald
BIRTHPLACE: Los Angeles Cal.
14. MOTHER'S MAIDEN NAME: Julie Ann Hansen
BIRTHPLACE: Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: William A. McDonald
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/6, 1965, *to* 11/6, 1965, *that I last saw the deceased alive on* never seen alive, 19__, *and that death occurred at* 11 15 *m., from the causes and on the date stated above.*

23a. SIGNATURE: H A P Myers III 384 (Degree or title) MD
23b. ADDRESS: 200 E Bannock
23c. DATE SIGNED: 11/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/10/65
24c. NAME OF CEMETERY OR CREMATORY: Syringa Gardens Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-23-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Clark Sears
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 4746
Local Reg. No. 558
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

NOV 22 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2805 Agate St.

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): David 003
c. (Last): Fields

4. DATE OF DEATH (Month) (Day) (Year): Nov. 6, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 28, 1899
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger 08
10b. KIND OF BUSINESS OR INDUSTRY: Lumber 02
11. BIRTHPLACE (State or foreign country): Lucern Missoure
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Samuel Fields — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Mary Cora Scott — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-07[illegible]6499
17. INFORMANT'S OWN SIGNATURE: x Paul Barron — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Short

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DOA, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 318 M.D.
23b. ADDRESS: 401 No orchard Bois
23c. DATE SIGNED: 11/12/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-10-65
24c. NAME OF CEMETERY OR CREMATORY: Spink Cemetery
24d. LOCATION (City, town, or county) (State): McCall Idaho

DATE REC'D BY LOCAL REG.: 11-19-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 26 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to [illegible] the facts shall sign HIS name in addition to giving the source of information.

FEB 17 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4747
Local Reg. No. 528
Reg. Dist. No. 370

BIRTH NO.

NOV 16 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 412 Idaho St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 412 Idaho St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Lois	M.	Stacy		11	7	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	8-22-1886	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Secretary	Public Works	No. Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George F. McKinney	Minnesota	Matchitable Baldwin	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			X Roy A. McKinney	Portland

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. No other conditions found.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
582 [illegible] 4 Coroner	3720 Meadow Drive, Boise.	11-11-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	11-12-1965	Mountain View Crematory	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-12-65	Myrtle Palmer	Daniel G. Gibson	E - 400

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Gibson Funeral Home

JAN 26 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4748
Local Reg. No. 251
Reg. Dist. No. 371

RECEIVED NOV 15 1965 Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 011
a. COUNTY: Ada 3-20
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 20 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 215 Locust Street

3. NAME OF DECEASED (Type or Print)
a. (First): Arnold
b. (Middle): J
c. (Last): BRESHEARS

4. DATE OF DEATH (Month) 11 (Day) 7 (Year) 65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 1-31-97
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Contractor 73
10b. KIND OF BUSINESS OR INDUSTRY: Same 00
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: F.M. Breshears — BIRTHPLACE: Mo
14. MOTHER'S MAIDEN NAME: Elizabeth Jenkins — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW 1 3
16. SOCIAL SECURITY NO.: 518 09 3062
17. INFORMANT'S OWN SIGNATURE: John O. Stark — ADDRESS: VA Center Records, Boise, Idaho

18. CAUSE OF DEATH 581.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cirrhosis, biliary. — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that I~~ attended the deceased from 10-18, 1965, to 11-7, 1965, ~~[illegible]~~, and that death occurred at 1:25PM m., from the causes and on the date stated above.

23a. SIGNATURE 597 (Degree or title): F. B. HINE, M.D. Ni MD
23b. ADDRESS: VA center, Boise, Idaho
23c. DATE SIGNED: 11-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-9-65
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-15-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: F. Richard Reed
LICENSE NO.: E-440

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 15 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4749
Local Reg. No. 551
Reg. Dist. No. 370

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

NOV 15 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 01
b. CITY OR TOWN Boise
c. LENGTH OF STAY (in this place) 5-30 30 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada 01
c. CITY OR TOWN Boise
d. STREET ADDRESS 4129 Plum Street

3. NAME OF DECEASED (Type or Print): a. (First) THERESA b. (Middle) E. 003 c. (Last) RAYMOND

4. DATE OF DEATH (Month) (Day) (Year): November 8, 1965

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: Aug. 12, 1879

9. AGE (In years last birthday): 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife, retired

10b. KIND OF BUSINESS OR INDUSTRY: at home 01

11. BIRTHPLACE (State or foreign country): Princeton, Wisconsin

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Carl Henry Judes 01 BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Antonia Theresa Schmudlach BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Violet R. Tressel ADDRESS: 4129 Plum St Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction. 420.1 — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Occlusion — 1 day

DUE TO (c) Arteriosclerosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rupture of Heart — 5 minutes

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 30, 1965, to Present, 19___, *that I last saw the deceased alive on* 11-8-65, 19___, *and that death occurred at* 6:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE: 129 Laird (Degree or title)

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 11-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3

24b. DATE: Nov. 12 '65

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: 11-15-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: F. Howard Reed LICENSE NO.: E-440

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 15 1965

JUL 20 1990

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4750
Local Reg. No. 556
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
NOV 22 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 10th & Grove St. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 161
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1323 Freeport St.

3. NAME OF DECEASED (Type or Print): a. (First) Thomas b. (Middle) L. c. (Last) Fite

4. DATE OF DEATH (Month) (Day) (Year): Nov. 8, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 8, 1894
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR Months: 6 Days: — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer & Contractor
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Novetly, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Boone Fite 04
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Ruth Ellen Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): War I 3
16. SOCIAL SECURITY NO.: 518-12-9330
17. INFORMANT'S OWN SIGNATURE: Mrs Edmund Conway ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): D.O.A. St. Lukes Emergency — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): on 11-8-65
DUE TO (c): Probable Coronary occlusion

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 536 Wm R. Tregoning MD.
23b. ADDRESS: 2121 College Blvd
23c. DATE SIGNED: 11-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 12, 1965
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 11-17-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Kenneth E Spence
LICENSE NO.: E-395

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 23 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4751
Local Reg. No. 252
Reg. Dist. No. 371

Certificate of Death

RECEIVED
NOV 16 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO. VIII

1. PLACE OF DEATH 011
a. COUNTY Ada 1-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise, Idaho
c. LENGTH OF STAY (in this place) 416 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VA Center, Boise, Idaho 604

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 300
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Leadore
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) R
c. (Last) ANDERSON

4. DATE OF DEATH (Month) 11 (Day) 8 (Year) 65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 3
8. DATE OF BIRTH: 2-5-90
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Same 01
11. BIRTHPLACE (State or foreign country): Minn
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Otto E Anderson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Helma A Larson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes 1 — (If yes, give war or dates of service) WW 1 3
16. SOCIAL SECURITY NO. 519 05 0887
17. INFORMANT'S OWN SIGNATURE: John R Anderson — ADDRESS: VA Records, Boise, Idaho

18. CAUSE OF DEATH 527.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary emphysema. — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [XX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that I~~ attended the deceased from 9-17, 1964, to 11-8, 1965, ~~[illegible]~~ and that death occurred at 6:30AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): F. B. HINE, M.D. 597 Nin MD
23b. ADDRESS: VA Center, Boise, Idaho
23c. DATE SIGNED: 11-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 11-9-65
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 11-15-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: F. Richard Reed
LICENSE NO.: E-440

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: NOV 29 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4752
Local Reg. No. 552
Reg. Dist. No. 370

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

NOV 16 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 3 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor Rest Home 292

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 8010 Holt Street

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Caldwell
c. (Last): Jones

4. DATE OF DEATH (Month) 11 (Day) 8 (Year) 1965

5. SEX: Male
6. COLOR OR RACE: Cau.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 6/25/1892
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 4, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Operator 74
10b. KIND OF BUSINESS OR INDUSTRY: Seed Co. 13
11. BIRTHPLACE (State or foreign country): Wilford, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Jacob Davis Jones
BIRTHPLACE: E Mill Creek Ut.
14. MOTHER'S MAIDEN NAME: Emily Smith Caldwell
BIRTHPLACE: Liverpool, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs. J. C. Jones
ADDRESS

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Nephrosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1960, *to* 11/8/65, 19__, *that I last saw the deceased alive on* 11/8/65, 19__, *and that death occurred at* 8 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 054 Borup M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 11/16/65

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11/12/65
24c. NAME OF CEMETERY OR CREMATORY: Wasatch Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Salt Lake City, SL Utah

DATE REC'D BY LOCAL REG.: 11-16-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Elad [illegible]
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES

NOV 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. MAY 5 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4753
Local Reg. No. 549
Reg. Dist. No. 370

RECEIVED NOV 16 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada County 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 160
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route # 2

3. NAME OF DECEASED (Type or Print): a. (First) THEODORE b. (Middle) EDWARD 003 c. (Last) LINK

4. DATE OF DEATH (Month) (Day) (Year): November 8, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: March 19, 1891

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming 01

11. BIRTHPLACE (State or foreign country): Roscoe, South Dakota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Theodore Link
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Karolina Kaielbauch
BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519 40 2023

17. INFORMANT'S OWN SIGNATURE: Clifford C. Link
ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — INTERVAL: unknown
DUE TO (c) Emphysema — INTERVAL: unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1950± , 19___, *to* 11 8 65, 19___, *that I last saw the deceased alive on* 11 6 65 19___, *and that death occurred at* 5:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D. 065
23b. ADDRESS: Meridian Idaho
23c. DATE SIGNED: 11 12 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 12, 1965
24c. NAME OF CEMETERY OR CREMATORY: Cloverdlae Cemetery
24d. LOCATION (City, town, or county) (State): Ada County Idaho

DATE REC'D BY LOCAL REG.: 11-15-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER:
LICENSE NO.:
FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

NOV 17 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 8 1972

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JAN 8 1981

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

JUN 1 1982

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4754
Local Reg. No. 588
Reg. Dist. No. 370

RECEIVED
DEC 9 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 011 3-01

a. COUNTY: Ada

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

LENGTH OF STAY (In this place): 1 Day

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 011

b. COUNTY: Ada

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. STREET ADDRESS (If rural, give location): 3913 Rosehill St.

3. NAME OF DECEASED (Type or Print)

a. (First): Robert

b. (Middle): Merl 003

c. (Last): Dealy

4. DATE OF DEATH (Month) (Day) (Year): 11-8-1965

5. SEX: Male

6. COLOR OR RACE: Cau.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: 8-23-1915

9. AGE (In years last birthday): 50

IF UNDER 1 YEAR: Months 2 Days 15

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self-Employed 90

10b. KIND OF BUSINESS OR INDUSTRY: Sharpening 00

11. BIRTHPLACE (State or foreign country): Hailey, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Lee Dealy

BIRTHPLACE: Silver City, Ida.

14. MOTHER'S MAIDEN NAME: Hattie Frances Crawford Emmett

BIRTHPLACE: Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 513-03-7126

17. INFORMANT'S OWN SIGNATURE: Russell A. Relyea

ADDRESS: Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Coronary Arteriosclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1963, *to* Nov, 1965, *that I last saw the deceased alive on* Nov 8, 1965, *and that death occurred at* 2 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE 318 (Degree or title): [signature] M.D.

23b. ADDRESS: 40100 Orchard Boise Ida

23c. DATE SIGNED: 12/9/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-12-65

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-9-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature]

LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 10 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4755
Local Reg. No. 569
Reg. Dist. No. 370

BIRTH NO.

RECEIVED STATE OF IDAHO

NOV 30 1965

Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Rest Home 300

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 620 Fort Street

3. NAME OF DECEASED (Type or Print): a. (First) Ida b. (Middle) Victoria c. (Last) Parnell

4. DATE OF DEATH: (Month) 11 (Day) 9 (Year) 1965

5. SEX: Female

6. COLOR OR RACE: Cau.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: 9/10/1876

9. AGE (In years last birthday): 89
IF UNDER 1 YEAR: Months 1 Days 29
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 00

10b. KIND OF BUSINESS OR INDUSTRY: None 00

11. BIRTHPLACE (State or foreign country): Creston, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jim Wickham
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Kathrine Eckroat
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Howard W. Parnell
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): atherosclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/30, 1960, *to* 11/9, 1965, *that I last saw the deceased alive on* 11/8, 1965, *and that death occurred at* 9:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 054 (Degree or title) M.D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 11/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/12/65

24c. NAME OF CEMETERY OR CREMATORY: Terrace Lawn Cemetery

24d. LOCATION (City, town, or county) (State): Boise Ada Idaho

DATE REC'D BY LOCAL REG.: 11-23-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature]

LICENSE NO.: E-460

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

DEC 7 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 16 2001

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4756
Local Reg. No. 261
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 3 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 010 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt 1 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna Rural
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Theodore
b. (Middle): F.
c. (Last): Luker

4. DATE OF DEATH (Month) (Day) (Year): Nov. 9, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: Nov. 27, 1884
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Retired 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Bert H. Bell — ADDRESS: Boise

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis.

INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c): Was in Hospital recently for several days, Heart treatments. Physican advised him 5 Yrs ago. to take it easy acct; his heart

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Did Not See Alive *19*__, *to* Alive, *19*__, *that I last saw the deceased alive on* [illegible], *19*__, *and that death occurred at* 2:00A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] 573 (Degree or title): Coroner
23b. ADDRESS: 3720 Meadow Drive, Boise,
23c. DATE SIGNED: II-13-65.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-15-65
24c. NAME OF CEMETERY OR CREMATORY: Kuna Cemetery
24d. LOCATION (City, town, or county) (State): Kuna, Idaho

DATE REC'D BY LOCAL REG.: 12-2-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Geo Jerread
LICENSE NO.: E-366

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Robison Chapel of the Chimes

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated und[illegible] 18 1966 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 18 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 22 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4757
Local Reg. No. 550
Reg. Dist. No. 370

Certificate of Death

RECEIVED
NOV 16 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-17
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. STAY (in this place): 17 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor N. H. 292

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1602 W. Jefferson St.

3. NAME OF DECEASED (Type or Print)
a. (First): Ethel
b. (Middle): Bohrer
c. (Last): Galloway

4. DATE OF DEATH (Month) 11 (Day) 9 (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 10-17-1887
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David Bohrer — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---------
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: X Wm. F. Galloway — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) coronary arteriosclerosis — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. cerebral arteriosclerosis — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-5, 1965, *to* 11-9, 1965, *that I last saw the deceased alive on* 11-5, 1965 *and that death occurred at* 12:05 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE 014 [signature] (Degree or title): MD
23b. ADDRESS: 401 Idaho Boise Ida
23c. DATE SIGNED: 12 Nov 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-13-1965
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county): Boise — (State): Idaho

DATE REC'D BY LOCAL REG.: 11-15-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Daniel G. Gibson — LICENSE NO.: E-400

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 7 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4758
Local Reg. No. 559
Reg. Dist. No. 370

RECEIVED
NOV 22 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 011 ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Treasure Valley Nursing Home 293

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 011 Idaho
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 3816 Grover Street

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle): E.
c. (Last): ZEHR

4. DATE OF DEATH (Month) (Day) (Year): Nov. 10, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 10, 1876
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Peter Zehr — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Barbara Ellen Newhouser — BIRTHPLACE: France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs Frances Paulin — ADDRESS: Boise, Ida

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: days —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease with — years —
DUE TO (c): congestive heart failure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1964, *to* 10 Nov, 1965, *that I last saw the deceased alive on* 9 Nov, 1965, *and that death occurred at* 7:30A.m., *from the causes and on the date stated above.*

23a. SIGNATURE 014 (Degree or title): J Dwight Atkinson MD
23b. ADDRESS: 401 Idaho Boise, Ida
23c. DATE SIGNED: 12 Nov 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 15, 1965
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: 11-19-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Larry J. Krauss — LICENSE NO.: E 447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4759
Local Reg. No. 553
Reg. Dist. No. 370

Certificate of Death

RECEIVED
NOV 18 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1401 Shoshone St. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1401 Shoshone St.

3. NAME OF DECEASED (Type or Print)
a. (First): Ellen
b. (Middle):
c. (Last): Officer

4. DATE OF DEATH (Month) (Day) (Year): Nov. 10, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 1, 1896
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Circulation Dept. SS
10b. KIND OF BUSINESS OR INDUSTRY: Newspaper 07
11. BIRTHPLACE (State or foreign country): St. Paul Park, Minnesota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Eric M. Dahlberg — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Johanna Molander — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-24-6555
17. INFORMANT'S OWN SIGNATURE: X Julius E. Officer — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 411X Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH (Min.)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic Heart disease
~~DUE TO~~ (c) Marked Cardiac Hypertrophy
Aortic Stenosis - Aortic Regurgitation
Mitral Insufficiency
Auricular Fibrillation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-25, 1949, *to* NOV 10, 1965, *that I last saw the deceased alive on* NOV 4, 1965, *and that death occurred at* 3:50 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: John E. Clifford 094 (Degree or title) M.D.
23b. ADDRESS: 311 - Idaho St
23c. DATE SIGNED: NOV 15-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/13/1965
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-18-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John F. Wilkerson
LICENSE NO.: E 435

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McBratney-Alden-Waggoner Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 19 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 29 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JAN 7 1966

APR 5 1966

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4760
Local Reg. No. 254
Reg. Dist. No. 371

BIRTH NO.

RECEIVED
NOV 22 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
LENGTH OF STAY (in this place): 29 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen
d. STREET ADDRESS (If rural, give location): RT # 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Walter	G	TYSOR		11	10	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	11-1-88	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Same 01
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: J.W. Tysor — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Clara Wanwye — BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW 1 3
16. SOCIAL SECURITY NO.: 518 40 9828
17. INFORMANT'S OWN SIGNATURE: John D. Steed — ADDRESS: VA Records, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 284.0 — MEDICAL CERTIFICATION
(1) Electrolyte imbalance — 24 hr+
(2) Staphylococcus infection of wound — 72 hr+
(3) Chronic lymphatic leukemia — 8 years+

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11-2-65	Degenerative arthritis of right hip	YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
VA m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 10-12, 1965, to 11-10, 19 65, and that death occurred at 5:05 PM m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. C. CROOKSTON, M.D. 597		VA CENTER, BOISE, IDAHO	11-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	11-17-65		Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-22-65	Myrtle Palmer	John D. Wilkerson	E 435

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 23 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4761
Local Reg. No. 561
Reg. Dist. No. 370

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA 011 NOV 22 1965 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE Bureau of Vital Statistics
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 119 Main Street

3. NAME OF DECEASED (Type or Print)
a. (First): ANNABELLE
b. (Middle):
c. (Last): BENNETT

4. DATE OF DEATH (Month) (Day) (Year): November 11, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Feb. 16, 1879
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: at home 01
11. BIRTHPLACE (State or foreign country): Avon Lake, Ohio
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Kihm — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Family records — ADDRESS: [signature]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4/6X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive heart failure due to Rheumatic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 50 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-12-52, *19*__, *to* 11-11-65, *19*__, *that I last saw the deceased alive on* 11-10-65, *19*__, *and that death occurred at* 8:00 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. Rubinoldo, M.D. 071
23b. ADDRESS: 848 La Cassia Boise, Idaho
23c. DATE SIGNED: 11-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify): cremation 2
24b. DATE: Nov. 15, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mtn. View Mausoleum
24d. LOCATION (City, town, or county): Boise — (State): Idaho

DATE REC'D BY LOCAL REG.: 11-19-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] — LICENSE NO. E-410
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 19 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4762
Local Reg. No. 560
Reg. Dist. No. 370

RECEIVED NOV 22 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01 — 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise — DURATION OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01 — b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 217 Vine Street

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES — b. (Middle) — c. (Last) BARKER

4. DATE OF DEATH (Month) (Day) (Year): November 11, 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: July 20, 1888

9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06

10b. KIND OF BUSINESS OR INDUSTRY: 02

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: no record — BIRTHPLACE

14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 507-09-7113

17. INFORMANT'S OWN SIGNATURE: Hospital Records — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

490 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bilateral Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Malnutrition — 1 month.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Congestive failure. — Short

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/10 *19*65, *to* 11/11 *19*65, *that I last saw the deceased alive on* 11/10 *19*65, *and that death occurred at* 5:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 318 — (Degree or title): M.D. — **23b. ADDRESS**: 401 N. Orchard Boise, Idaho — **23c. DATE SIGNED**: 11/15/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 11-15-65 — **24c. NAME OF CEMETERY OR CREMATORY**: Morris Hill Cemetery — **24d. LOCATION** (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-19-65 — REGISTRAR'S SIGNATURE: Myrtle Palmer — **25. EMBALMER**: [signature] — LICENSE NO.: E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4763
Local Reg. No. 253
Reg. Dist. No. 371

BIRTH NO.

NOV 16 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 25 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 011
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 2717 Camas Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Billie	J	BERMENSOLO	11	12	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	White	Married 3	1-16-17	48				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Same 01
11. BIRTHPLACE (State or foreign country): Okla
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Ambers Manos — BIRTHPLACE: Okla
14. MOTHER'S MAIDEN NAME: Mary Dewitt — BIRTHPLACE: Okla

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 448 18 7224
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: VA Records, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cyst of brain with hemorrhage, post-operative.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 2-3 weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10-21-65	Cyst, brain, parietal area, right.	YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
VA m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I attended the deceased from 10-18, 19 65, to 11-12, 19 65 and that death occurred at 6:05 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. C. CROOKSTON, M.D. 597	VA Center, Boise, Idaho	11-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-15-1965	Morris Hill Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-16-65	Myrtle Palmer	Daniel G. Gibson	E - 400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 16 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 22 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4764
Local Reg. No. 562
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 430
b. COUNTY Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cascade
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DANIEL	KNOWLTON	ALLEN	Nov. 12, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Jan. 20, 1889	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher 54	01	Teasedale, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Daniel Allen	Utah	Georgina Hanks	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-42-6403	Mrs. Mary R. Allen	Idaho Cascade,

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pulmonary Embolism, massive 570.3	Few Minutes
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Portal vein Thrombosis	
DUE TO (c)	Volvulus jejunum & Gangrene	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Gangrene jejunum (volvulus)	YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct 31, 1965, *to* Nov 12, 1965, *that I last saw the deceased alive on* Nov 12, 1965, *and that death occurred at* 7:15 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James A. Hawley 216 MD	850 S Latah, Boise	14 Nov 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 16, '65	Margaret Cemetery	Cascade, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-19-65	Myrtle Palmer	Burton E Walker	E-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

NOV 24 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Pettingill

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 4765
Local Reg. No. 570
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Ada — OH NOV 30 1965 3-14

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise — Bur. 28 (township)

c. LENGTH OF STAY in this place: 2 Weeks

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho — b. COUNTY: Ada

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. STREET ADDRESS (If rural, give location): #12 Rogers Street

3. NAME OF DECEASED (Type or Print): a. (First) Lela — b. (Middle) — c. (Last) Pettingill

4. DATE OF DEATH: (Month) 11 (Day) 13 (Year) 65

5. SEX: Female

6. COLOR OR RACE: Cau.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 13, 95

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 5, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): Salem, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Manchester, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE AND ADDRESS: Mrs. June Howard

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infarct Lung, Rt Base — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pulmonary Vascular Thrombosis — unknown

DUE TO (c) Atelectasis Lung, Rt Mid Lobe — unknown

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death Emphysema — unknown

4657

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* 11-14, 19 65, *that I last saw the deceased alive on* 11-13, 19 65, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 129 — **23b. ADDRESS**: Boise Idaho — **23c. DATE SIGNED**: 11-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 11-16-65 — **24c. NAME OF CEMETERY OR CREMATORY**: Meridian City Cemetery — **24d. LOCATION** (City, town, or county) (State): Meridian, Ada Idaho

DATE REC'D BY LOCAL REG.: 11-23-65 — **REGISTRAR'S SIGNATURE**: Myrtle Palmer

25. EMBALMER: [signature] — **LICENSE NO.**: E-460

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAY 1 1973

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 12 1974

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 4 1977

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4766
Local Reg. No. 563
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 23 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 806 Clover Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 806 Clover Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Keith	John	Lough	Nov. 13, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Feb. 10, 1960	5 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None 02	None 07	Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Lough	Cambridge, Idaho	Norma Scott	Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Mona Workman	806 Clover Drive Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self Inflicted gun shot — INTERVAL BETWEEN ONSET AND DEATH: Inst;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Severe wound thru the left neck & Jaw.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	01	13

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
II	I3	65	950A		Playing with a I2 Ga; shot gun. Parents not home.

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 950A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
582 Dr. Paris	Coroner	3720 Meadow Drive, Boise,	II-16-65.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/16/65	Dry Creek Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-22-65	Myrtle Palmer	Richard L. Mau	E-443

FIRM NAME: Mountain View Funeral Home, Boise

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

FEB 10 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4767
Local Reg. No. 555
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 19 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Ada 01

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

c. LENGTH OF STAY (in this place): 36 Yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4321 Alpine St. Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 01

b. COUNTY: Ada

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. STREET ADDRESS (If rural, give location): 4321 Alpine St. Boise, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Lloyd c. (Last) Murdock Jr.

4. DATE OF DEATH (Month) (Day) (Year): Nov. 13 1965

5. SEX: Male

6. COLOR OR RACE: Cau.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: Jan 22, 1929

9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY: Building 01

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Lloyd Murdock Sr. — BIRTHPLACE: Boise, Idaho

14. MOTHER'S MAIDEN NAME: Marian S. Tharp — BIRTHPLACE: Ontario, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 518-24-7879

17. INFORMANT'S OWN SIGNATURE: Allyne Glenn — ADDRESS

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation — INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Smoke inhalation

DUE TO (c) Smokeing in bed. — 30 Mins;

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 01 Home

21c. (CITY, TOWN, OR TOWNSHIP) 01 13 Boise (COUNTY) Ada (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 13 1965 9:00 P.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19____, *that I last saw the deceased alive on* Did Not See Alive *and that death occurred at* 9:00P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 583 — (Degree or title): Coroner 4

23b. ADDRESS: 3720 Meadow Dr. Boise, Idaho

23c. DATE SIGNED: 11-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-17-65

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-19-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature] — LICENSE NO.: E -460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-69021

NOV 19 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4768
Local Reg. No. 567
Reg. Dist. No. 370

RECEIVED NOV 23 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): Few Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 01
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1103 Michigan St.

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) T. c. (Last) Korswold

4. DATE OF DEATH: (Month) 11 (Day) 13 (Year) 1965

5. SEX: Male
6. COLOR OR RACE: Cau.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: 12/4/1881
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 11, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Station Opr. 14
10b. KIND OF BUSINESS OR INDUSTRY: Service Sta. 04
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: 14
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Maude Korswold — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dissecting Aortic aneurysm — INTERVAL BETWEEN ONSET AND DEATH: 9 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

4518

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-12, 1965, to 11-13, 1965, *that I last saw the deceased alive on* 11-13, 1965, *and that death occurred at* 9:A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): D.B. 412 [signature] M.D.
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 11-22-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/16/65
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Ada Idaho

DATE REC'D BY LOCAL REG.: 11-23-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Clark Gleason
LICENSE NO.: E-460

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 24 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Geo Baker
121 E. Idaho

Certificate of Death

RECEIVED
DEC 2 1965
Bureau of Vital Statistics

STATE OF IDAHO

3-03-4281

State File No. 4769
Local Reg. No. 582
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1710 Washington St.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

3. NAME OF DECEASED (Type or Print): a. (First) Minnie b. (Middle) H. c. (Last) Shively

4. DATE OF DEATH (Month) (Day) (Year): Nov. 14, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Nov. 8, 1893

9. AGE (In years last birthday): 72 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home 01

11. BIRTHPLACE (State or foreign country): Bridger, Montana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Arnold Richter — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Anna Fey — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE: Earl Waggoner — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Ca c Pleural effusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Breast

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

1708

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1965, *to* Nov 14, 1965, *that I last saw the deceased alive on* Nov 14, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George R Baker MD 01

23b. ADDRESS: 121 E. Idaho, Boise

23c. DATE SIGNED: 11-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/17/1965

24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-2-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Earl Waggoner — LICENSE NO.: E-422

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4770
Local Reg. No. 272
Reg. Dist. No. 370

RECEIVED DEC 21 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Boise, Idaho
c. LENGTH OF STAY (In this place): 27 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 38 Oregon
b. COUNTY: 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baker
d. STREET ADDRESS (If rural, give location): 1701 Washington Street

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edgar	W	MACK	11	14	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced 4	12-25-91	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Railroad Work 70	Same 00	Utah	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edgar W Mack	Penn	Ella Whitney	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW 1 2	712 09 3092		VA Records, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	INTERVAL BETWEEN ONSET AND DEATH
(a)	(1) Carcinoma of prostate with metastases	? years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	(2) Chronic bronchitis with emphysema	? years
DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10-19-65	Fracture right hip	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VA m.		

22X I attended the deceased from 10-18, 1965, to 11-14, 19 65, [illegible] and that death occurred at 4:52A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. [illegible] BROOKSTON, M.D. 597	VA Center, Boise, Idaho	11-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	11-18-1965	Mt. Hope Cemetery	Baker	Baker Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-15-65	Myrtle Palmer	[illegible] P. [illegible]	E-311

FIRM NAME: West and Co. Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4771
Local Reg. No. 572
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 30 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01 b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 406 N. 25th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Grace		Hammond	Nov. 14, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed 2	Feb. 1, 1883	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home 01	Wyoming, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Newton French Onslow	Iowa	Agnes Orr	Cascade, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-24-5005	Richard C. Hammond	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Hypertensive cardiovascular disease — Since before 1958

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Cerebral thrombosis — 2 days
Carcinoma of rectum — Undetermined.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2.8. *, 1958, to* 11.14 *, 1965, that I last saw the deceased alive on* 11.14 *, 1965, and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H.L. Newcombe, M.D.	512 N. 16th St., Boise	11.24.65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/17/1965	Dry Creek Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-29-65	Myrtle Palmer	Earl Waggoner	E-422

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4772
Local Reg. No. 554
Reg. Dist. No. 370

RECEIVED
NOV 18 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2015 Fry St.

3. NAME OF DECEASED (Type or Print): a. (First) Sadia; b. (Middle) Mae; c. (Last) Shannon

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 14, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 1, 1880
9. AGE (In years last birthday): 85 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Cattle & Turkey
10b. KIND OF BUSINESS OR INDUSTRY: Rancher 06
11. BIRTHPLACE (State or foreign country): Pike County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Talcut E. Ball 04 — BIRTHPLACE: Pike Co., Missouri
14. MOTHER'S MAIDEN NAME: Laura Lion Goodman — BIRTHPLACE: Pike Co., Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Lottie Gibson — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction 420.1 — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery Occlusion — Unknown
DUE TO (c) Generalized Arteriosclerosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uremia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9 Nov, 19__, *to* 14 Nov, 19 65, *that I last saw the deceased alive on* 13 Nov, 19 65, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 11-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/16/1965
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-18-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Earl Waggoner
LICENSE NO.: E-422
FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 1 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 05 2002

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4773
Local Reg. No. 575
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 01 ADA DEC 2 1965
b. CITY OR TOWN: BOISE
c. LENGTH OF STAY: 1 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 38 Oregon
b. COUNTY: 55 BAKER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BAKER
d. STREET ADDRESS (If rural, give location): 594 RESORT STREET

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WILLIAM	RANDOLPH	CLAYTON	November 15, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed 2	12-4-1897	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Construction-Mining 06	Construction 20	Boise Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		530-05-5784	Earl Clayton	Box 437 McCall

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Metastatic carcinoma to liver	unknown
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Anaplastic carcinoma	"
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

156.2

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11/12/65		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11/9, 1965, *to* 11/15, 1965, *that I last saw the deceased alive on* 11/15, 1965 *and that death occurred at* 3:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard A. Forney, M.D.	105 North 8th St. Boise, Idaho	11/

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-18-65	Mt. Hope Cemetery	Baker Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-30-65	Myrtle Palmer	John L. Wilkerson	419 N. 9th St.
		McBratney-Alden-Waggoner Chapel	Boise

Federal Security Agency
United States Public Health Service

Form DPH-43021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of John H Wilkerson Lic. No. E435 at Boise, Ida. on 11-15-65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 4774
Local Reg. No. 564
Reg. Dist. No. 370

BIRTH NO.

RECEIVED NOV 23 1965

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN: Boise
c. LENGTH OF STAY IN THIS PLACE: 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION: Treasure Valley Manor 293

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN: Boise
d. STREET ADDRESS: 3305 Nez Perce Street

3. NAME OF DECEASED (Type or Print): a. (First) DELLA; b. (Middle) HEARNE; c. (Last) ROHRER

4. DATE OF DEATH: Nov. 15, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 2, 1880
9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At home 01
11. BIRTHPLACE (State or foreign country): Keosauqua, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Hearne
BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Anna Jamison
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: 3303 Kipling Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Standstill — INTERVAL BETWEEN ONSET AND DEATH: Acute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Ht Dis. — 3 + y.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 55, 19__, *to* 1965, 19__, *that I last saw the deceased alive on* Nov. 11, 1965, *and that death occurred at* 10:50 m. P.M. *from the causes and on the date stated above.*

23a. SIGNATURE: George R Baker 019, MD (Degree or title)
23b. ADDRESS: 121 E. Idaho, Boise
23c. DATE SIGNED: 11/18/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-18-65
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-22-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] LICENSE NO.: E-410
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 28 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4775
Local Reg. No. 565
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 22 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 15 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State District Highway Dept. Highway 20 West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2902 Norman Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SHERMAN	NASH	WEISGERBER, JR	Nov. 15, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	June 25, 1925	40				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer 62	State Highway Dept. 05	Redmond, Oregon	USA

13. FATHER'S NAME BIRTHPLACE	14. MOTHER'S MAIDEN NAME BIRTHPLACE
Sherman N. Weisgerber, Sr. Knoxville, Tennessee	Olive Denny, Goldendale, Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE ADDRESS
Yes WW #2 4201	544-12-6566	Janice L. Weisgerber 2902 Norman Drive Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None
DUE TO (c) None

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2/10, 1965, *to* —, 19—, *that I last saw the deceased alive on* Feb 10, 1965, *and that death occurred at* 2:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. L. Limbaugh, M. D.	6613 Ustick Rd, Boise, Idaho	11/19/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-18-65	Cloverdale Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-22-65	Myrtle Palmer	[signature]	E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

NOV 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 29 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4776
Local Reg. No. 255
Reg. Dist. No. 371

BIRTH NO.

RECEIVED NOV 22 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: 011 Ada 3-17
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 17 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 064

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 823 East Park Blvd

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Henry	F	SPIELER	11	16	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	6-1-92	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Construction Work.
10b. KIND OF BUSINESS OR INDUSTRY: Same 20
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Henry Spieler 86 — BIRTHPLACE: Miss
14. MOTHER'S MAIDEN NAME: Mary Marshall — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW 1 3
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE AND ADDRESS: VA Records, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4 2 0. 0 Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary infarction — 2 weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
VA m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. I last attended the deceased from 10-30, 19 65, to 11-16, 19 65, that death occurred at 8 AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. B. HINE, M.D.	VA Center, Boise, Idaho	11-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-19-65	Morris Hill	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-22-65	Myrtle Palmer		E 435

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

NOV 22 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1777
Local Reg. No. 256
Reg. Dist. No. 371

BIRTH NO.

RECEIVED
NOV 23 1965
VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: 011 Ada
b. CITY OR TOWN: Boise, Idaho
DURATION OF STAY (in this place): 34 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16 COUNTY: 2-01
c. CITY OR TOWN: Paul
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	George	NMI	HEINZE		11	16	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced 4	10-14-19	46				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 06	Same 07	Colo.	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David Heinze	Russia	Catherine Weimer	Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	519 10 6395	[signature]	VA Records, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic relapsing pancreatitis — 2 years

493X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VA m.		

22. I hereby certify that I attended the deceased from 10-13, 1965, to 11-16, 1965, that I last saw the deceased [illegible] and that death occurred at 2:30PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. B. HINE, M.D. 597	VA Center, Boise, Idaho	11-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	11-17-1965	Rupert Cemetery	Rupert, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-23-65	Myrtle Palmer	Daniel G. Gibson	400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 24 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4778
Local Reg. No. 258
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

RECEIVED
DEC 2 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Manitou Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): Philip
b. (Middle): NMI
c. (Last): METZ

4. DATE OF DEATH (Month) 11 (Day) 16 (Year) 65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 4-26-98
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Plumber 56
10b. KIND OF BUSINESS OR INDUSTRY: Same 50
11. BIRTHPLACE (State or foreign country): N.J.
12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Philip Metz — BIRTHPLACE: N.J.
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW 1 & WW 11 3
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: VA Records, Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 15-30 Min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart Disease — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [XX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that I~~ attended the deceased from 11-16, 1965, to 11-16, 1965, ~~[illegible]~~, and that death occurred at 4:20PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Robert C. Lewis — ROBERT C. LEWIS, M.D. 597
23b. ADDRESS: VA Center, Boise, Idaho
23c. DATE SIGNED: 11-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-19-65
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-30-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] — LICENSE NO. E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 4779
Local Reg. No. 571
Reg. Dist. No. 370

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

NOV 30 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 508 East 42nd Street

3. NAME OF DECEASED (Type or Print)
a. (First): OLE
b. (Middle):
c. (Last): GREGERSON

4. DATE OF DEATH (Month) (Day) (Year): November 17, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced 4
8. DATE OF BIRTH: June 9, 1886
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): auto mechanic 10
10b. KIND OF BUSINESS OR INDUSTRY: auto 01
11. BIRTHPLACE (State or foreign country): Telemarken, Norway
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME BIRTHPLACE: Gregor Gregorson Telemarken, Norway
14. MOTHER'S MAIDEN NAME BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 482-20-5445
17. INFORMANT'S OWN SIGNATURE ADDRESS: Olive Gregerson 8401 Warm Springs Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Left lower lobe pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocardial failure
DUE TO (c): arteriosclerotic heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: aortic insufficiency

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 24, 1964, *to* Nov. 17, 1965, *that I last saw the deceased alive on* Nov. 17, 1965, *and that death occurred at* 4:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard E. Allen 005 M.D.
23b. ADDRESS: 220 N. 1st St, Boise, Ida.
23c. DATE SIGNED: 11/22/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 20, 1965
24c. NAME OF CEMETERY OR CREMATORY: Joplin Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 11-26-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Ray A. Heikkila
LICENSE NO.: E-419
FIRM NAME:

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4780
Local Reg. No. 566
Reg. Dist. No. 370

Certificate of Death

RECEIVED
NOV 22 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 702 Union St.

3. NAME OF DECEASED (Type or Print)
a. (First): Fannie
b. (Middle): Emma
c. (Last): Koenig

4. DATE OF DEATH (Month) (Day) (Year): Nov. 17, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 31, 1890
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Alton, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Hubner — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Fannie E. Dickey — BIRTHPLACE: Dubuque, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 499-26-1761
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: [illegible]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

204.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute myelogenous leukemia — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug., 1958, *to* Nov 17, 1965, *that I last saw the deceased alive on* 17 Nov, 1965, *and that death occurred at* 3.00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. R. Blackburn 046 MD.
23b. ADDRESS: 1320 Nest, Boise Id
23c. DATE SIGNED: 20 Nov 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/20/1965
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-22-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] Waggoner
LICENSE NO.: E-422

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McBratney-Alden-Waggoner Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JUN 27 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 30 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4781
Local Reg. No. 257
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01 3-16
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 16 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 38 Oregon
b. COUNTY: 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ontario
d. STREET ADDRESS (If rural, give location): RT # 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Albert	M	MAUS		11-	18	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	12-27-95	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Same 01
11. BIRTHPLACE (State or foreign country): Minn
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Maus — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Magadelina Misel — BIRTHPLACE: N. Dak.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I 3
16. SOCIAL SECURITY NO.: 511 32 9993
17. INFORMANT'S OWN SIGNATURE AND ADDRESS: VA Records, Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pulmonary Embolism	6 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Myocardial infarction, recurrent	6 days
DUE TO (c)	Arteriosclerosis, generalized	Several yrs.
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11-9-65	Umbilical hernia, right indirect inguinal hernia	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VA m.		

22. I last attended the deceased from 11-2, 1965, to 11-18, 1965, and that death occurred at 6:15 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. K. HELFERTY, M.D. 597 MD	VA Center, Boise, Idaho	11-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	11-18-65		Ontario, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-26-65	Myrtle Palmer	[illegible]	E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

OCT 19 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4782
Local Reg. No. 576
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 26 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 512 West State Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 512 West State Street

3. NAME OF DECEASED (Type or Print)
a. (First): CECELIA
b. (Middle): NIMMO 000
c. (Last): PADGET

4. DATE OF DEATH (Month) (Day) (Year): November 19, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: July 16, 1878
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: at home 01
11. BIRTHPLACE (State or foreign country): North Star, Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Riley — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Sarah Hess — BIRTHPLACE: Toronto, Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 518-12-9517
17. INFORMANT'S OWN SIGNATURE: Margaret Baker — ADDRESS: 225 Hillview Drive Boise, I.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardio Vascular disease.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. - Parkinsons disease

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1965, *to* 19 Nov, 1965, *that I last saw the deceased alive on* 25 Nov, 1965, *and that death occurred at* 9:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Stewart Merrill 357 (Degree or title) M
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 11/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 23'65
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county): Boise — (State): Idaho

DATE REC'D BY LOCAL REG.: 11-30-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Dale M Murphey
LICENSE NO.: E-410

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 5 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4783
Local Reg. No. 573
Reg. Dist. No. 370

RECEIVED
NOV 30 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada 011 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise Burial
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ada County Nursing Home 300

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 01 b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Lillie b. (Middle) c. (Last) Morris

4. DATE OF DEATH (Month) (Day) (Year) November 19, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH April 20, 1894
9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic worker 01
10b. KIND OF BUSINESS OR INDUSTRY Home 01
11. BIRTHPLACE (State or foreign country) Meridan, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles M. Morris BIRTHPLACE Kansas
14. MOTHER'S MAIDEN NAME Martha Ellen Shaver BIRTHPLACE Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-28-8351
17. INFORMANT'S OWN SIGNATURE E. M. Hancock ADDRESS Montana

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/28/65, 19__, *to* 11/19/65, 19__, *that I last saw the deceased alive on* 11/19/65, 19__, *and that death occurred at* 7:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE 054 (Degree or title) M.D
23b. ADDRESS Boise, Idaho
23c. DATE SIGNED 11/24/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/22/65
24c. NAME OF CEMETERY OR CREMATORY Cloverdale
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 11-29-65
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER John J. Wilkerson
LICENSE NO. E 435
FIRM NAME McBratney-Alden-Waggoner Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

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(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

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STATEMENT OF USUAL RESIDENCE OF DECEASED

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ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4784
Local Reg. No. 259
Reg. Dist. No. 37

BIRTH NO.

RECEIVED
DEC 2 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN: Boise, Idaho
c. LENGTH OF STAY (in this place): 9 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY:
c. CITY OR TOWN: Jerome
d. STREET ADDRESS (If rural, give location): 517 East 4th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Verl	E	KILLPACK		11	20	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	6-24-21	44				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Heavy Equipment Op. 57	Same 60	Idaho	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ellis Killpack	Unknown	Beatrice A Staten	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE
Yes	WW II 4	517 22 8136	VA Records, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Diabetes Mellitus with Kimmelstein-Wilson syndrome.	18 yrs.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Hypertensive vascular disease.	Unknown.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
VA m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I, M. G. STROMBERG, M.D. 597, attended the deceased from 11-11, 1965, to 11-20, 1965, and that death occurred at 10:50 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. G. STROMBERG, M.D. 597	VA Center, Boise, Idaho	11-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	11-20-65		Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-30-65	Myrtle Palmer	[illegible]	E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 3 1965

DUTIES:

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3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

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ADDITIONAL REMARKS by Physician.....

State File No. 4785
Local Reg. No. 260
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 2 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): One Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 38D
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location): Box 253

3. NAME OF DECEASED (Type or Print)
a. (First): Vernon
b. (Middle): B
c. (Last): PIERCE

4. DATE OF DEATH (Month) 11 (Day) 21 (Year) 65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 2-11-16
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Refrigeration Work 06
10b. KIND OF BUSINESS OR INDUSTRY: Same 00
11. BIRTHPLACE (State or foreign country): Colo
12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Charley Pierce — BIRTHPLACE: Nebr
14. MOTHER'S MAIDEN NAME: Bertha Baird — BIRTHPLACE: Nebr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW 11 4
16. SOCIAL SECURITY NO.: 462 42 3611
17. INFORMANT'S OWN SIGNATURE: VA Records, B oise, Idaho — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

145.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Laryngeal edema — 6 hrs.
DUE TO (c) Carcinoma of right tonsil with cervical metastases — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 9/27/65
19b. MAJOR FINDINGS OF OPERATION: Mass of necrotic tumor tissue in cervical nodes.
20. AUTOPSY? YES XXX NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that~~ XX attended the deceased from 11-21, 19 65, to 11-21, 19 65, ~~that I last saw the deceased alive on 19~~ and that death occurred at 8 AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): J. K. HELFERTY, M.D. 597 J K Helferty MD
23b. ADDRESS: VA Center, Boise, Idaho
23c. DATE SIGNED: 11-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify): removal/burial
24b. DATE: 11/22/65
24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery
24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: 11-30-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Fr Richard Reed
LICENSE NO.: E-440

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 3 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 15 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 28 1989

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4786
Local Reg. No. 592
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED
DEC 13 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho -010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route #3 Meridian
d. STREET ADDRESS (If rural, give location): Route #3 Meridian

3. NAME OF DECEASED (Type or Print)
a. (First): Clara
b. (Middle): Barto
c. (Last): Hatfield

4. DATE OF DEATH (Month) (Day) (Year): 11 - 22 - 65

5. SEX: Female
6. COLOR OR RACE: Cau.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 8 - 12 - 1903
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 3, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 08
10b. KIND OF BUSINESS OR INDUSTRY: None 00
11. BIRTHPLACE (State or foreign country): Shawnee, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David Barto — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Henrietta Wilson — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Irene Powell — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 175.0 Carcinoma of ovary. — INTERVAL BETWEEN ONSET AND DEATH: 8mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1965, *to* 11-22-, 1965, *that I last saw the deceased alive on* 11-21-, 1965, *and that death occurred at* 6 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 530 M.D.
23b. ADDRESS: 125 E Idaho
23c. DATE SIGNED: 12-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-24-65
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-9-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] — LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 13 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 12 1977

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4787
Local Reg. No. 602
Reg. Dist. No. 370

BIRTH NO. 65-11013

RECEIVED DEC 21 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hosp. 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls 42
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 240 Blue Lakes No.

3. NAME OF DECEASED (Type or Print): a. (First) Baby Girl b. (Middle) Soran c. (Last) Brown

4. DATE OF DEATH: (Month) 11 (Day) 23 (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 11-23-1965

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 6 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY: 00 None

11. BIRTHPLACE (State or foreign country): Boise

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Don Brown BIRTHPLACE: Washington State

14. MOTHER'S MAIDEN NAME: Janet Soran BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: X Mrs Robert J. Soran ADDRESS: Twin Falls, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity 776X — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Mother went into Premature labor at 6 mos.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-23, 1965, *to* 11-23, 1965, *that I last saw the deceased alive on* 11-23, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Verne Kinsler 1438 (Degree or title): MD

23b. ADDRESS: 210 Idaho Boise Idaho

23c. DATE SIGNED: 11-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-24-1965

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 12-13-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Daniel G. Gibson LICENSE NO.: E - 400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4788
Local Reg. No. 577
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
DEC 2 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada 001
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3115 Sycamore Dr.

3. NAME OF DECEASED (Type or Print): a. (First) Amanda b. (Middle) c. (Last) Harryman

4. DATE OF DEATH (Month) (Day) (Year): Nov. 23, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 28, 1888
9. AGE (In years last birthday): 76 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Council Bluffs, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Seth L. Bradshaw — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Sarah Isenbarger — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Emma Stilwell — ADDRESS

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 21, 1961, *to* Nov 23, 1965, *that I last saw the deceased alive on* Nov 23, 1965, *and that death occurred at* 1308 m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 333 (Degree or title)
23b. ADDRESS: 320 Vista Ave
23c. DATE SIGNED: Nov 24, 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/27/1965
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 11-30-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John L. Wilkerson
LICENSE NO.: E435
FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4789
Local Reg. No. 265
Reg. Dist. No. 371

BIRTH NO.

RECEIVED DEC 13 1965 Vital Statistics Bureau of Idaho

1. PLACE OF DEATH
a. COUNTY: ADA 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa- Rural 000
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home-- Route # 6 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 016
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa- Rural
d. STREET ADDRESS (If rural, give location): R# 6

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	M.	BLOCHER	November 24, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Sept. 27, 1896	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dairyman 054	Dairy 056	Dorham, Whittenberg, Germany	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
no record		no record	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Richard J. Mustgate	Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion c Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease with Cong. fibrillation — 5 mos
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6/11, 1965, *to* 7/9, 1965, *that I last saw the deceased alive on* 7/9, 1965, *and that death occurred at* 10:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W B Ross 449 MD	Nampa Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Entombment Burial	Nov. 29, 1965	Hillcrest Cemetery	Canyon County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-6-65	Myrtle Palmer	Jerry J. Koerth	E-447

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

FEB 14 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 18 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4790
Local Reg. No. 579
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
DEC 2 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2416 North 32nd

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 01
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2416 North 32nd

3. NAME OF DECEASED (Type or Print): a. (First) JESSE b. (Middle) WARREN c. (Last) MATLOCK

4. DATE OF DEATH (Month) (Day) (Year): November 25, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married 3	June 22, 1918	47		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
excavating 90	building 25	Meridian, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James William Matlock	Missouri	Alice Louise Hurd	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	— — —	518-12-9605	Mrs Ila M. Matlock	2416 N. 32nd Boise, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death*: Medical examination 3 Months ago, did not disclose any Bad Heart.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Autopsy, disclosed severe Coronary Heart Condition.	YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19—, to —, 19—, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* 5:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
S83 D. Paris 4 Coroner	3720 Meadow Drive, Boise.	11-27-65.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Nov. 29 '65	Meridian Cemetery	Meridian Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-1-65	Myrtle Palmer	Jay C. Nikkila	E-419

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 3 1965
SEP 23 1980
SEP 22 1981
MAY 05 1999

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4791
Local Reg. No. 583
Reg. Dist. No. 370

BIRTH NO. RECEIVED DEC 3 1965

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 403 Cleveland

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) King c. (Last) Gilson

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 25, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: 2-3-83

9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming 01

11. BIRTHPLACE (State or foreign country): Lynn, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edward Gilson — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Cynthia Drake — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-28-7120

17. INFORMANT'S OWN SIGNATURE × Pearl C. Gilson — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: early

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 6, 1957 *to* 11-25, 1965, *that I last saw the deceased alive on* 11-24, 1965, *and that death occurred at* 3:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE W. D. Forney 73 (Degree or title) M.D. — **23b. ADDRESS** 303 No 5th Boise — **23c. DATE SIGNED** 11-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 11-27-65 — **24c. NAME OF CEMETERY OR CREMATORY**: Cloverdale Memorial — **24d. LOCATION** (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 12-3-65 — **REGISTRAR'S SIGNATURE**: Myrtle Palmer — **25. EMBALMER**: G. W. Waters — **LICENSE NO.**: E461

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

DEC 3 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 4 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 16 1976

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED
DEC 13 1965
Bureau of Vital Statistics

State File No. 4792
Local Reg. No. 590
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2811 Stewart Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Henry; b. (Middle) Hubby; c. (Last) Youtsler

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 26, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Feb. 4, 1879

9. AGE (In years last birthday): 86 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06

10b. KIND OF BUSINESS OR INDUSTRY: Construction 20

11. BIRTHPLACE (State or foreign country): Springfield, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jake Youtsler
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Woosley
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Carroll Waggoner
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carroll Waggoner 318 M.D. (Degree or title)
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/30/1965
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-8-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John L Wilkerson
LICENSE NO.: E435
FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4793
Local Reg. No. 580
Reg. Dist. No. 370

Certificate of Death

RECEIVED
DEC 2 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-20
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 20 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 7203 Northview

3. NAME OF DECEASED (Type or Print)
a. (First): MARGARET
b. (Middle): E. 003
c. (Last): MACHOS

4. DATE OF DEATH (Month) (Day) (Year): Nov. 26, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 24, 1922
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teller 25
10b. KIND OF BUSINESS OR INDUSTRY: Banking 07
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Virgil T. Montgomery, BIRTHPLACE: French Lick, Indiana
14. MOTHER'S MAIDEN NAME: E. Alverda Harrison, BIRTHPLACE: Chambaug, Iwoa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 519-18-8294
17. INFORMANT'S OWN SIGNATURE: Jack C. Machos — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* 170X
(a) Metastatic Cancer to Lungs, Liver, Intestine, Uterus & Anemia Hydrophobia — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO~~ (b) Adenocarcinoma of Left Breast with Metastases — 6½ years
~~DUE TO~~ (c) Adenocarcinoma of Colon with Metastases — 2 years
Adenocarcinoma of Uterus with Metastases — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1959, 1961, 1963, 1964
19b. MAJOR FINDINGS OF OPERATION: Above Cancers
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1955, *to* Nov 26, 1965, *that I last saw the deceased alive on* Nov 26, 1965, *and that death occurred at* 10:50 am *from the causes and on the date stated above.*

23a. SIGNATURE: Ralph R. Jones, M.D. 370 (Degree or title)
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 11/29/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 29, 1965
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-2-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Ray A. Heikkila — LICENSE NO. E-419

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 3 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUN 17 1976

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4794
Local Reg. No. 263
Reg. Dist. No. 371

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

DEC 3 1965

1. PLACE OF DEATH
a. COUNTY: Ada 011 2-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 153 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1347 Tetonia Drive

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): J
c. (Last): FINKE

4. DATE OF DEATH (Month) 11 (Day) 26 (Year) 65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-6-93
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY: Same 01
11. BIRTHPLACE (State or foreign country): Nebr/
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Henry Finke — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Metha Grafelman — BIRTHPLACE: Ill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I 3
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: John D. Stoeck — ADDRESS: VA Records, Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchogenic carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 10 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: VA
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that I~~ attended the deceased from 6-26, 1965, to 11-26, 1965, ~~that I last saw the deceased alive on 19~~, and that death occurred at 5 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Glenn Voyles 597 — GLENN Q VOYLES, M.D.
23b. ADDRESS: VA Center, Boise, Idaho
23c. DATE SIGNED: 11-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-30-65
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-3-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: A. Dale McMurtrey — LICENSE NO. E-410
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 6 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 4795
Local Reg. No. 262
Reg. Dist. No. 371

BIRTH NO.

Bureau of Vital Statistics DEC 2 1965

1. PLACE OF DEATH
a. COUNTY: Ada 01 — 3-16
b. CITY OR TOWN: Boise, Idaho
c. LENGTH OF STAY (in this place): 16 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 01
c. CITY OR TOWN: Boise
d. STREET ADDRESS (If rural, give location): 504 S. 15th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Orin	G	KARNES	11	26	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	5-5-89	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired R. R. Brakeman.	Same 14	Nebraska	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harry G Karnes 70	Va.	Luella Busby	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE AND ADDRESS
Yes	WW 1 3	712 07 9693	VA Records, Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Emphysema, pulmonary, chronic, obstructive — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
VA m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. [redacted] attended the deceased from 11-10, 19 65, to 11-26, 19 65, [redacted] and that death occurred at 7:15 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. O. STROMBERG, M.D. 597	VA Center, Boise, Idaho	11-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-29-65	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-2-65	Myrtle Palmer	John F. Wilkerson	E-435

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

DEC 10 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4796
Local Reg. No. 593
Reg. Dist. No. 370

BIRTH NO.

RECEIVED DEC 13 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (In this place) 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 140 b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) Route #2 Nampa

3. NAME OF DECEASED (Type or Print)
a. (First) Lorin b. (Middle) Vernon c. (Last) Higginson

4. DATE OF DEATH (Month) (Day) (Year) 11-27-1965

5. SEX Male

6. COLOR OR RACE Cau.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH 2-28-1942

9. AGE (In years last birthday) 23 | IF UNDER 1 YEAR Months 8 Days 29 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student

10b. KIND OF BUSINESS OR INDUSTRY Boise College

11. BIRTHPLACE (State or foreign country) Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Moses Vernon Higginson BIRTHPLACE Chesterfield Ida.

14. MOTHER'S MAIDEN NAME Nina Maxine Carraway BIRTHPLACE Carter Co. Knty.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 9-60 to 9-64

16. SOCIAL SECURITY NO. 529-50-6186

17. INFORMANT'S OWN SIGNATURE Russell A. Relyea ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Medullary edema & compression — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Increased intracranial pressure
DUE TO (c) Cranio - cerebral trauma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 06 Hiway #30 East

21c. (CITY, TOWN, OR TOWNSHIP) 011 13 Near Boise (COUNTY) Ada (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-21-65 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Automobile Accident

22. *I hereby certify that I attended the deceased from* 11-21-65, 19____, *to* 11-27-65, 19____, *that I last saw the deceased alive on* 11-27-65, 19____ *and that death occurred at* 5:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Edward Krieger 28 (Degree or title) M.D.

23b. ADDRESS 616 Eastman Bldg Boise, Ida.

23c. DATE SIGNED 12-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-1-65

24c. NAME OF CEMETERY OR CREMATORY Meridian City Cem.

24d. LOCATION (City, town, or county) Meridian (State) Ada Ida.

DATE REC'D BY LOCAL REG. 12-9-65

REGISTRAR'S SIGNATURE Myrtle Palmer

25. EMBALMER Russell A. Relyea

LICENSE NO. E-460

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DEC 1 6 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 3 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 2 8 1979

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 13 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4797
Local Reg. No. 591
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Valley 030
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cascade
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ORA	D.	STOKES	Nov. 27, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	April 25, 1894	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Miner and Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Mining and Farming 07
11. BIRTHPLACE (State or foreign country): Novinger Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Stokes — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Sarah Buckallew — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
16. SOCIAL SECURITY NO.: 486 18 7922
17. INFORMANT'S OWN SIGNATURE: X Ora D. Stokes — ADDRESS: Melba, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Lung — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒ X

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 3/44, 1963, *to* 10/4, 1965, *that I last saw the deceased alive on* 10/15, 1965, *and that death occurred at* 10:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Aspasia M. Yoanna	M.D.	Boise	11/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 30, 1965	Melba Cemetery	Melba Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-8-65	Myrtle Palmer	Jerry J. Krouch	E-447

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

NOV 15 1979

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 18 2015

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4798
Local Reg. No. 578
Reg. Dist. No. 370

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada 011 DEC 2 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise 600
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Treasure Valley Manor 293

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011 b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1304 Highland View Drive

3. NAME OF DECEASED (Type or Print) a. (First) Chris b. (Middle) c. (Last) Nelson

4. DATE OF DEATH (Month) (Day) (Year) Nov. 27, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH May 28, 1879

9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor 72

10b. KIND OF BUSINESS OR INDUSTRY Construction 02

11. BIRTHPLACE (State or foreign country) Corinne, Utah

12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME Rasmus Nelson BIRTHPLACE Denmark

14. MOTHER'S MAIDEN NAME Andra ? BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-01-2125

17. INFORMANT'S OWN SIGNATURE Mrs. Ruby Sievers ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 36 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive Heart Failure — 24 hrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/30/65, 19__, to 11/27/65, 19__, that I last saw the deceased alive on 11/27/65, 19__, and that death occurred at 1:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE [signature] (Degree or title) MD

23b. ADDRESS 1703 Hill Road, Boise

23c. DATE SIGNED 11/29/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment

24b. DATE 11/29/1965

24c. NAME OF CEMETERY OR CREMATORY Morris Hill Mausoleum

24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 11-30-65

REGISTRAR'S SIGNATURE Myrtle Palmer

25. EMBALMER [signature]

LICENSE NO. E-422

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4799
Local Reg. No. 266
Reg. Dist. No. 371

BIRTH NO.

RECEIVED DEC 13 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise, Idaho
c. LENGTH OF STAY (in this place) 19 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 300
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Leadore
d. STREET ADDRESS (If rural, give location) Box 25

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Eudolpho	S	NEWTON		11	28	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	11-14-84	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Stock Caretaker	Same 03	Mo.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Issac Newton 06	Mo.	Mary Ellec Chaver	Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE
Yes	WW 1 2	544 05 2420	VA Records, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

163X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VA m.		

22. I attended the deceased from 11-9, 1965, to 11-28, 19 65, and that death occurred at 1 AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
GLENN Q VOYLES, M.D. 597	VA Center, Boise, Idaho	11-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	11-28-65		Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-3-65	Myrtle Palmer	[signature]	E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

DEC 14 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 21 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4800
Local Reg. No. 581
Reg. Dist. No. 370

BIRTH NO. Mason 65-9838

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1514 Columbus St.

3. NAME OF DECEASED (Type or Print): a. (First) Leo b. (Middle) 003 c. (Last) Purdue Turley

4. DATE OF DEATH: (Month) 11 (Day) 29 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 10-7-1965

9. AGE (In years last birthday): IF UNDER 1 YEAR Months 1 Days 22; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Weldon Turley — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Betty Swogger — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Weldon Turley — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) 936.0

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) 01 Boise **(COUNTY)** Ada **(STATE)** Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 7, 1965, *to* Nov 29, 1965, *that I last saw the deceased alive on* Nov 16, 1965, *and that death occurred at* 10:36 A *m., from the causes and on the date stated above.*

23a. SIGNATURE 333 (Degree or title)

23b. ADDRESS: 1320 Vista Ave Boise

23c. DATE SIGNED: Nov 30 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-2-1965

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery

24d. LOCATION (City, town, or county) Boise (State) Idaho

DATE REC'D BY LOCAL REG.: 12-2-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Daniel G. Gibson — LICENSE NO.: E - 400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4801
Local Reg. No. 267
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 13 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 67 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): V. A. Center Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 231
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Box 561

3. NAME OF DECEASED (Type or Print)
a. (First): Philip
b. (Middle): B
c. (Last): McCOOL

4. DATE OF DEATH (Month) 12 (Day) 29 (Year) 65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 4-4-96
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY: Same 02
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Robert A McCool
BIRTHPLACE: Pa
14. MOTHER'S MAIDEN NAME: Hulda Carpenter
BIRTHPLACE: Wisc

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW 1 3
16. SOCIAL SECURITY NO.: 519 14 8145
17. INFORMANT'S OWN SIGNATURE: John O Stark
ADDRESS: VA Records, Boise, Idaho

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. [redacted] *attended the deceased from* 9-23, *19* 65 *to* 11-29, *19* 65, [redacted] *and that death occurred at* 5 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. F. SWINDELL, M.D. 597 O F Swindell M.D.
23b. ADDRESS: VA Center, Boise, Idaho
23c. DATE SIGNED: 12-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 2, 1965
24c. NAME OF CEMETERY OR CREMATORY: Emmett Cemetery
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 12-6-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Glenn W Beatty
LICENSE NO.: E392
FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, undef item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Mrs Van Fleet
344 44 41

Certificate of Death

RECEIVED DEC 13 1965 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 4802
Local Reg. No. 268
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 9 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunset Nursing Home 235

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3115 Sycamore Dr.

3. NAME OF DECEASED (Type or Print)
a. (First): Lyda
b. (Middle): Boyenger
c. (Last): Van Fleet

4. DATE OF DEATH (Month) (Day) (Year): 11-30-1965

5. SEX: Female
6. COLOR OR RACE: Cau.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 2-28-1884
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 9, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: None 01
11. BIRTHPLACE (State or foreign country): Detroit, Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Garrett Boyenger — BIRTHPLACE: Holland
14. MOTHER'S MAIDEN NAME: Alice Bronkhorst — BIRTHPLACE: Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Lorraine J. Johnson — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960, ~~19~~, *to* 11-30, 1965, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Stewart S. Merrill 357 (Degree or title) Mr
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 12-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-4-1965
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 12-7-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Clark D. Sears — LICENSE NO. E-460

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: FEB 1 1973

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4803
Local Reg. No. 29
Reg. Dist. No. 300

BIRTH NO.

RECEIVED NOV 26 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Adams 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council (rural)
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 25 miles W. Council, Ida.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1417 East Franklin, Street

3. NAME OF DECEASED (Type or Print): a. (First) Frank; b. (Middle) (none); c. (Last) Graham

4. DATE OF DEATH: (Month) (Day) (Year): 11/6/65

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: 11/12/87

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asst. Surveyor 06

10b. KIND OF BUSINESS OR INDUSTRY: Retired 27

11. BIRTHPLACE (State or foreign country): Kiowa, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Graham
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW #1

16. SOCIAL SECURITY NO.: 556-20-8017

17. INFORMANT'S OWN SIGNATURE: Edna Graham
ADDRESS: 1417 Franklin, Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 11:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Harold Whitley 583
(Degree or title): Adams County Coroner

23b. ADDRESS: Council, Idaho

23c. DATE SIGNED: 11-22-1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal - 3

24b. DATE: 11/12/65

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Mem. Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-22-65

REGISTRAR'S SIGNATURE

25. EMBALMER: Marshall Dickerson

LICENSE NO.: E-464

FIRM NAME: Mountain View Funeral Home, Boise

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

NOV 30 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4804
Local Reg. No. 612
Reg. Dist. No. 511

RECEIVED
NOV 26 1965
Bureau of Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Marsh Valley Hospital 020

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock 600
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ALBERT	ALVENZA	FOOTE	October 28 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married 2	November 10, 1874	90				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Law Enforcement 62	Village Marshal 052	Blackriver, Wisconsin	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles A. Foote	No data)	Mary Elizabeth Wildy,	Painted Post, N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	*****	518-56-2844	Thea C. Foote	Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Bronchopneumonia	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* Oct. 28, 19 65, *that I last saw the deceased alive on* Oct. 28 1965 *and that death occurred at* 5:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Downey, Idaho	Oct. 30, '65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct. 30, 1965	Lava Hot Springs Cemetery	Lava Hot Springs, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-22-65	Lacy Kellogg	Jack Henderson	E 349

FIRM NAME: Henderson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4805
Local Reg. No. 615
Reg. Dist. No. 510

BIRTH NO.

NOV 26 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 824 North Main Street

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM; b. (Middle) W.; c. (Last) HAIR

4. DATE OF DEATH: (Month) October (Day) 28 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: May 5 1909

9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant - Printer

10b. KIND OF BUSINESS OR INDUSTRY: Retail 04

11. BIRTHPLACE (State or foreign country): Midway, Utah

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Benjamin Hair — BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Anna VanWagoner — BIRTHPLACE: Midway, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.: 528-09-2994

17. INFORMANT'S OWN SIGNATURE: Jessie L. Hair — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Dissecting Aneurism of Aorta — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Hypertensive Vascular Disease — Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 22, 1965, *to* Oct. 28, 1965, *that I last saw the deceased alive on* Oct. 28, 1965, *and that death occurred at* 11 03½ m., *from the causes and on the date stated above.*

23a. SIGNATURE: S. Henderson 009 (Degree or title): MD

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Nov. 1, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 1, 1965

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: NOV 1

REGISTRAR'S SIGNATURE: Lacey Kellogg

25. EMBALMER: Jack Henderson — LICENSE NO.: E 349

FIRM NAME: Henderson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 29 1965

DEC 8 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4806
Local Reg. No. 616
Reg. Dist. No. 510

Certificate of Death

RECEIVED
NOV 26 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 327 North Lincoln Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): REGINALD
b. (Middle): H. 019
c. (Last): CLEARE

4. DATE OF DEATH (Month) (Day) (Year): October 28 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: November 23, 1893
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 35
10b. KIND OF BUSINESS OR INDUSTRY: Retail 61
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Walter H. Cleare — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Carrie Laying — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I 3
16. SOCIAL SECURITY NO.: 519-36-6025A
17. INFORMANT'S OWN SIGNATURE: Berenice D. Cleare — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Acute coronary insufficiency, massive thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Morbid adeno carcinoma of the colon — 1960
DUE TO (c) squamous cell carcinoma of prostate — 1964

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. above

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to* Oct. 28, 1965, *that I last saw the deceased alive on* Oct. 28, 19 65, *and that death occurred at* 7:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John R. McMahon 347
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Nov. 1, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 1, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: NOV 17 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Jack Henderson
LICENSE NO.: E 349

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Henderson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 29 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4807
Local Reg. No. 603
Reg. Dist. No. 570

BIRTH NO.

RECEIVED NOV 17 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 03 b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatelle
d. STREET ADDRESS (If rural, give location) 824 South Third Avenue

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) PEOPLES c. (Last) JONES

4. DATE OF DEATH (Month) (Day) (Year) November 1 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH August 17, 1882

9. AGE (In years last birthday) 83 If UNDER 1 YEAR Months Days If UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bridge Builder 78

10b. KIND OF BUSINESS OR INDUSTRY Union Pacific R. R.

11. BIRTHPLACE (State or foreign country) Rock Springs, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Isaac W. Jones
BIRTHPLACE No data

14. MOTHER'S MAIDEN NAME Harriet L. (no data)
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Spanish-American

16. SOCIAL SECURITY NO. 331X

17. INFORMANT'S OWN SIGNATURE Wilma Jones
ADDRESS Pocatelle, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1963, *to* Nov. 1, 1965, *that I last saw the deceased alive on* Nov. 1, 1965, *and that death occurred at* 8:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M D
23b. ADDRESS Pocatello, Idaho
23c. DATE SIGNED Nov. 2, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 4, 1965
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) Boise (State) Idaho

DATE REC'D BY LOCAL REG. NOV 12 1965
REGISTRAR'S SIGNATURE Lucy Kellogg
25. EMBALMER [signature]
LICENSE NO. E 349
FIRM NAME: Henderson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 22 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 25 1979

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4808
Local Reg. No. 608
Reg. Dist. No. 511

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 18 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 030
a. COUNTY: Bannock 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Marsh Valley Hospital 020

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Orville
c. (Last): Thompson

4. DATE OF DEATH (Month) (Day) (Year): Nov. 2, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan 5, 1897
9. AGE (In years last birthday): 68 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Dry Farm & Cattle 0
11. BIRTHPLACE (State or foreign country): Richmond, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Orville Thompson — BIRTHPLACE: Richmond, Ut.
14. MOTHER'S MAIDEN NAME: Nancy Abi Lawrence — BIRTHPLACE: Winston Co. Alabama

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 519-14-9492
17. INFORMANT'S OWN SIGNATURE: Mrs Gertrude O. Thompson — ADDRESS: Downey, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crushing injury of Chest
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Causing Cardio Vascular Failure
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 10-17-65
19b. MAJOR FINDINGS OF OPERATION: Fractured Ribs Large Extra & Intraperitoneal Blood
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Horse fell c̄ Patient

22. *I hereby certify that I attended the deceased from* July, 1951, *to* Nov 2, 1965, *that I last saw the deceased alive on* 1 Nov 2, 1965, *and that death occurred at* 1 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 070
23b. ADDRESS: Downey Id
23c. DATE SIGNED: 11-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 5, 1965
24c. NAME OF CEMETERY OR CREMATORY: Downey Cemetery
24d. LOCATION (City, town, or county) (State): Downey, Idaho

DATE REC'D BY LOCAL REG.: Nov 8, 1965
REGISTRAR'S SIGNATURE: Orissa Salvesen
25. EMBALMER: O. Sherwin Webb — LICENSE NO.: 316

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Webb Funeral Home Preston, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 19 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 23 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 17 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Comstock-K

Certificate of Death

State File No. 4809
Local Reg. No. 609
Reg. Dist. No. 510

BIRTH NO.

RECEIVED STATE OF IDAHO
NOV 18 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN: Pocatello
c. LENGTH OF STAY (If hospital or institution, length of stay in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION: Residence 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 160 Park Avenue

3. NAME OF DECEASED (Type or Print): a. (First) NORRIS b. (Middle) J. c. (Last) HENRIE

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 2, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: Feb. 1, 1900

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming 01

11. BIRTHPLACE (State or foreign country): Clawson, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Arthur Henrie
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Sarah Elizabeth Hovey
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 520-20-2396

17. INFORMANT'S OWN SIGNATURE: Amy Kempton
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cor pulmonale — INTERVAL BETWEEN ONSET AND DEATH: several yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic pulmonary emphysema
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

527.1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1963, *to* April 16, 1965, *that I last saw the deceased alive on* April 16, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Comstock, M.D.

23b. ADDRESS: Box 852, Pocatello, Idaho

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 5, 1965

24c. NAME OF CEMETERY OR CREMATORY: Tetonia Cemetery

24d. LOCATION (City, town, or county) (State): Tetonia, Idaho

DATE REC'D BY LOCAL REGISTRAR: NOV 15 1965

REGISTRAR'S SIGNATURE: Mary Keeney

25. EMBALMER: F. B. Manning

LICENSE NO.: E418

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 6 1980

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4810
Local Reg. No. 604
Reg. Dist. No. 5-11

BIRTH NO.

RECEIVED NOV 17 1965 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN: Pocatello
d. FULL NAME OF HOSPITAL OR INSTITUTION: Hillcrest Haven Resthome

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN: Inkom
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): RICHARD
b. (Middle): C.
c. (Last): COVERT

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 2, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Divorced 7	July 11, 1905	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 54	Farming 01	Idaho Falls, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Covert	New Mexico	Nellie Walker	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXXX		Minnie B. Green	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute bronchitis — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) cerebral arteriosclerosis with hemiplegia

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1963, *to* November, 1965, *that I last saw the deceased alive on* Oct. 1965, *and that death occurred at* 11/2/65 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. S. Call, M.D. L. S. Call M.D.	Kasiska Building, Pocatello, Ida.	11/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 6, 1965	Mountainview Cemetery	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
NOV 18 1965	Lucy Kellogg	F. B. Manning	E418

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4811
Local Reg. No. 610
Reg. Dist. No. 511

BIRTH NO.

RECEIVED
NOV 18 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bannock 021
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello Idaho
c. LENGTH OF STAY (in this place) 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Wyoming 55
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cokeville Wyoming
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Marvin b. (Middle) Sylvester c. (Last) Freeman

4. DATE OF DEATH (Month) (Day) (Year) Nov. 3, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH Jan. 4, 1905

9. AGE (In years last birthday) 60 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Of way dept.

10b. KIND OF BUSINESS OR INDUSTRY U.P. Railroad 06

11. BIRTHPLACE (State or foreign country) Montpelier Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Orson Freeman 70 BIRTHPLACE Herriman, Utah

14. MOTHER'S MAIDEN NAME Sarah E. Sizemore BIRTHPLACE Georgetown Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 520-12-3811

17. INFORMANT'S OWN SIGNATURE Adeline Freeman ADDRESS Adeline Freeman Cokeville, Wyo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable pulmonary embolis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probable thrombophlebitis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-25-65, 19__, *to* 11-3-65, 19__, *that I last saw the deceased alive on* 11-3-65, 19__, *and that death occurred at* 8:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) — 23b. ADDRESS Pocatello Id. — 23c. DATE SIGNED 11/12/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal — 24b. DATE Nov. 6, 1965 — 24c. NAME OF CEMETERY OR CREMATORY Cokeville Cemetery — 24d. LOCATION (City, town, or county) Cokeville, Wyoming (State)

DATE REC'D BY LOCAL REG. NOV 1 - 1965 — REGISTRAR'S SIGNATURE — 25. EMBALMER — LICENSE NO. 409

FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 19 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 28 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4812
Local Reg. No. 67
Reg. Dist. No. 54

RECEIVED NOV 18 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 030 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
c. LIMITS OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Marsh Valley Hospital 020

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 210
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Effie
b. (Middle): Rozilla Bybee
c. (Last): Wilding

4. DATE OF DEATH (Month) (Day) (Year): Nov. 4, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: August 5, 1882
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home 01
11. BIRTHPLACE (State or foreign country): Downey, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Jefferson — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Sarah Lloyd Bybee — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Lloyd L. Wilding — ADDRESS: Downey, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 450.0 Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Patient Breaking Hip from fall

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Patient Fell

22. *I hereby certify that I attended the deceased from* July, 1950, *to* Nov, 1965, *that I last saw the deceased alive on* Nov 4, 1965, *and that death occurred at* 4 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 070
23b. ADDRESS: Downey Idaho
23c. DATE SIGNED: 11.6.65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 8, 1965
24c. NAME OF CEMETERY OR CREMATORY: Cambridge Cemetery
24d. LOCATION (City, town, or county) (State): Cambridge, Idaho

DATE REC'D BY LOCAL REG.: Nov. 8, 1965
REGISTRAR'S SIGNATURE: Orissa Salvesen
25. EMBALMER: O. Sherwin Webb — LICENSE NO.: 316

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Webb Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 17 1965

Certificate of Death

STATE OF IDAHO

State File No. 4813
Local Reg. No. 605
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 125 North Hayes Avenue

3. NAME OF DECEASED (Type or Print): a. (First) WALTER b. (Middle) S. c. (Last) KUHN

4. DATE OF DEATH (Month) (Day) (Year): November 4 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: October 25, 1891

9. AGE (In years last birthday): 74 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 35

10b. KIND OF BUSINESS OR INDUSTRY: Retail 60

11. BIRTHPLACE (State or foreign country): Ogden Utah

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Nate Kuhn — BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Rose Moritz — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO | (If yes, give war or dates of service): *****

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Dorothy S. Bacer — ADDRESS: Great Falls, Mont.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cor pulmonale — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Atalectasis right lung — 2 days

DUE TO (c) Cholecystitis and cholelithiasis — 6 months

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-2-65

19b. MAJOR FINDINGS OF OPERATION: Cholecystitis and cholelithiasis

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-28, *19* 65, *to* Nov. 4, *19* 65, *that I last saw the deceased alive on* Nov. 4, *19* 65 *and that death occurred at* 1:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Melvin M. Graves M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Nov. 6, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 6, 1965

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: NOV 12 1965

REGISTRAR'S SIGNATURE: Sally Kellogg

25. EMBALMER: Jack Henderson — LICENSE NO.: E 349

FIRM NAME: Henderson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

NOV 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4814
Local Reg. No. 606
Reg. Dist. No. 510

BIRTH NO.

RECEIVED NOV 17 1965 Bureau of Statistics

1. PLACE OF DEATH
a. COUNTY Bannock 03 | 3-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello | LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Mercy Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 03 | b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 712 Park Lane

3. NAME OF DECEASED (Type or Print) a. (First) JOHN | b. (Middle) T 019 | c. (Last) MC CONNELL
4. DATE OF DEATH (Month) (Day) (Year) Nov. 4 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Dec. 31, 1910
9. AGE (In years last birthday) 54 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor 70
10b. KIND OF BUSINESS OR INDUSTRY Railroad 16
11. BIRTHPLACE (State or foreign country) Greenfield, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Rufus McConnell | BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Murtie Toler | BIRTHPLACE Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | (If yes, give war or dates of service) WW II 4
16. SOCIAL SECURITY NO. 518-07-0539
17. INFORMANT'S OWN SIGNATURE Mary R McConnell | ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardio - Respiratory arrest. — Cause unknown — | INTERVAL BETWEEN ONSET AND DEATH Sudden.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Possible cerebral atrophy & Edema. by autopsy —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-31-, 1965, *to* 11-4, 1965, *that I last saw the deceased alive on* 11-3, 1965, *and that death occurred at* 3:20 m., *from the causes and on the date stated above.*

23a. SIGNATURE David C. Mills 36? (Degree or title) MD | 23b. ADDRESS Pocatello, Idaho | 23c. DATE SIGNED 11-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 6 Nov 1965 | 24c. NAME OF CEMETERY OR CREMATORY Mountainview Cem. | 24d. LOCATION (City, town, or county) Pocatello, (State) Idaho

DATE REC'D BY LOCAL REG. NOV 1965 | REGISTRAR'S SIGNATURE Darcy Kellogg | 25. EMBALMER George W. Knoff | LICENSE NO. 409

FIRM NAME Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form OH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 22 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 29 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

FEB 24 1966

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4815
Local Reg. No. 612
Reg. Dist. No. 510

BIRTH NO.

RECEIVED NOV 18 1965 Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1204 North Arthur

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): BLAINE 019
c. (Last): LYON

4. DATE OF DEATH (Month) (Day) (Year): Nov. 5, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: June 24, 1890

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist 17

10b. KIND OF BUSINESS OR INDUSTRY: U.P.R.R. 02

11. BIRTHPLACE (State or foreign country): Montpelier, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Lyon
BIRTHPLACE: Conn.

14. MOTHER'S MAIDEN NAME: Jane MacLennan
BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXX

16. SOCIAL SECURITY NO.: XXXX

17. INFORMANT'S OWN SIGNATURE: Blaine M Lyon Sr
ADDRESS: Blackfoot, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction 420.1
INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug, 1956, *to* Nov 5, 1965, *that I last saw the deceased alive on* Nov 3, 1965, *and that death occurred at* 5 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Pocatello Ida
23c. DATE SIGNED: NV 10 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 8, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: NOV 15 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: [signature]
LICENSE NO.: E418
FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 19 1965

MAY 19 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUN 18 1976

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4816
Local Reg. No. 613
Reg. Dist. No. 511

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED NOV 18 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Marsh Valley Hospital 020

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey,
d. STREET ADDRESS (If rural, give location): - wife: Anna Salvesen

3. NAME OF DECEASED (Type or Print)
a. (First): NORMAN
b. (Middle): -
c. (Last): DAY

4. DATE OF DEATH (Month) (Day) (Year): November 7, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Nov. 28, 1885
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: farming 01
11. BIRTHPLACE (State or foreign country): Lewiston, Cache, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: DAVID DAY — BIRTHPLACE: Kaysville, Davis, Utah
14. MOTHER'S MAIDEN NAME: MARY KATHERINE BOWMAN — BIRTHPLACE: Richmond, Cache, Ut

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-01-5784
17. INFORMANT'S OWN SIGNATURE: Eugene E. Day — ADDRESS: Downey, Idh

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular Accident 331X

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Hypertensive cardiovascular disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1951, *to* Nov 7, 1965, *that I last saw the deceased alive on* Nov 6, 1965, *and that death occurred at* 2:00a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Zola Burke Huss 070
23b. ADDRESS: Downey Id
23c. DATE SIGNED: 11-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: Nov 10 1965
24c. NAME OF CEMETERY OR CREMATORY: DOWNEY
24d. LOCATION (City, town, or county): DOWNEY (State): IDH

DATE REC'D BY LOCAL REG.: Nov. 10, 1965
REGISTRAR'S SIGNATURE: Orissa Salvesen
25. FUNERAL DIRECTOR: Raiford Benson — ADDRESS: Malad, Idaho
BENSON FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 19 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Raiford G. Benson Lic. No E-351 at Malad, Idh on Nov. 7 1965

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4817
Local Reg. No. 607
Reg. Dist. No. 510

RECEIVED NOV 17 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Mem. Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 619 N. Arthur

3. NAME OF DECEASED (Type or Print)
a. (First): MARTHA
b. (Middle): (MATTIE)
c. (Last): RAY

4. DATE OF DEATH (Month) (Day) (Year): Nov. 8, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: May 12, 1890
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Malad City, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George H. Lewis — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Martha Reynolds — BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Dr O. C. Ray — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Embolus — INTERVAL BETWEEN ONSET AND DEATH: 16 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis — 2 years
DUE TO (c): Auricular Fibrillation — 3 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes (mild)

433.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1958, 19__, *to* Nov 8, 1965, *that I last saw the deceased alive on* Nov 8, 1965, *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. D. Howard M.D. — (Degree or title)
23b. ADDRESS: Pocatello Ida
23c. DATE SIGNED: 11-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 12, 1965
24c. NAME OF CEMETERY OR CREMATORY: Malad City Cem.
24d. LOCATION (City, town, or county) (State): Malad City, Idaho

DATE REC'D BY LOCAL REG. NOV 12 1965
REGISTRAR'S SIGNATURE: Lucy Kellogg
25. EMBALMER: John P. Thomas
LICENSE NO.: E-292
FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 11 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4818
Local Reg. No. 614
Reg. Dist. No. 510

Certificate of Death

RECEIVED
NOV 18 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 3-18
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 18 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1455 N. Garfield

3. NAME OF DECEASED (Type or Print)
a. (First): LULU
b. (Middle): MARCIA
c. (Last): CRISSMAN

4. DATE OF DEATH (Month) (Day) (Year): Nov. 9, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 1,1885
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jarrold McMillen — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Susan Walker — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Marguerite Rauch — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

443X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hpertensive cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
1. Exogenous obesity — Years
2. Ventral hernia. — Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 26, 19 62 *to* Nov. 9, 19 65, *that I last saw the deceased alive on* Nov. 9, 19 65 *and that death occurred at* 7:15p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 566 Arch T. Wigle — ARCH T. WIGLE, M.D.
23b. ADDRESS: 1605 N. Arthur
23c. DATE SIGNED: Nov. 12'65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov.12-65
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: NOV 15 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: John P. Grossman
LICENSE NO.: E-292

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: NOV 19 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4819
Local Reg. No. 618
Reg. Dist. No. 510

BIRTH NO.

RECEIVED
NOV 26 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN: Pocatello
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 330 Park

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) FRANKLIN c. (Last) PARSONS

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 10, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: June 2, 1906

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer 16

10b. KIND OF BUSINESS OR INDUSTRY: U.P.R.R. 03

11. BIRTHPLACE (State or foreign country): Thomas, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Parsons
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Elisa Sarah
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXX

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Vera E. Parsons
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inanition — INTERVAL BETWEEN ONSET AND DEATH: Several days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Diabetes mellitus — Several yrs.

DUE TO (c) Complicating arteriosclerotic heart disease. — Several yrs.

II. OTHER SIsignificant CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct. 28, 1965, *to* Nov 10, 1965, *that I last saw the deceased alive on* Nov 10, 1965, *and that death occurred at* 10:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Comstock, M.D.

23b. ADDRESS: Box 852, Pocatello, Idaho

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 13, 1965

24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cemetery

24d. LOCATION (City, town, or county) (State): Thomas, Idaho

DATE REC'D BY LOCAL REG.: NOV 13 1965

REGISTRAR'S SIGNATURE:

25. EMBALMER:

LICENSE NO.: E418

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

NOV 29 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 14 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 3 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1820
Local Reg. No. 619
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 03 Bannock NOV 26 1965 3-01 Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Mem. Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 03 b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 1706 E. Terry

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOHN	ALLEN	SCOVILLE	Nov. 11, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	Feb. 13, 1894	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Commander (Eng.) 41	U.S. Navy 01	Peoria, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elmer E. Scoville	Illinois	Margaret Hinkle	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	1918 - 1953 8	518-46-3919	John A. Scoville Jr.	Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis — indefinite
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Atrial Fibrillation — 16 hrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov 11, 1965, *to* Nov 11, 1965, *that I last saw the deceased alive on* Nov 11, 1965, *and that death occurred at* 6:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] Howard Smith	Pocatello Idaho	11-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-18-65	Arlington National Cem.	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
NOV 18 1965	Lacey Kellogg	John P. Downard	E-292

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 29 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 7 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 13 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4821
Local Reg. No. 620
Reg. Dist. No. 511

Certificate of Death

RECEIVED
NOV 26 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock County Jail 100

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): HAROLD
b. (Middle): E.
c. (Last): EDMO

4. DATE OF DEATH (Month) (Day) (Year): Nov. 11, 1965

5. SEX: Male
6. COLOR OR RACE: Indian 3
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married 1
8. DATE OF BIRTH: Nov. 17, 1944
9. AGE (In years last birthday): 21 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 41
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy 01
11. BIRTHPLACE (State or foreign country): Fort Hall, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lee Edmo — BIRTHPLACE: Fort Hall, Ida.
14. MOTHER'S MAIDEN NAME: Elaine Diggie — BIRTHPLACE: Fort Hall, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes / At present time
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: + Estella Edmo — ADDRESS: Fort Hall, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9744

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Strangulation,
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hanging (Suicide)
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* — *, 19*__*, to* — *, 19*__*, that I* ~~last~~ *saw the deceased* ~~alive~~ *on* 11-11-, 1965 *and that death occurred at* 2 *m., from the causes and on the date stated above.*

23a. SIGNATURE 583 (Degree or title): Burton H John — Coroner
23b. ADDRESS: Bannock Co. Idaho
23c. DATE SIGNED: 11-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 15, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mission Cemetery
24d. LOCATION (City, town, or county) (State): Fort Hall, Idaho

DATE REC'D BY LOCAL REG.: NOV 22 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Conway Grant
LICENSE NO.: E478

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Henderson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 29 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4822
Local Reg. No. 621
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
NOV 26 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In hospital): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1640 So. 3rd

3. NAME OF DECEASED (Type or Print)
a. (First): HAROLD
b. (Middle): BRADLEY 000
c. (Last): GARMIRE

4. DATE OF DEATH (Month) (Day) (Year): Nov. 12, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 8, 1913
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor 70
10b. KIND OF BUSINESS OR INDUSTRY: U.P. Railroad 15
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jeremiah Garmire — BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Caroline Bradley — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 712-09-4600
17. INFORMANT'S OWN SIGNATURE: Deltha Garmire — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from — , 19__, to — , 19__, that I ~~last~~ saw the deceased alive on 11-12-, 1965, and that death occurred at 10 A. m., from the causes and on the date stated above.*

23a. SIGNATURE: Burton H. Dunn 583 — (Degree or title): Coroner
23b. ADDRESS: Bannock Co. Idaho
23c. DATE SIGNED: 11-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-15-65
24c. NAME OF CEMETERY OR CREMATORY: Mount Moriah Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 11-22-65
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: John P. Gorman
LICENSE NO.: E-292

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 29 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 14 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
NOV 26 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4823
Local Reg. No. 622
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 03 Bannock 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) few min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 03
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 1031 Verdugo St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BERNIE	ALLEN	BURGE	Nov. 13, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced 4	May 16, 1940	25	5	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Beautician 06	Beauty Salon 36	American Falls, Idaho	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clifford Burge	Century, Illinois	Frances Phelps	Dayton, Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-42-8437	Cliff T Burge	Am. Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Thrombotic occulsion, ostium	? 1 wk.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	R. H. coronary artery. Thrombosis & Embolus at	unknown.
DUE TO (c)	aortic Valve (Prosthetic) area with extension into R. coronary artery	Probably 2-3 wks.
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1960, 19__, *to* 11-63, 1965, *that I last saw the deceased alive on* July, 1965, *and that death occurred at* 8:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
362 D C Miller MD	Pocatello Idaho	11-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-16-65	Fallsview Cemetery	American Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-18-65	Sally Kuenzi	H. L. Davis	E-253

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Davis Furn. & Mortuary, Inc.

DUTIES:

NOV 29 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4824
Local Reg. No. 623
Reg. Dist. No. 510

Certificate of Death

RECEIVED
NOV 26 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 211 Jones Drive

3. NAME OF DECEASED (Type or Print)
a. (First): ABIGAIL
b. (Middle): IDUMIA
c. (Last): TUBBS

4. DATE OF DEATH (Month) (Day) (Year): Nov. 14, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 16, 1890
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Washakie, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Moroni Ward — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Eliza Voss — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXXX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Audrey Moser — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 1, 1965, *to* Nov 14, 1965, *that I last saw the deceased alive on* Nov 14, 1965, *and that death occurred at* 8 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 113 MD
23b. ADDRESS: Pocatello Ida
23c. DATE SIGNED: Nov 19 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov.17,1965
24c. NAME OF CEMETERY OR CREMATORY: Malad City Cemetery
24d. LOCATION (City, town, or county) (State): Malad, Idaho

DATE REC'D BY LOCAL REG.: NOV 22 1965
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature]
LICENSE NO.: E418

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 29 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4825
Local Reg. No. 625
Reg. Dist. No. 210

BIRTH NO.

DEC 3 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 3 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 722 No. 7th

3. NAME OF DECEASED (Type or Print)
a. (First): NORBERT
b. (Middle): T.
c. (Last): MARCOTTE

4. DATE OF DEATH: (Month) Nov. (Day) 15, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 6, 1892

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Machine Shop

11. BIRTHPLACE (State or foreign country): Port Huron, Michigan

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert H. Marcotte
BIRTHPLACE: Michigan

14. MOTHER'S MAIDEN NAME: Welks
BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-09-9917

17. INFORMANT'S OWN SIGNATURE: Willah Mae Marcotte
ADDRESS: Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): arteriosclerotic coronary heart disease with coronary sclerosis and cardiac hypertrophy and old and recent infarcts.
INTERVAL BETWEEN ONSET AND DEATH: sev. months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 23, 1965, *to* Nov. 15, 1965, *that I last saw the deceased alive on* Nov. 15, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. S. Call, M.D.
23b. ADDRESS: Box 852, Pocatello, Idaho
23c. DATE SIGNED: 11/24/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-19-65
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REGISTRAR: DEC 1 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: John P. Downard
LICENSE NO.: E-292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4886
Local Reg. No. 626
Reg. Dist. No. 510

BIRTH NO. 65-6653

RECEIVED
DEC 3 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN: Pocatello
c. LENGTH OF STAY (In this place): 2 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1705 North Arthur Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1208 Atlantic

3. NAME OF DECEASED (Type or Print)
a. (First): GRETCHEN
b. (Middle): LOUISE 000
c. (Last): SAUCERMAN

4. DATE OF DEATH: (Month) November (Day) 17 (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: July 7, 1965
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 4 Days 10; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 09
10b. KIND OF BUSINESS OR INDUSTRY: None 07
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Joseph Saucerman
BIRTHPLACE: Nashville, Tenn.
14. MOTHER'S MAIDEN NAME: Kathryn Elizabeth Sempek
BIRTHPLACE: Omaha, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: John Saucerman
ADDRESS: 1705 N. Arthur Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4908

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, lobar — INTERVAL BETWEEN ONSET AND DEATH: 2

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [XX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ *, that I last saw the deceased alive on* Nov. 17, 19 65, *and that death occurred at* about 8a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Burton M. Cohn, M.D.
23b. ADDRESS: Bannock County Coroner, Pocatello, Idaho
23c. DATE SIGNED: Nov. 20, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: November 17 1965
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: DEC 1 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Jim Henderson
LICENSE NO.: E 349

FIRM NAME: Buck Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 1 6 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4827
Local Reg. No. 629
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

RECEIVED
DEC 8 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Gordon Apartments

3. NAME OF DECEASED (Type or Print)
a. (First): JENNIE
b. (Middle): LEE 018
c. (Last): ZIRBEL

4. DATE OF DEATH (Month) (Day) (Year): November 17 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: February 7, 1896
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office Clerk 29
10b. KIND OF BUSINESS OR INDUSTRY: Insurance Company 06
11. BIRTHPLACE (State or foreign country): Roseberry Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John M. Jasper — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Mary Cole — BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): *****
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Mary E Avery Crawford Idaho — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): adenocarcinoma of the left kidney — INTERVAL BETWEEN ONSET AND DEATH: 8 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 1954, *to* Nov. 17, 1965, *that I last saw the deceased alive on* Nov. 17, 1965, *and that death occurred at* 10:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. S. Call, M.D. 077 — L S Call M D
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Nov. 20, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 22, 1965
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: 12-3-65
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Jack Henderson — LICENSE NO.: E 349
FIRM NAME: Henderson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 9 1965

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

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3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4828
Local Reg. No. 630
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

RECEIVED
DEC 8 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1526 E. Fremont

3. NAME OF DECEASED (Type or Print)
a. (First): MAMIE
b. (Middle): E.
c. (Last): LANGUEIN

4. DATE OF DEATH (Month) (Day) (Year): Nov. 19, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 18, 1894
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Andrew Kohler — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Amanda Miller — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: George A Langueir — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cor pulmonale — 3-4 years
DUE TO (c): Chronic Pulmonary Fibrosis — 5-6 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Essential Hypertension — many years.

525X

19a. DATE OF OPERATION: 11/19/65
19b. MAJOR FINDINGS OF OPERATION: Massive Pulmonary fibrosis, Cardiac Enlargement, Chronic Passive Congestion
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1956, *to* Nov. 19, 1965, *that I last saw the deceased alive on* Nov. 19, 1965, *and that death occurred at* 10 15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: B B Jorgensen 272 — (Degree or title): MD
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 12-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-22-1965
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: DEC 6 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: John P. Grossman — LICENSE NO.: E-292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 9 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4829
Local Reg. No. 627
Reg. Dist. No. 511

Certificate of Death

RECEIVED
DEC 3 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Mem. Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wyoming 55 555
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wind River Indian Agency
d. STREET ADDRESS (If rural, give location): Rural - Indian Redervation

3. NAME OF DECEASED (Type or Print)
a. (First): ADDIE
b. (Middle): MOON
c. (Last): DEVINEY

4. DATE OF DEATH (Month) (Day) (Year): Nov. 19, 1965

5. SEX: Female
6. COLOR OR RACE: Indian 3
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 1904
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Wyoming
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unkown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Annabell Wetterbone — ADDRESS: Ft. Hall, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

092X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Hepatitis — INTERVAL BETWEEN ONSET AND DEATH: 4 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Viral Infection
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-8-65
19b. MAJOR FINDINGS OF OPERATION: Acute Hepatitis
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-3, 1965, *to* 11-19, 1965, *that I last saw the deceased alive on* 11-18, 1965, *and that death occurred at* 2 am *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. K. Murrell 356 (Degree or title) MD
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 11-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-23-65
24c. NAME OF CEMETERY OR CREMATORY: Cedars Cem.
24d. LOCATION (City, town, or county) (State): Ft. Hall Ind. Reservation Bingham

DATE REC'D BY LOCAL REG.: NOV 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: John P. Gomm
LICENSE NO.: E-292

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 7 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 25 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 4830
Local Reg. No. 624
Reg. Dist. No. 5-10

RECEIVED DEC 1 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 402 McKinley

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ELDEN	RAY	BYBEE	Nov. 21, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	Dec. 30, 1906	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 70
10b. KIND OF BUSINESS OR INDUSTRY: U.P.R.R. 00
11. BIRTHPLACE (State or foreign country): Milo, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Walter Ray Bybee — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Laura May Thompson — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXXX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: W W Bybee — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 420.0 Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 3wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Chronic alcoholism — 10 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 17 Nov, 1965 *to* 21 Nov, 1965, *that I last saw the deceased alive on* 21 Nov, 1965, *and that death occurred at* 12 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W W Caldwell	MD	Pocatello Idaho	Nov 23 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 23, 1965	Restlawn Mem. Gardens	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
NOV 26 1965	Harry Kellogg	F. B. Manning	E418

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 2 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4831
Local Reg. No. 631
Reg. Dist. No. 5-6

Certificate of Death

STATE OF IDAHO

RECEIVED Bureau of Vital Statistics DEC 8 1965

BIRTH NO.

1. PLACE OF DEATH 031 3-26
a. COUNTY Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
LENGTH OF STAY (in this place) 26 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hosp. 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 031
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 1306 So. Third Ave.

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) D c. (Last) WOOD, Sr.

4. DATE OF DEATH (Month) Nov. (Day) 26 (Year) 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH June 10, 1885

9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer--Laborer 04

10b. KIND OF BUSINESS OR INDUSTRY 07

11. BIRTHPLACE (State or foreign country) Wisconsin

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Nelson T. Wood BIRTHPLACE New York

14. MOTHER'S MAIDEN NAME Johanna Leibert BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE George D. Wood Jr. ADDRESS Beaulle, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

450.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic gangrene of leg — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Severe pulmonary fibrosis and emphysema

19a. DATE OF OPERATION 11-4-65

19b. MAJOR FINDINGS OF OPERATION Severe arteriosclerotic changes with calcification blood vessels, arteries with smaller vessels showing thrombosis. Early gangrenous changes of foot, right

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-1, 1965, *to* 11-26-65, 1965, *that I last saw the deceased alive on* 11-26, 1965, *and that death occurred at* 7:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature], M.D. (Degree or title)

23b. ADDRESS 1448 East Center, Pocatello, Idaho

23c. DATE SIGNED 12-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 30 Nov 1965

24c. NAME OF CEMETERY OR CREMATORY Mountainview

24d. LOCATION (City, town, or county) Pocatello (State) Idaho

DATE REC'D BY LOCAL REG. DEC 1965

REGISTRAR'S SIGNATURE [signature]

25. EMBALMER George W. Knopp LICENSE NO. 409

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

.....

.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Amended June 20, 1967

Certificate of Death

STATE OF IDAHO

State File No. 4832
Local Reg. No. 628
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 211 West Bryan

3. NAME OF DECEASED (Type or Print): a. (First) Victor; b. (Middle) Ray; c. (Last) Olsen

4. DATE OF DEATH: (Month) Nov. (Day) 26, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: July 3, 1948

9. AGE (In years last birthday): 17
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: High School

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Earl L. Olsen
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Gertrude Ellen Misner
BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Earl L. Olsen
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Exposure, elements, prolonged — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Exhaustion
DUE TO (c): (Deer Hunting)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

932.8

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Mountains
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Bannock, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 26, 1965 m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [XX]
21f. HOW DID INJURY OCCUR?: Deer hunting, prolonged

22. *I hereby certify that I attended the deceased from* -- , 19___, *to* -- , 19___, *that I last saw the deceased* ~~alive~~ dead *on* 11-28, 1965, *and that death occurred at* ? *m., from the causes and on the date stated above.*

23a. SIGNATURE: Burton H. John
(Degree or title): Coroner
23b. ADDRESS: Bannock County, Idaho
23c. DATE SIGNED: 12-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 30, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 12-1-65
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: F. B. Ashly
LICENSE NO.: E-418

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 15 1967
Bureau of Vital Statistics

State of ..... } ss.
County of .....

Certificate No. 65-4832

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)

for Victor Ray Olsen (Name on Original Certificate) who died (Was Born or Died) on Nov. 27, 1965 (Date of Event)

in Bannock County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#4-Date of Death	Nov. 27, 1965	Nov 26, 1965
#21d-time of injury	Nov 27,1965	Nov 26, 1965

Subscribed and sworn to before me this 9th day of June, 1967

Phyllis B. Grant

Notary Public, residing at Pocatello, Idaho

My commission expires Mar., 1968

(Seal)

Signed Burton John Coroner

Conway Grant

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of June, 1967

Phyllis B. Grant

Notary Public, residing at Pocatello, Idaho

My commission expires March, 1968

(Seal)

Signed Theron J. Miller

(Signature of Any Credible Person)

510 North 12th Poca. Ida.

(Street Address, City, State)

FORM DH 60-155

L. 5-19-67 AF

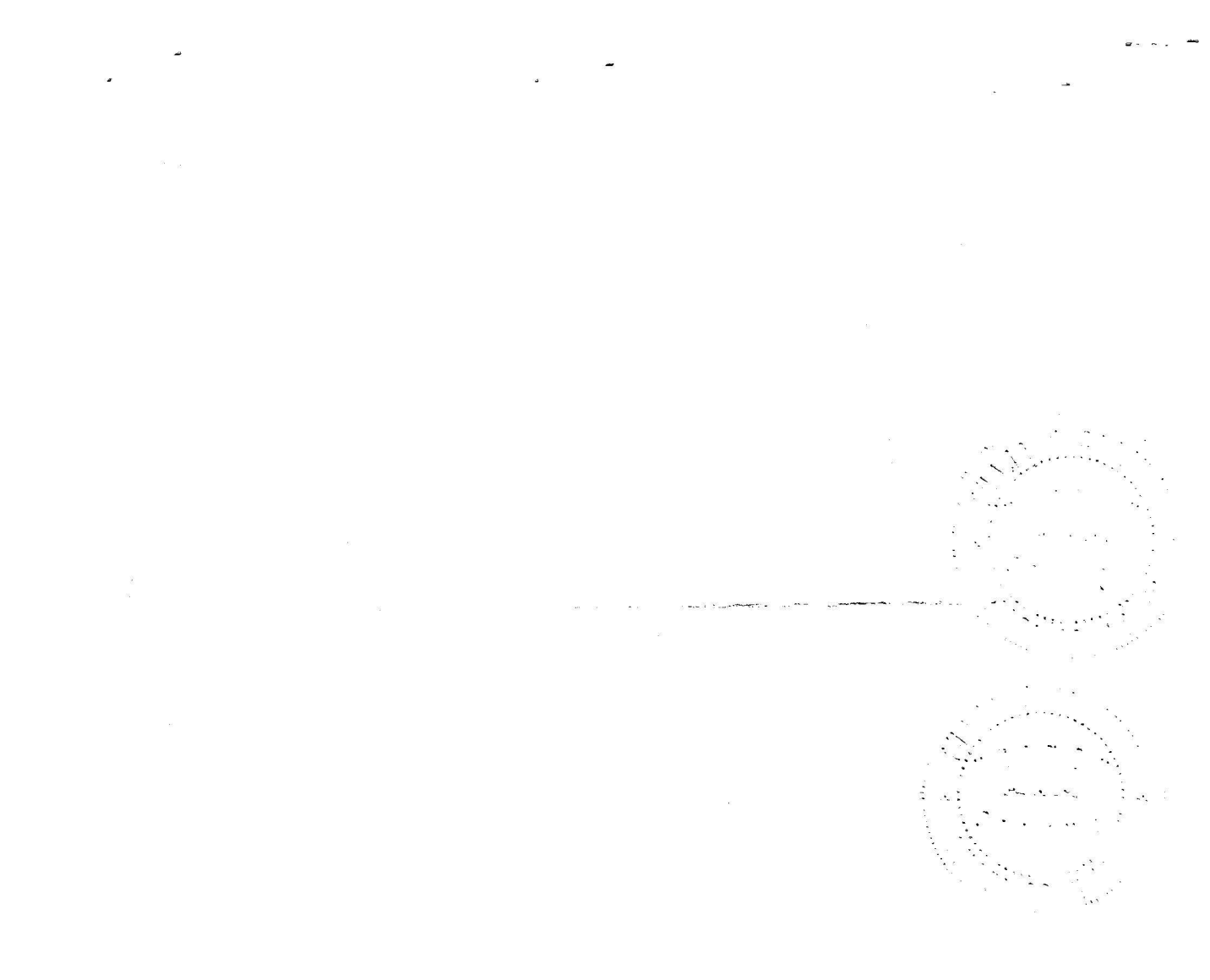

Certificate of Death

RECEIVED - STATE OF IDAHO

State File No. 4832
Local Reg. No. 628
Reg. Dist. No. 5-0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03 | DEC 3 1965 | Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): | c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03 | b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 211 West Bryan

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
VICTOR	RAY	OLSEN	Nov. 27, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	July 3, 1948	17				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 77	High school 03	Pocatello, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Earl L. Olsen	Utah	Gertrude Ellen Misner	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXX		Earl L. Olsen	Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exposure, elements, prolonged — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Exhaustion.
DUE TO (c) (Deer Hunting) 922.8

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?*
		YES [X] NO [ ]

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 030 (COUNTY) (STATE)
Accident/	mountains	13 Bannock, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
11-27-65 ? m.	WHILE AT WORK [ ] NOT WHILE AT WORK [X]	Deer hunting, prolonged

22. *I hereby certify that I attended the deceased from* — , 19 — , *to* — , 19 — , *that I ~~last~~ saw the deceased alive on* 11-28-, 1965, *and that death occurred at* ? m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Burton Hohn 583 Coroner 4	Bannock County, Idaho	12-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 30, 1965	Mountainview Cemetery	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-1-65	Lucy Kellogg	F. S. Manning	E418

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 6 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 21 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. ~~4833~~
Local Reg. No. 633
Reg. Dist. No. 510

Certificate of Death

RECEIVED
DEC 8 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 935 E. Whitman

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): RUSSELL 019
c. (Last): LYONS

4. DATE OF DEATH (Month) (Day) (Year): Nov. 28 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Nov. 30, 1924
9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Michael Lyons — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Erma Henderson — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II 4
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: + Mrs Erma Pyke — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 72 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocarditis — Unknown
DUE TO (c): Unknown cause — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 27, 1965, *to* Nov 28, 1965 *that I last saw the deceased alive on* Nov 28, 1965, *and that death occurred at* 2:45 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L Henderson MD 009
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 1 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-1-65
24c. NAME OF CEMETERY OR CREMATORY: Mount Moriah Cem.
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: DEC 6 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: George W. Knoff
LICENSE NO.: 409

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 9 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4834
Local Reg. No. 632
Reg. Dist. No. 510

Certificate of Death

RECEIVED
DEC 8 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 — 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 920 East Bridger

3. NAME OF DECEASED (Type or Print)
a. (First): GURNEY
b. (Middle): L. 018
c. (Last): MORRISON

4. DATE OF DEATH (Month) (Day) (Year): Nov. 28, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 15, 1904
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Albany, Washington
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Asa F. Morrison — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Frankie Bryan — BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Betty H. Peeples — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Pulmonary emphysema — 5 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

527.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 4, 1963, *to* Nov 28, 1965, *that I last saw the deceased alive on* Nov 27, 1965, *and that death occurred at* 6:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. Anderson MD 009
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 1 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 1, 1965
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem. Gardens
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: DEC 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: F. B. Ashby
LICENSE NO.: E418

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 9 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 7 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 30 1977

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4835
Local Reg. No. 634
Reg. Dist. No. 5-14

Certificate of Death

RECEIVED
DEC 8 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03 — 3-21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 519 E. Bridger

3. NAME OF DECEASED (Type or Print)
a. (First): FIDEL
b. (Middle):
c. (Last): MARTINEZ

4. DATE OF DEATH (Month) (Day) (Year): Nov. 30, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 24, 1893
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 70
10b. KIND OF BUSINESS OR INDUSTRY: U.P. Railroad 40
11. BIRTHPLACE (State or foreign country): Mexico
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown Martinez — BIRTHPLACE: Mexico
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No 2 — (If yes, give war or dates of service): 712-03-1550
16. SOCIAL SECURITY NO.: 712-03-1550
17. INFORMANT'S OWN SIGNATURE: Ralph A. Martinez — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

156.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hepatic insufficiency — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cancer of liver — months
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility Debility

19a. DATE OF OPERATION: 17 November 1965
19b. MAJOR FINDINGS OF OPERATION: Liver replacement with cancer
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 15 Nov, 1965, *to* Nov 30, 1965, *that I last saw the deceased alive on* Nov 29, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): N. Kalahele 493 M.D.
23b. ADDRESS: Kasiska Bldg
23c. DATE SIGNED: 12.2.65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-4-65
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: DEC 6 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: John P. Grosman — LICENSE NO.: E-292

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 8 - 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4836
Local Reg. No.
Reg. Dist. No. 552

RECEIVED DEC 17 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier
c. LENGTH OF STAY (in this place) 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
d. STREET ADDRESS (If rural, give location) 538 No. 6th Street

3. NAME OF DECEASED (Type or Print) (First) Ernest b. (Middle) G c. (Last) Hansen

4. DATE OF DEATH (Month) (Day) (Year) Oct. 16 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb. 27 1884

9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman

10b. KIND OF BUSINESS OR INDUSTRY 05

11. BIRTHPLACE (State or foreign country) Logan Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Martin C. Hansen | BIRTHPLACE Norway

14. MOTHER'S MAIDEN NAME Annie Larson | BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-40-4665

17. INFORMANT'S OWN SIGNATURE Mrs Lila Hansen | ADDRESS Montpelier Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Atherosclerosis — 4-5 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-10, 1965, to 10-16, 1965, that I last saw the deceased alive on 10-16, 1965, and that death occurred at 7:45 P m., from the causes and on the date stated above.

23a. SIGNATURE [illegible] 675 (Degree or title)

23b. ADDRESS Montpelier Idaho

23c. DATE SIGNED 11/25/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct. 19 1965

24c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery

24d. LOCATION (City, town, or county) Montpelier (State) Ida

DATE REC'D BY LOCAL REG. 12/3/65

REGISTRAR'S SIGNATURE [illegible]

25. EMBALMER Wile Matthews

LICENSE NO. E359

FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: DEC 20 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4837
Local Reg. No. 152
Reg. Dist. No.

Certificate of Death

RECEIVED
DEC 17 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 040
a. COUNTY Bear Lake 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Ida.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 040
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Alton Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) George
b. (Middle) Gilbert 024
c. (Last) Lloyd

4. DATE OF DEATH (Month) (Day) (Year) Oct. 20 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Apr. 12 1912
9. AGE (In years last birthday) 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming & Plumbing work
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Ibapah, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Griffith Lloyd 04
BIRTHPLACE Penn.
14. MOTHER'S MAIDEN NAME Cora Lee Lloyd
BIRTHPLACE Oakley Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-36-5623
17. INFORMANT'S OWN SIGNATURE Mrs Florence Lloyd
ADDRESS Alton Ida.

18. CAUSE OF DEATH 936.9
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Phlebitis — 1 day
DUE TO (c) Wound, infected — 1 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE 458 (Degree or title) J. A. Schopes MD
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 12/1/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 23 1965
24c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery
24d. LOCATION (City, town, or county) (State) Montpelier Idaho

DATE REC'D BY LOCAL REG. 12/3/65
REGISTRAR'S SIGNATURE H H King
25. EMBALMER Nile Matthews
LICENSE NO. E359

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 2 1 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAR 2 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 3 1977

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4838
Local Reg. No.
Reg. Dist. No. 52

Certificate of Death

STATE OF IDAHO

RECEIVED
NOV 17 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 040 Bear Lake 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Border Idaho Bur
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 040
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Border Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Kay b. (Middle) Elijah c. (Last) Prine

4. DATE OF DEATH (Month) (Day) (Year) Nov. 11 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Apr. 29 1889
9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY 00
11. BIRTHPLACE (State or foreign country) Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Elijah Prine BIRTHPLACE New York
14. MOTHER'S MAIDEN NAME Eula King BIRTHPLACE Bowler Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 516-01-2291
17. INFORMANT'S OWN SIGNATURE Mrs James Sullivan ADDRESS Border Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction - 15 days
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Nonsense
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Post CA Bladder

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Montpelier Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1962, 19__, *to* Nov, 1965, *that I last saw the deceased alive on* Nov 6, 19 65 *and that death occurred at* 6 a m., *from the causes and on the date stated above.*

23a. SIGNATURE G W Schoger 450 (Degree or title)
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 11-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Nov 12 1965
24c. NAME OF CEMETERY OR CREMATORY Hardin Cemetery
24d. LOCATION (City, town, or county) (State) Hardin Montana

DATE REC'D BY LOCAL REG. 11/12/65
REGISTRAR'S SIGNATURE [illegible]
25. EMBALMER Nile Matthews LICENSE NO. E359

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JAN 6 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4839
Local Reg. No. 33
Reg. Dist. No. 13

BIRTH NO.

RECEIVED
NOV 17 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Benewah 050
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Tensed
c. LENGTH OF STAY (in this place) 3 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Highway 95 N. (near Latah - Benewah Co. Line)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Washington 53
b. COUNTY Spokane 063
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Opportunity
d. STREET ADDRESS (If rural, give location) E 10300

3. NAME OF DECEASED (Type or Print)
a. (First) Robert
b. (Middle) Stephen
c. (Last) Thornhill

4. DATE OF DEATH (Month) (Day) (Year) November 6, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH 2/19/1945
9. AGE (In years last birthday) 20 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 77
10b. KIND OF BUSINESS OR INDUSTRY Univ. of Idaho 63
11. BIRTHPLACE (State or foreign country) Spokane, Washington
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Harold B. Thornhill BIRTHPLACE (Garfield, Wn.)
14. MOTHER'S MAIDEN NAME Geneva O Dyer BIRTHPLACE (Dayton, Washington)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS 1322 Monroe Spokane Wn

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal skull fracture — INTERVAL BETWEEN ONSET AND DEATH Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Probable fracture cervical spine Instant

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway near Tensed Idaho
21c. (CITY, TOWN, OR TOWNSHIP) 050 (COUNTY) Benewah (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 - 6 - 65 2:40 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Car accident

22. I hereby certify that I attended the deceased from D O A 19__, to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at 2:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jergen A. Rapp M.D
23b. ADDRESS St. Maries, Idaho
23c. DATE SIGNED 11-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Nov. 6, 1965
24c. NAME OF CEMETERY OR CREMATORY Thornhill Funeral Home
24d. LOCATION (City, town, or county) Spokane (State) Washington

DATE REC'D BY LOCAL REG. 11-12-65
REGISTRAR'S SIGNATURE Wanda Dimico
25. EMBALMER [signature] LICENSE NO. E-411

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4840
Local Reg. No. 54
Reg. Dist. No. 130

Certificate of Death

STATE OF IDAHO

RECEIVED
NOV 22 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Benewah 050
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
c. LENGTH OF STAY (in this place) 76 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Benewah Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 050
b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
d. STREET ADDRESS (If rural, give location) St. Maries River Road

3. NAME OF DECEASED (Type or Print)
a. (First) Ada
b. (Middle) — 025
c. (Last) Chaddic

4. DATE OF DEATH (Month) (Day) (Year) November 9 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 1-23-1888
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Domestic 01
11. BIRTHPLACE (State or foreign country): Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J. P. Johnston — BIRTHPLACE: Arkansas
14. MOTHER'S MAIDEN NAME: Betty Wade — BIRTHPLACE: Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Albert Best — ADDRESS: St Maries

18. CAUSE OF DEATH 153.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia (Terminal) — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CA of lung (metastatic) — 6 mos
DUE TO (c) CA of colon (cecum) — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (metastasis to abd. nodes & liver) — 6 mo

19a. DATE OF OPERATION: 6-28-65
19b. MAJOR FINDINGS OF OPERATION: CA of ileo cecal junction c̄ obstruction
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 20, 1965, *to* Nov 9, 1965, *that I last saw the deceased alive on* Nov 9, 1965, *and that death occurred at* 8 57 *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. D. Thurston, md 533 (Degree or title)
23b. ADDRESS: St. Maries, Idaho
23c. DATE SIGNED: 11-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-11-1965
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county): St. Maries (State): Idaho

DATE REC'D BY LOCAL REG.: 11-16-65
REGISTRAR'S SIGNATURE: Wanda Dimiss
25. EMBALMER: Gerald E Browning
LICENSE NO.: E-411

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4841
Local Reg. No. 55
Reg. Dist. No. 130

BIRTH NO.

RECEIVED NOV 22 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Benewah 050
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Handy Corner Cafe main 929

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280
b. COUNTY: Kootenai 050
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	Robert	Jansson	11/11/1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 2	7/3/1915	50		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Staff Officer 20
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Forest Service 60
11. BIRTHPLACE (State or foreign country): Montevideo, Minn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Carl Jansson	Minn.	Helen Iverson	Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-52-5484
17. INFORMANT'S OWN SIGNATURE: Lois Jansson ADDRESS: Coeur d'Alene, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4 3 0.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DOA, 19___, to ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 1 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
B. A. Rapp 428 M.D.	St Maries Idaho	11-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 2	11/15/65	Sidney	Sidney, Richland Co. Mont

DATE REC'D BY LOCAL REG. 11-16-65
REGISTRAR'S SIGNATURE: Hanka Simics
25. EMBALMER: G.D. Yates LICENSE NO. 365
FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

NOV 23 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 9 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 26 1970

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4842
Local Reg. No. 37
Reg. Dist. No. 130

Certificate of Death

STATE OF IDAHO

RECEIVED
DEC 13 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Benewah 050
b. CITY OR TOWN St. Maries
c. LENGTH OF STAY (in this place) 57 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Benewah Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 050
b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
d. STREET ADDRESS (If rural, give location) 202 2nd. Street

3. NAME OF DECEASED (Type or Print)
a. (First) James
b. (Middle) C 025
c. (Last) Keenan

4. DATE OF DEATH (Month) (Day) (Year) November 22, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 4
8. DATE OF BIRTH October 24, 1900
9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Logging 08
10b. KIND OF BUSINESS OR INDUSTRY Woodswork 02
11. BIRTHPLACE (State or foreign country) Massachusetts
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 516-03-7686
17. INFORMANT'S OWN SIGNATURE U.P.A. Records, Gerald Browning ADDRESS St. Maries

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the lung — INTERVAL BETWEEN ONSET AND DEATH 6 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1965, *to* Nov 22, 1965, *that I last saw the deceased alive on* Nov 22, 1965, *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Bergen A. Copp M.D 428
23b. ADDRESS St. Maries Idaho
23c. DATE SIGNED 11-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/24/1965
24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
24d. LOCATION (City, town, or county) St. Maries (State) Idaho

DATE REC'D BY LOCAL REG. 12-6-65
REGISTRAR'S SIGNATURE Wanda Simms
25. EMBALMER Gerald E. Browning
LICENSE NO. E-411

Federal Security Agency
United States Public Health Service
Form DH-69021
FIRM NAME: Browning Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4843
Local Reg. No. 15a
Reg. Dist. No. 60 D

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED DEC 6 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 8mo.6days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 712½ Idaho Street

3. NAME OF DECEASED (Type or Print): a. (First) Sol b. (Middle) 033 c. (Last) Neuman

4. DATE OF DEATH: (Month) (Day) (Year): October 19 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: July 9 1883

9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91

10b. KIND OF BUSINESS OR INDUSTRY: 03

11. BIRTHPLACE (State or foreign country): Rumania

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE

14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Mary Payne ADDRESS: Medical Records State Hospital South

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Pneumonia, lower lobes — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) General physical debility — 5 months

DUE TO (c) Cerebral Vascular accident = hemiparesis. — 6 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐ X

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* February, 1965, *to* 19 October 1965, *that I last saw the deceased alive on* 19 October 1965 *and that death occurred at* 12:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. F. Hall M.D. 594

23b. ADDRESS: State Hospital South, Blackfoot, Idaho

23c. DATE SIGNED: Oct. 21, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Oct 19, 1965

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: Oct 25 1965

REGISTRAR'S SIGNATURE: Dorothy L. Jones

25. EMBALMER: L. Dean Hill — LICENSE NO.: E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 15 1965 Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4844
Local Reg. No. 138
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 06 Bingham 1-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
LENGTH OF STAY (in this place): 20 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 06
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 98 Lilac Street

3. NAME OF DECEASED (Type or Print): a. (First) Natalija; b. (Middle); c. (Last) Liepins

4. DATE OF DEATH: (Month) (Day) (Year): November 1, 1965

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2

8. DATE OF BIRTH: March 16, 1881

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months 7 Days 15
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01

10b. KIND OF BUSINESS OR INDUSTRY: own home 01

11. BIRTHPLACE (State or foreign country): Latvia

12. CITIZEN OF WHAT COUNTRY?: Latvia

13. FATHER'S NAME: Jacobs Culitis
BIRTHPLACE: Latvia

14. MOTHER'S MAIDEN NAME: Maria -------
BIRTHPLACE: Latvia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: James Liepins ADDRESS: 98 Lilac St. Blf't.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Severe Rheumatoid Arthritis — was known

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1963, *to* Nov. 1, 1965, *that I last saw the deceased alive on* Nov. 1, 1965, *and that death occurred at* 10:35A m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. M. Packer 404 (Degree or title): M.D.

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: 11-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-4-65

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Nov. 4 1965

REGISTRAR'S SIGNATURE: Dorothy J. Jones

25. EMBALMER: Howard Packham
LICENSE NO.: E-338

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Howard Packham Mortuary

DUTIES:

NOV 17 1965

MAR 10 1993

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4845
Local Reg. No. 135
Reg. Dist. No. 600

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 15 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 061 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 45 Utah 555
b. COUNTY: Salt Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salt Lake City
d. STREET ADDRESS (If rural, give location): 3663 Jupiter Driv e

3. NAME OF DECEASED (Type or Print)
a. (First): OSCAR
b. (Middle): LEONARD 029
c. (Last): RIDER

4. DATE OF DEATH (Month) (Day) (Year): Nov. 2, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 28, 1883
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant 35
10b. KIND OF BUSINESS OR INDUSTRY: Gen. Merchandise
11. BIRTHPLACE (State or foreign country): Kanab, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Rider — BIRTHPLACE: Milltown, Ireland
14. MOTHER'S MAIDEN NAME: Mary McDonald — BIRTHPLACE: Forforshire, Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-07-9560
17. INFORMANT'S OWN SIGNATURE: Mrs Verl B. Horrocks — ADDRESS: Blackfoot, Idaho.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Occlusion	5 min
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary Arteriosclerosis	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death*	gastric resection total for Carcinoma of Stomach	months

420.1

19a. DATE OF OPERATION: Oct 26-65
19b. MAJOR FINDINGS OF OPERATION: Total gastric resection - No nodes or metastasis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct., 1965, *to* Nov. 2, 1965, *that I last saw the deceased alive on* Nov. 2, 1965, *and that death occurred at* 8:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Dean Pacher 403 (Degree or title): M. D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: Nov. 4-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 6, 1965
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackf oot, Idaho.

DATE REC'D BY LOCAL REG.: Nov. 10, 1965
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: John C. Sandberg — LICENSE NO. E-280
FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 17 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4846
Local Reg. No. 136
Reg. Dist. No. 601

BIRTH NO.

RECEIVED NOV 15 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bingham 06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot (Rural) 080
LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 060 b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot (Rural)
d. STREET ADDRESS (If rural, give location) Rt. 2 Riverside

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) James McIntyre Ranch-Rockford

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Clair	H. 000	Anderson	Nov. 2, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced 4	Aug. 8, 1936	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bus Driver. N.R.T.S	Transportation	Blackfoot Idaho	USA

13. FATHER'S NAME 87	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George A. Anderson,	Blackfoot, Idaho	Virginia Hampton	Shelley, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		523-34-2611	George H. Anderson	Blackfoot, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple fractures, head, chest, legs — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Airplane crashed
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

866X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES XX NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 060 (COUNTY) (STATE)
Accident 16	Near farm - 20 miles	west of Blackfoot, Bingham, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
about Nov. 2, 1965 4p m.	WHILE AT WORK ☐ NOT WHILE AT WORK XX	Light single engine plane crashed near farm.

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased* DEAD *alive on* Nov. 2, 1965, *and that death occurred* about 4p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Earl Stone 583	Coroner, Bingham County	Blackfoot, Idaho.	Nov. 4, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 5, 1965	Riverside-Thomas Cemetery	Blackfoot, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 10, 1965	Dorothy L. Jones	John C. Sandberg	E-280

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 19 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4847
Local Reg. No. 141
Reg. Dist. No. 601

RECEIVED
NOV 22 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot Rural
DURATION OF STAY (in this place): seconds
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Asylum Lane 100

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot Rural
d. STREET ADDRESS (If rural, give location): Rt. #3, No. Asylum Lane

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Colleen	Rachel	Casper	Nov. 3, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
female	white	never married 7	January 21, 1950	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 77	High School 02	Idaho Falls, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arthur R. Casper	Idaho Falls, Idaho	Alice Schubert	Rose, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Arthur R. Casper	Rt. #3

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture through knee cap — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) auto accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident 06	Public road 13	Blackfoot, Bingham, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
11-3-65 9:30 P. m. 2	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Car missed slight curve in road and struck large tree

22. *I hereby certify that I attended the deceased from* Did not see her alive, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 9:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl Stone 588	Coroner 4	Blackfoot, Idaho	11-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-6-65	Rose Hill View Cemetery	Idaho Falls, Bonneville, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 12, 1965	Dorothy J. Jones	Howard Packham	E-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
NOV 22 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4848
Local Reg. No. 143
Reg. Dist. No. 601

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham 06 (5-01)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): seconds
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): So. Asylum Lane near Cemetery

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 06
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 581 Henderson Drive

3. NAME OF DECEASED (Type or Print): a. (First) DEANNA b. (Middle) LEE 800 c. (Last) MURRAY

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 3, 1965

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Aug. 15, 1949

9. AGE (In years last birthday): 16 — If UNDER 1 YEAR: Months / Days — If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77

10b. KIND OF BUSINESS OR INDUSTRY: High School 62

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lee G. Murray — BIRTHPLACE: Filer, Idaho

14. MOTHER'S MAIDEN NAME: Estelle Mae Matteson — BIRTHPLACE: Cascade, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-60-1293

17. INFORMANT'S OWN SIGNATURE: Lee G. Murray — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal Skull fracture - internal injuries — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) auto accident

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 06

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Blackfoot 06 Bingham Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11 3 65 9:30 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY occur?: Car went over + hit tree

22. *I hereby certify that I attended the deceased from* Did not see her alive, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl Slater 583 — (Degree or title): Coroner

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: 11-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-6-65

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: Nov. 12, 1965

REGISTRAR'S SIGNATURE: Dorothy J. Jones

25. EMBALMER: Howard Packham — LICENSE NO.: E-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

DEC 2 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4849
Local Reg. No. 144
Reg. Dist. No. 600

BIRTH NO. RECEIVED

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 22 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 3 yrs. 2 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South 033

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 14
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1208 Blaine Street

3. NAME OF DECEASED (Type or Print): a. (First) Evelyn b. (Middle) G. c. (Last) Redman

4. DATE OF DEATH (Month) (Day) (Year): November 5 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: July 17, 1878

9. AGE (In years last birthday): 87
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired School Teacher

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jonah Goden
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Sadie Worrell
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Med. Records State Hospital South
ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331 Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 5, 1965, *to* Nov. 5, 1965, *that I last saw the deceased alive on* Nov. 5, 1965, *and that death occurred at* 5:40 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Leon F. Marlowe 594 (Degree or title) M.D.

23b. ADDRESS: State Hospital South, Blackfoot

23c. DATE SIGNED: 11/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 11-7-65

24c. NAME OF CEMETERY OR CREMATORY: Caldwell Cemetery

24d. LOCATION (City, town, or county) (State): Caldwell, Canyon, Idaho

DATE REC'D BY LOCAL REG.: Nov. 13, 1965

REGISTRAR'S SIGNATURE: Dorothy L. Jones

25. EMBALMER: Howard Packham

LICENSE NO.: E-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4850
Local Reg. No. 137
Reg. Dist. No. 600

BIRTH NO.

RECEIVED NOV 15 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 070
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham 061
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pingree
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ICHIMASA b. (Middle) 000 c. (Last) Nii

4. DATE OF DEATH (Month) (Day) (Year): Nov. 6, 1965

5. SEX: Male

6. COLOR OR RACE: Japanese 5

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Oct. 15, 1882

9. AGE (In years last birthday): 83 — If UNDER 1 YEAR: Months / Days — If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 01

11. BIRTHPLACE (State or foreign country): Japan — Takamatsu Cho, Okayama-Ken

12. CITIZEN OF WHAT COUNTRY?: Japan

13. FATHER'S NAME — BIRTHPLACE

14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE (Sigeru Nii) ADDRESS: Pingree, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial Infarction — 428.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 4, 1965, *to* Nov 6, 1965, *that I last saw the deceased alive on* Nov 4, 1965, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE J. M. Weathers 569 (Degree or title) M. D.

23b. ADDRESS: Blackfoot, Idaho.

23c. DATE SIGNED: Nov. 8, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 10, 1965

24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Nov. 10, 1965

REGISTRAR'S SIGNATURE: Dorothy L. Jones

25. EMBALMER: John C. Sandberg

LICENSE NO.: E 280

FIRM NAME: Sandberg-Hill Funeral Home Blackfoot, Idaho

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JAN 1 1 1980

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4851
Local Reg. No. 142
Reg. Dist. No. 600

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 22 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 061 Bingham 3-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Blackfoot
d. STREET ADDRESS (If rural, give location): Rt. #2 (Riverside)

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Leonard
c. (Last): Wilson

4. DATE OF DEATH (Month) (Day) (Year): Nov. 7, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Dec. 21, 1878
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 10, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm 01
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lewis Dunbar Wilson, Jr., BIRTHPLACE: Nauvoo, Ill.
14. MOTHER'S MAIDEN NAME: Eliza Ellenor Hunt, BIRTHPLACE: Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-24-1066
17. INFORMANT'S OWN SIGNATURE: Darrell Wilson, ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 420.0

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): arteriosclerotic heart dis — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: uremia, dehydration, pneumonia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 28 Oct, 1965, *to* 7 Nov, 1965, *that I last saw the deceased alive on* 7 Nov, 1965, *and that death occurred at* 4:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. E. Miller J. 361 (Degree or title): M.D.
23b. ADDRESS: 9 Airport Rd. Blackfoot, Idaho
23c. DATE SIGNED: 11-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-10-65
24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Nov. 12, 1965
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: Howard Packham
LICENSE NO.: E-338

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Howard Packham Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. APR 14 1981

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4852
Local Reg. No. 148
Reg. Dist. No. 600

BIRTH NO. DEC 6 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bingham 061 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 061 b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
d. STREET ADDRESS (If rural, give location) Poplar Street

3. NAME OF DECEASED (Type or Print) a. (First) ELVIRA b. (Middle) JUANITA 029 c. (Last) BAGGS

4. DATE OF DEATH (Month) (Day) (Year) November 8, 1965

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2

8. DATE OF BIRTH Dec 3, 1888

9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01

10b. KIND OF BUSINESS OR INDUSTRY home 01

11. BIRTHPLACE (State or foreign country) Berkley, Calif.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Fredrick P. Beraun BIRTHPLACE unknown

14. MOTHER'S MAIDEN NAME Amelia Sisterna BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE Charles F. Johnson ADDRESS Blackfoot, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

430.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerosis - Generalized 2yrs. INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, *19*____, *to* Nov 8, *19* 65, *that I last saw the deceased alive on* Nov 8, *19* 65, *and that death occurred at* 5:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE J. M. Withers 569 (Degree or title) M.D.

23b. ADDRESS Blackfoot, Idaho

23c. DATE SIGNED Nov 13, 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Nov 11, 1965

24c. NAME OF CEMETERY OR CREMATORY Grove City Cemetery

24d. LOCATION (City, town, or county) Blackfoot (State) Idaho

DATE REC'D BY LOCAL REG. Nov. 30, 1965

REGISTRAR'S SIGNATURE Dorothy J. Jones

25. EMBALMER L. C. Sandberg Hill LICENSE NO. E-466

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Sandberg-Hill Funeral Home

APR 1 6 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 1 7 1993

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4853
Local Reg. No. 140
Reg. Dist. No. 6.0.0

STATE OF IDAHO

BIRTH NO.

RECEIVED
NOV 22 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 06 Bingham 2-08
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 6 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South 33

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 210
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weston
d. STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print): a. (First) Alvin b. (Middle) A. c. (Last) Nielson

4. DATE OF DEATH (Month) (Day) (Year): November 9 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: March 14 1881

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Oke Nielson
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Hannah Anderson
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519 42 8651

17. INFORMANT'S OWN SIGNATURE: Mary P Payne
ADDRESS: Medical Records-State Hospital South

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral hemorrhage
INTERVAL BETWEEN ONSET AND DEATH: 15 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis
Unk.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 May, 1965, *to* 9 November, 1965, *that I last saw the deceased alive on* 9 November, 1965, *and that death occurred at* 2:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leon C. Marlowe M.D.

23b. ADDRESS: State Hospital South Blackfoot, Idaho

23c. DATE SIGNED: Nov. 9, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: November 19, 65

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Preston, Idaho

DATE REC'D BY LOCAL REG.: Nov. 15, 1965

REGISTRAR'S SIGNATURE: Dorothy J. Jones

25. EMBALMER: C. Dean Hill

LICENSE NO.: E-466

FIRM NAME: Sandberg-Hill funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4854
Local Reg. No. 139
Reg. Dist. No. 600

Certificate of Death

RECEIVED NOV 22 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 061 2-04
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 4mo3day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South 033

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 061
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 211 South Stout Street

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle):
c. (Last): Hartkopf

4. DATE OF DEATH (Month) (Day) (Year): November 11 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: September 22 97
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Teacher 12
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Samuel Hartkopf — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Annie Hesse — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 36 6435
17. INFORMANT'S OWN SIGNATURE: Mary P Payne — ADDRESS: Medical Records-State Hospital South

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

204.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subleukemic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 18 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8 July, 1965, *to* 11 November 1965, *that I last saw the deceased alive on* 11 November 1965 *and that death occurred at* 5:10 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Eric F. Holt M.D. 594
23b. ADDRESS: State Hospital South-Blackfoot, Idaho
23c. DATE SIGNED: 11/12/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 13, 65
24c. NAME OF CEMETERY OR CREMATORY: Grove city cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: Nov. 15, 1965
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: C. Dean Hill
LICENSE NO.: E-466

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Sandberg-Hill funeral

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

NOV 23 1965

JUN 7 1966

JAN 23 1987

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4855
Local Reg. No. 145
Reg. Dist. No. 600

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 6 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 2 yr8mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South 033

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 3894 Hawthorne Road

3. NAME OF DECEASED (Type or Print)
a. (First): Vina
b. (Middle): E.
c. (Last): Bell

4. DATE OF DEATH (Month) (Day) (Year): November 15 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 2, 1892
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James M. Ross — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Elizabeth HALLETT ? Ross — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Mary Payne — ADDRESS: Med. Records-State Hospital South

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

421.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized arteriosclerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Aortic Stenosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. CBS assoc. with arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 14 March, 1963, *to* 15 November, 1965, *that I last saw the deceased alive on* 15 November 65, *and that death occurred at* 9:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Mary L. Smith, M.D. 594
23b. ADDRESS: State Hospital South Box 390 Blackfoot
23c. DATE SIGNED: 11/16/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-19-65
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: Nov. 24, 1965
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: John P. Gorson
LICENSE NO.: E292

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Dowsend Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 9 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 2 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 9 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

SEP 7 1966

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 6 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4856
Local Reg. No. 147
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 660
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) c. (Last) ROCHLING

4. DATE OF DEATH: (Month) November (Day) 17 (Year) 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: December 24, 1889

9. AGE (In years last birthday): 76 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mink Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: 08

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown — BIRTHPLACE

14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-42-8912

17. INFORMANT'S OWN SIGNATURE: C. D. Jones by Dean Hill — ADDRESS: Moreland, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Second & third degree burns — INTERVAL BETWEEN ONSET AND DEATH: 19 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Nursing Home

21c. (CITY, TOWN, OR TOWNSHIP): 13 Blackfoot, (COUNTY): Bingham, (STATE): Idaho

21d. TIME OF INJURY: (Month) Oct (Day) 28, (Year) 1965 (Hour) 12 noon

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Patient set himself on fire while smoking

22. *I hereby certify that I attended the deceased from* July 7, *19*66, *to* Nov 17, *19* 65 *that I last saw the deceased alive on* Nov 17, *19* 65, *and that death occurred at* 4:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter G Hoge (Degree or title): M.D.

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: Nov 23, 65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Nov 22, 65

24c. NAME OF CEMETERY OR CREMATORY: Moreland cemetery

24d. LOCATION (City, town, or county) (State): Bingham county Idaho

DATE REC'D BY LOCAL REG.: Nov. 30, 1965

REGISTRAR'S SIGNATURE: Dorothy L. Jones

25. EMBALMER: C. Dean Hill

LICENSE NO.: E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4857
Local Reg. No. 146
Reg. Dist. No. 600

BIRTH NO.

RECEIVED
DEC 6 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 06
b. CITY OR TOWN: Blackfoot
c. LENGTH OF STAY in this place: 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 888 South Broadway 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 06
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 888 S. Broadway

3. NAME OF DECEASED (Type or Print): a. (First) Earl b. (Middle) Ernest c. (Last) Rice

4. DATE OF DEATH (Month) (Day) (Year): Nov. 19, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: Dec. 21, 1920

9. AGE (In years last birthday): 44
IF UNDER 1 YEAR: Months 10 Days 28
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder 57

10b. KIND OF BUSINESS OR INDUSTRY: Ranch Operation 67

11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frank Rice
BIRTHPLACE: Marquette, Nebraska

14. MOTHER'S MAIDEN NAME: Mary Hansen
BIRTHPLACE: Lehi, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): World War II 4

16. SOCIAL SECURITY NO.: 518-12-5238

17. INFORMANT'S OWN SIGNATURE: Frank E. Rice
ADDRESS: Nashville, Tenn. ~~Blackfoot, Idaho~~

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Anterior Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Massive Pneumonia both lungs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

490 8

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see him alive, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 4 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl Staley 583
(Degree or title): Coroner 4

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: 11-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-23-65

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: NOV 23 1965

REGISTRAR'S SIGNATURE: Dorothy J. Jones

25. EMBALMER: Howard Packham
LICENSE NO.: E-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 8 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 20 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4858
Local Reg. No. 149
Reg. Dist. No. 600

RECEIVED DEC 6 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 060 Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Blackfoot
c. LENGTH OF STAY (in this place): seconds
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 331
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): El Centro Trailer Court

3. NAME OF DECEASED (Type or Print): a. (First) Juliet; b. (Middle) 029; c. (Last) Cammack

4. DATE OF DEATH: (Month) Nov. (Day) 27, (Year) 1965

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2

8. DATE OF BIRTH: Mar. 14, 1943

9. AGE (In years last birthday): 22; IF UNDER 1 YEAR: Months 8, Days 13; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper & S. Teacher

10b. KIND OF BUSINESS OR INDUSTRY: 0 Home & School

11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Dean E. Wheeler

BIRTHPLACE: Moreland, Idaho

14. MOTHER'S MAIDEN NAME: Geraldine Jones

BIRTHPLACE: Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-58-2014

17. INFORMANT'S OWN SIGNATURE: Dean E. Wheeler
ADDRESS: Moreland, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 1/2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto Accident — 2 1/2 hrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11/27/65

19b. MAJOR FINDINGS OF OPERATION: Massive Subdural Clots

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 06 Hiway 26 West

21c. (CITY, TOWN, OR TOWNSHIP) 060 **(COUNTY)** Blackfoot (Rural) Bingham, Idaho **(STATE)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11- 27-65 3:45P m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? 2 car collision

22. *I hereby certify that I attended the deceased from* Nov. 27, 1965, *to* Nov. 27, 1965, *that I last saw the deceased alive on* Nov. 27, 1965, *and that death occurred at* 6:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Dean Packer (Degree or title): M. D.

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: 11-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/1/65

24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot Rt. #2, Idaho

DATE REC'D BY LOCAL REG.: Dec 2, 1965

REGISTRAR'S SIGNATURE: Dorothy Jo Jones

25. EMBALMER: Howard Packham

LICENSE NO.: E-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4859
Local Reg. No. 352
Reg. Dist. No.

RECEIVED DEC 3 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boise 080
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arrowrock Dam
LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1905-Vista

3. NAME OF DECEASED (Type or Print)
a. (First): Opal
b. (Middle):
c. (Last): Sargent

4. DATE OF DEATH: Nov 9 1965

5. SEX: female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Oct. 6 1883

9. AGE (In years last birthday): 52
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Colo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: C.E. Robel
BIRTHPLACE: Millbank, S.D.

14. MOTHER'S MAIDEN NAME: Helena Schumaker
BIRTHPLACE: Racine, Wis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ?

17. INFORMANT'S OWN SIGNATURE x Harry M Sargent
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 975X Burning + Drowning
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph Jansen Coroner 583
23b. ADDRESS: Idaho City Idaho
23c. DATE SIGNED: Nov 30-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Nov, 11, 1965
24c. NAME OF CEMETERY OR CREMATORY: Lewis-Clark Memorial Gardens, Lewiston, Idaho.
24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: 12-1-1965
REGISTRAR'S SIGNATURE: Ina E. S. Robeson
25. EMBALMER: Andrew F. Vassar
LICENSE NO.: E315

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Vassar-Rawls Funeral Home, Lewiston, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 2 4 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4860
Local Reg. No. 352
Reg. Dist. No.

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boise 080 DEC 3 1965 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) rural Lowman
LENGTH OF STAY (in this place) moments
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 12 miles north Lowman 670

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1411½ North 14th

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	RUTH	JUDITH	NEWHART	November 20, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	single, n.m.	August 5, 1941	24				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
records clerk 29	hospital 06	Stroudsburg, Pennsylvania	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Leslie K. Newhart	Pennsylvania	Charlotte Simcox	Pennyslvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	---	205-32-5976	Louise R. Garland	2004 Regal Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

866X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive skull fractures — INTERVAL BETWEEN ONSET AND DEATH: instantaneous

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) and multiple internal injuries, crushing, plane crash
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 010 (COUNTY)	(STATE)
accident 12	mountain area 13	12 m. north Lowman, Boise	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
m.		passenger in private plane crash

22. *I hereby certify that I attended the deceased from* INVESTIGATION ONLY, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ralph Lawson 583	Coroner	Idaho City, Idaho	Nov. 30-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal/burial	11-30-65	Stroudsburg Cemetery	Stroudsburg, Monroe Co., Penn.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-1-1965	Mrs E. S. Robison	A. Dale McMurtrey	E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 3 1965

APR 8 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4861
Local Reg. No. 352
Reg. Dist. No.

RECEIVED

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boise 080 DEC 9 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (Statistics): Bureau of
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 016 b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. STREET ADDRESS (If rural, give location): Route 1 (2½ Mi. West of Eagle)

3. NAME OF DECEASED (Type or Print): a. (First) Donald b. (Middle) Virgil c. (Last) Roberts

4. DATE OF DEATH: (Month) 11 (Day) 20 (Year) 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: 9-26-1917
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Forest Service Guard-US Govnt. 20
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Virgil Roberts — BIRTHPLACE: Colorado
14. MOTHER'S MAIDEN NAME: Ida E. Hoalst — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II & Korea
16. SOCIAL SECURITY NO.: 519-01-2300
17. INFORMANT'S OWN SIGNATURE: Charles R Roberts — ADDRESS: Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe traumatic injuries to head & thorax

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Aircraft accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Mountains 12 13
21c. (CITY, TOWN, OR TOWNSHIP) 080 (COUNTY) (STATE): 12 Mi. no. of Lowman- Boise- Idaho

21d. TIME OF INJURY: (Month) 11 (Day) 20 (Year) 1965 (Hour) 5 pm
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Aircraft Accident

22. *I hereby certify that I attended the deceased from* Nov 20, *to* Nov 20, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Miles S. Bowles 529 (Degree or title): M.D.
23b. ADDRESS: 506 N 5th St Boise
23c. DATE SIGNED: 30 Nov 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-1-1965
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 12-7-65
REGISTRAR'S SIGNATURE: Mrs E. S. Robeson
25. EMBALMER: Daniel G. Gibson
LICENSE NO.: E- 400

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 13 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 21 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 27 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4862
Local Reg. No. 124
Reg. Dist. No. 110

RECEIVED NOV 17 1965

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 291 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): RT. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle):
c. (Last): Kalk

4. DATE OF DEATH (Month) (Day) (Year): Nov. 4 1965

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 14, 1895
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher 12
10b. KIND OF BUSINESS OR INDUSTRY: Public Schools 01
11. BIRTHPLACE (State or foreign country): Denmark
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Peter L. Gaarden — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Margarithe Jackson — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 533-12-0974
17. INFORMANT'S OWN SIGNATURE: Margaret K. Phillips — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

174X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uterine Adenocarcinoma — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): c̄ metastasis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1956 *to* Nov, 1965, *that I last saw the deceased alive on* Nov 3, 1965, *and that death occurred at* 1:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Munson MD 382
23b. ADDRESS: Sandpoint, Ida
23c. DATE SIGNED: 11-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 6, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Nov. 10, 1965
REGISTRAR'S SIGNATURE: Phyllis Y. Tibbetts
25. EMBALMER: Barry D. Nelson — LICENSE NO.: E-455

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 18 1965

FEB 9 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4863
Local Reg. No. 131
Reg. Dist. No. 110

RECEIVED NOV 22 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091 3-11
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 091
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): H. 039
c. (Last): Tipton

4. DATE OF DEATH (Month) (Day) (Year): November 5 1965

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: May 3, 1881
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: General 03
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Tipton — BIRTHPLACE: Unobtainable
14. MOTHER'S MAIDEN NAME: Selina ------- — BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-12-4870
17. INFORMANT'S OWN SIGNATURE: Mrs. Bernard Deubel — ADDRESS: Sandpoint, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cachexia — INTERVAL BETWEEN ONSET AND DEATH: 36-48 Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Metestacic Carcinoma — 4 months
DUE TO (c): Primary Prostate — Known since Aug 1964

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 3, 1961, *to* Nov 5, 1965, *that I last saw the deceased alive on* Nov 5, 1965, *and that death occurred at* 3:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Fayette Siemsen M.D.
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 11/14/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 8, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Nov. 17, 1965
REGISTRAR'S SIGNATURE: Phyllis Y. Tibbetts
25. EMBALMER: Barry D. Nelson — LICENSE NO.: E-455

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 27 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4864
Local Reg. No. 132
Reg. Dist. No. 110

RECEIVED DEC 2 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print): a. (First) Selia; b. (Middle); c. (Last) Verwolf

4. DATE OF DEATH: (Month) (Day) (Year) November 10-1965

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: May 13, 1894

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Cornelius VanDenBerg
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Antonie Meyer
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Peter M. Verwolf
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/9/65, 19___, *to* 11/10/65 19___, *that I last saw the deceased alive on* 11/9/65, 19___, *and that death occurred at* 2:10a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Helen E. Peterson 4/5 (Degree or title) B.D.

23b. ADDRESS: Sandpoint, Idaho

23c. DATE SIGNED: 11/16/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 13, 1965

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest

24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Nov. 22, 1965

REGISTRAR'S SIGNATURE: Phyllis M. Gibbetts

25. EMBALMER: Barry D. Nelson

LICENSE NO.: E-455

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4865
Local Reg. No. 134
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

RECEIVED
DEC 2 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 704 N. 3rd OBD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 091
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 704 N. 3rd

3. NAME OF DECEASED (Type or Print)
a. (First): Earl
b. (Middle): A.
c. (Last): Bopp

4. DATE OF DEATH (Month) (Day) (Year): Nov. 14 1965

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: October 3, 1912
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 19
10b. KIND OF BUSINESS OR INDUSTRY: Bldg. Supply 18
11. BIRTHPLACE (State or foreign country): Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert V. Bopp — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Catherine ---- — BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-07-8992
17. INFORMANT'S OWN SIGNATURE: ✓ Sarah C. Bopp — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 874.0 Acute poisoning - paraldehyde — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ch
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic alcoholism — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1964, *to* Nov, 1965, *that I last saw the deceased alive on* Oct 10, 1965, *and that death occurred at* 6:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE: B. Marcenaro 327 (Degree or title) MD
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 11-22-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 17, 1965
24c. NAME OF CEMETERY OR CREMATORY: Lakeview
24d. LOCATION (City, town, or county): Sandpoint — (State): Idaho

DATE REC'D BY LOCAL REG.: Nov. 24, 1965
REGISTRAR'S SIGNATURE: Phyllis Y. Tibbetts
25. EMBALMER: Barry D. Nelson — LICENSE NO.: E-405

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 19 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 5 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 24 1991

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4866
Local Reg. No. 133
Reg. Dist. No. 110

RECEIVED DEC 2 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Priest River
c. LENGTH OF STAY (in this place): 1½ yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, Rt. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Fred	Peterson	Garske	Nov 16 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	White	Married 3	4/21/1898	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Supervisor 47	Air Installations 07	Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Herman Garske	Germany	Unobtainable	Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	WW I	428-1	Mrs. Fred P. Garske (Jonina)	Priest River

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerotic Heart Disease — Several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from never, 19___, to ___, 19___, that I last saw the deceased alive on Oct 27, 1965, and that death occurred at ___ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Loraine Evans MD	Newport Wash	11-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/20/65	Evergreen Cemetery	Priest River Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 23, 1965	Phyllis G. Tibbetts	L. E. Sherman	QL 685

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Sherman Funeral Home, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record, typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 3 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4867
Local Reg. No. 138
Reg. Dist. No. 110

Certificate of Death

RECEIVED
DEC 13 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint Manor 262

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Colburn
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Nellie
b. (Middle): Elizabeth
c. (Last): Mushrow

4. DATE OF DEATH (Month) (Day) (Year): November 23 1965

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 18, 1892
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unobtainable — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unobtainable — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Hospital records by [signature] — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Sudden Death Prob Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary artery Disease — years
DUE TO (c): arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
arthritis severe

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 17, 1962, *to* Nov 23, 1965, *that I last saw the deceased alive on* Nov 20, 1965, *and that death occurred at* 5:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 471 MD
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 12/4/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 26, 1965
24c. NAME OF CEMETERY OR CREMATORY: Bonner County Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Dec. 7, 1965
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Barry D. Nelson — LICENSE NO.: E-455
FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4868
Local Reg. No. 135
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
DEC 13 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 320 St. Claire 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ibaho 091
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 320 St. Claire

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): A.
c. (Last): Madison

4. DATE OF DEATH (Month) (Day) (Year): November 26 1965

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 24, 1890
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY: Retired 00
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James S. Madison — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Louisa Allee — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-16-8095
17. INFORMANT'S OWN SIGNATURE: Lillian M. Madison — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) arterio sclerosis — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1964, *to* Nov 26, 1965, *that I last saw the deceased alive on* Nov 20, 1965, *and that death occurred at* 12:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Fred E Mantrair 327 (Degree or title) MD
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 11-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 29, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county): Sandpoint (State): Idaho

DATE REC'D BY LOCAL REG.: Dec. 1, 1965
REGISTRAR'S SIGNATURE: Phyllis Y. Gibbetts
25. EMBALMER: Barry D. Nelson — LICENSE NO.: E-455

Federal Security Agency
United States Public Health Service
Form OH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4869
Local Reg. No. 137
Reg. Dist. No. 110

Certificate of Death

RECEIVED DEC 13 1965 Bureau of Vital Statistics

BIRTH NO.

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint Manor 262

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 091
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 606 N. 4th

3. NAME OF DECEASED (Type or Print)
a. (First): Carrie
b. (Middle): G
c. (Last): Tonning

4. DATE OF DEATH (Month) (Day) (Year): Nov. 28 1965

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 5, 1880
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: J. A. Gulber — BIRTHPLACE: Unobtainable
14. MOTHER'S MAIDEN NAME: Unobtainable — BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Thelma T. Holm — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 442X Cardio vascular Renal disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1962, *to* Nov 28, 1965, *that I last saw the deceased alive on* Nov 21, 1965, *and that death occurred at* 6:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 327 [signature] MD
23b. ADDRESS: Sandpoint, Ida
23c. DATE SIGNED: 12-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 2, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Dec. 2, 1965
REGISTRAR'S SIGNATURE: Phyllis G. Tibbetts
25. EMBALMER: Barry D. Nelson — LICENSE NO.: E-455

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4870
Local Reg. No. 136
Reg. Dist. No. 110

RECEIVED
DEC 13 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonner 090
b. CITY OR TOWN Careywood
c. LENGTH OF STAY (In this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Highway 95 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 090
b. COUNTY Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Algoma
d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) -- c. (Last) Sweezey

4. DATE OF DEATH (Month) Nov. (Day) 29 (Year) 1965

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH Jan. 10, 1880

9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector 34

10b. KIND OF BUSINESS OR INDUSTRY U. S. Government 000

11. BIRTHPLACE (State or foreign country) Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Sweezey BIRTHPLACE Unobtainable

14. MOTHER'S MAIDEN NAME Melinda Clark BIRTHPLACE Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 536 34 1598

17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Acclusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Barry D. Nelson 583 (Degree or title) Coroner 4

23b. ADDRESS Sandpoint, Idaho

23c. DATE SIGNED 12/6/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3

24b. DATE Dec. 2, 1965

24c. NAME OF CEMETERY OR CREMATORY Olivet

24d. LOCATION (City, town, or county) Olivet (State) Kansas

DATE REC'D BY LOCAL REG. Dec. 3, 1965

REGISTRAR'S SIGNATURE [signature]

25. EMBALMER Barry D. Nelson LICENSE NO. E-455

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 27 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4871
Local Reg. No. 347
Reg. Dist. No. 611

RECEIVED
DEC 15 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): unknown 500
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Snake River 500

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: unknown
b. COUNTY: unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): unknown
d. STREET ADDRESS (If rural, give location): unknown

3. NAME OF DECEASED (Type or Print)
a. (First): UNKNOWN
b. (Middle): UNKNOWN
c. (Last): UNKNOWN

4. DATE OF DEATH (Month) (Day) (Year): Unknown

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): unknown 0
8. DATE OF BIRTH: unknown
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown 00
10b. KIND OF BUSINESS OR INDUSTRY: unknown 00
11. BIRTHPLACE (State or foreign country): unknown
12. CITIZEN OF WHAT COUNTRY?: unknown

13. FATHER'S NAME: unknown
BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S OWN SIGNATURE: Sheriff's records
ADDRESS: Bonneville Co.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

929.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): DROWNING (APPARENTLY)
INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): NOT KNOWN
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS (A LEFT-SIDED INGUINAL HERNIA WAS CONTROLLED BY AN NOT KNOWN EXTERNAL HERNIA BELT.)
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): APPARENT ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): SNAKE RIVER 18
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): IDAHO FALLS 13 101 BONNEVILLE IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): FOUND 8/12/65 1:00 Pm.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): HAZEL L. MC GAFFEY, M.D. COUNTY CORONER
23b. ADDRESS: 2525 SOUTH BOULEVARD
23c. DATE SIGNED: 12/2/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 13, 1965
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Dec. 8-1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: R. W. Maddard
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

BUT ATTEMPTS TO IDENTIFY THE BODY BY THE SHERIFF'S DEPARTMENT HAVE BEEN UNSUCCESSFUL TO DATE. DECOMPOSITION WAS TOO ADVANCED FOR FBI TO IDENTIFY THE FINGERPRINTS. NO ONE HAS IDENTIFIED HIM PROPERLY BY DESCRIPTION AS A MISSION PERSON. CLOTHES WERE DRYCLEANED IN DENVER COLORADO.

ADDITIONAL REMARKS by Physician THIS UNIDENTIFIED BODY OF A MIDDLE AGED MALE WAS FOUND IN THE SNAKE RIVER ON 8/12/65. THE BODY SHOWED MODERATELY A ADVANCED DECOMPOSITION. GROSS AUTOPSY SHOWED NO EVIDENCE OF VIOLENCE SUCH AS A WOUND OR FRACTURES. ACCIDENTAL DROWNING WAS SUSPECTED. I HELD THIS REPORT HOPING FOR FURTHER IDENTIFICATION

State File No. 4872
Local Reg. No. 335
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 29 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Snake River 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Unknown
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Unknown
d. STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Unknown Male

4. DATE OF DEATH (Month) (Day) (Year): Unknown

5. SEX: Male
6. COLOR OR RACE: Unknown
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unknown 0
8. DATE OF BIRTH: Unknown
9. AGE (In years last birthday): Unknown — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown 00
10b. KIND OF BUSINESS OR INDUSTRY: Unknown 00
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?: Unknown

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: None — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

929.8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) drowning probable
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* never, 19__, *to* _____, 19__, *that I last saw the deceased alive on* never, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. Wm Brunt J. MD. 633
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 11-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/22/65
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Nov. 17-'65
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Ralph M. Wood Ralph M. Wood
LICENSE NO.: 413

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Wood Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4873
Local Reg. No. 330
Reg. Dist. No. 611

RECEIVED DEC 2 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hiway # 15 3 mi. South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE unknown
b. COUNTY unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) unknown
d. STREET ADDRESS (If rural, give location) unknown

3. NAME OF DECEASED (Type or Print) a. (First) LEONA b. (Middle) (nmi) c. (Last) HERLEY

4. DATE OF DEATH (Month) (Day) (Year) June 14, 1965

5. SEX female

6. COLOR OR RACE Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH unknown

9. AGE (In years last birthday) 37
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown

10b. KIND OF BUSINESS OR INDUSTRY unknown

11. BIRTHPLACE (State or foreign country) unknown

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME unknown
BIRTHPLACE unknown

14. MOTHER'S MAIDEN NAME unknown
BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. unknown

17. INFORMANT'S OWN SIGNATURE Coroners Records
ADDRESS Idaho Falls, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FRACTURES & TRAUMA, SEVERE TO HEAD & FRACTURE, COMMINUTED, LEFT FEMUR: FRACTURE RIGHT WRITST.

INTERVAL BETWEEN ONSET AND DEATH: INSTANT

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) AUTO*PEDESTRIAN ACCIDENT (MRS HERLEY WAS THE PEDESTRIAN)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. INTOXICATION, BLOOD ALCOHOL 2.8 MG.%

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY INTERSTATE

21c. (CITY, TOWN, OR TOWNSHIP) No15 IDAHO FALLS (COUNTY) BONNEVILLE (STATE) IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) JUNE 14, 1965 9:15 P.M.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? DECEASED WAS STRUCK BY AN AUTOMOBILE

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Hazel L. McGaffee M.D.
(Degree or title) CORONER
23b. ADDRESS 2525 SOUTH BOULEVARD
23c. DATE SIGNED 11/10/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE June 22, 1965
24c. NAME OF CEMETERY OR CREMATORY Tuba City Cemetery
24d. LOCATION (City, town, or county) Tuba City, Arizona (State) Arizona

DATE REC'D BY LOCAL REG. Nov 26-1965
REGISTRAR'S SIGNATURE Leona Rudges

25. EMBALMER E.W. Mallard
LICENSE NO. E-468

FIRM NAME: Buck Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

McGaffey, M.D. Coroner

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician AN INQUEST WAS HELD ON JUNE 22, 1965 BY THE CORONERS JURY OF BONNEVILLE COUNTY AND DEATH WAS FOUND TO BE "NOT OCCASIONED BY CRIMINAL MEANS".

H. L. McGaffey M.D.

H.L. McGAFFEY, M. D.

Certificate of Death

STATE OF IDAHO

State File No. 4874
Local Reg. No. 353
Reg. Dist. No. 610

RECEIVED DEC 15 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Idaho Falls Bureau of Census
c. LENGTH OF STAY (in this place): 35 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter day Saints Hospital 642

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 125 East 18th Street

3. NAME OF DECEASED (Type or Print): a. (First) Elsie; b. (Middle) Elizabeth; c. (Last) Tracy

4. DATE OF DEATH: (Month) August (Day) 20 (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: May 6, 1882

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 0

10b. KIND OF BUSINESS OR INDUSTRY: Own Home 0

11. BIRTHPLACE (State or foreign country): Lehi, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ephraim S. Empey
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Sarah Ann Rhoades
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Elsie E. Tracy
ADDRESS: Firth, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease with congestive failure. — INTERVAL BETWEEN ONSET AND DEATH: 420.0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 12, 19 57, *to* August 20, 19 65, *that I last saw the deceased alive on* August 20, 1965, *and that death occurred at* 6:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: 294 L. K. Grant (Degree or Title) M.D.

23b. ADDRESS: 798 South Blvd. Idaho Falls, Idaho

23c. DATE SIGNED: Dec. 6 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/24/65

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Dec. 8-1965

REGISTRAR'S SIGNATURE: Anna Burgess

25. EMBALMER: Ralph M. Wood Ralph M. Wood

LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-630-21

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 18 1982

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4875
Local Reg. No. 342
Reg. Dist. No. 610

Certificate of Death

RECEIVED
DEC 8 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 49 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 709 N. Capital

3. NAME OF DECEASED (Type or Print)
a. (First): BEATRICE
b. (Middle): (nmi)
c. (Last): KAUFMAN

4. DATE OF DEATH (Month) (Day) (Year): September 12, 1965

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Nov. 9, 1878
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home 01
11. BIRTHPLACE (State or foreign country): Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Louis Hook — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Amanda J. Stalker — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 518-54-0437
17. INFORMANT'S OWN SIGNATURE: Mrs K. P. Kaufman — ADDRESS: Ida Falls

18. CAUSE OF DEATH 600.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 da.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic pyelocystitis — 12 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-55, 1965, *to* Sept. 12, 1965, *that I last saw the deceased alive on* Sept. 11, 1965, *and that death occurred at* 1:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. C. Erickson M.D. 161
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 11-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 15, 1965
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: NOV. 29 - 65
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: R. W. Maddock
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 2 8 1998

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

Ericksen, O.D.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 2 1965 Bureau of Vital Statistics

State File No. 4876
Local Reg. No. 333
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (If not dead on arrival): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 236 Poplar

3. NAME OF DECEASED (Type or Print)
a. (First): Eugenie
b. (Middle): Virgin
c. (Last): Long

4. DATE OF DEATH: October 28 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: March 8, 1889

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01

11. BIRTHPLACE (State or foreign country): St. Charles, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Amos Moses Virgin
BIRTHPLACE: USA

14. MOTHER'S MAIDEN NAME: Sarah Frances Merkley
BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518 18 5558

17. INFORMANT'S OWN SIGNATURE: Clifford Long
ADDRESS: Iona, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 690.4 Cellulitis of leg and pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 d

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic Heart Disease

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1964, *to* Oct 28, 1965, *that I last saw the deceased alive on* Oct 27, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Byron I Weeks M D

23b. ADDRESS: 1585 S. Boulevard, Idaho Falls

23c. DATE SIGNED: 11-18-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/30/65

24c. NAME OF CEMETERY OR CREMATORY: Sugar City Cemetery

24d. LOCATION (City, town, or county) (State): Sugar City Ida ho

DATE REC'D BY LOCAL REG.: Nov 29-1965

REGISTRAR'S SIGNATURE: Irene A Rodgers

25. EMBALMER: Ralph M. Wood Ralph M Wood

LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-65021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4877
Local Reg. No. 309
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED NOV 17 1965

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 52 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
d. STREET ADDRESS (If rural, give location): 1401 Idaho Street

3. NAME OF DECEASED (Type or Print)
a. (First): HERMAN
b. (Middle): (nmi)
c. (Last): SCHLUTER

4. DATE OF DEATH (Month) (Day) (Year): November 1, 1965

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Aug. 6, 1886
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, retired 04
10b. KIND OF BUSINESS OR INDUSTRY: self employed 01
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Schluter — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Sarah Meirs — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 519-44-1882
17. INFORMANT'S OWN SIGNATURE: x John Schluter — ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

581.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cirrhosis of liver — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 11, 19 65, *to* Nov. 1, 19 65 *that I last saw the deceased alive on* Oct. 31, 1965, *and that death occurred at* 1:50A *m., from the causes and on the date stated above.*

23a. SIGNATURE 294 [signature] (Degree or title): L. K. Krantz, M.D.
23b. ADDRESS: 798 South Blvd. Idaho Falls, Idaho
23c. DATE SIGNED: 11/ /65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 3, 1965
24c. NAME OF CEMETERY OR CREMATORY: Ririe-Shelton Cemetery
24d. LOCATION (City, town, or county) (State): Ririe, Idaho

DATE REC'D BY LOCAL REG.: Nov. 10 - 65
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: R. W. Mallard
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4878
Local Reg. No. 326
Reg. Dist. No. 610

Certificate of Death

RECEIVED
NOV 29 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville (01) 3-16
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 260
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Menan
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print)
a. (First): NETTIE
b. (Middle): MAY CHERRY
c. (Last): BYBEE

4. DATE OF DEATH (Month) (Day) (Year): Nov. 1, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 16, 1880
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Centerville, Utah.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Smith Cherry — BIRTHPLACE: So. Dakota
14. MOTHER'S MAIDEN NAME: Mary Ellen Pender — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519-26-2658
17. INFORMANT'S OWN SIGNATURE: Ellen E. Clement — ADDRESS: Lewisville, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hemiplegia - cerebrovascular accident - cerebral embolism — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerotic heart disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes Mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 4:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE: John S Hatch 210 — (Degree or title): M.D.
23b. ADDRESS: Idaho Falls, Idaho.
23c. DATE SIGNED: 11-11-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 4, 1965
24c. NAME OF CEMETERY OR CREMATORY: Little Butte
24d. LOCATION (City, town, or county) (State): Annis Jefferson Idaho.

DATE REC'D BY LOCAL REG.: Nov. 16-1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Bruce A. Eckersall — ADDRESS: Rigby, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

NOV 30 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. ECkersell Lic. No. E-404 Rigby, Idaho. Nov. 1, 1965

ADDITIONAL REMARKS by Physician.....

State File No. 4879
Local Reg. No. 310
Reg. Dist. No. 610

Certificate of Death

RECEIVED
DEC 8 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 101 2-06
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 6 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Greenview Chalet 308

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1325 Herring St.

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle): L.
c. (Last): OLSON

4. DATE OF DEATH (Month) (Day) (Year): November 2, 1965

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 1, 1892
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postmaster, ret. 30
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt. 03
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Blixt O. Olson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Kristien Hall — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W. I. 3
16. SOCIAL SECURITY NO.: 534-28-8101
17. INFORMANT'S OWN SIGNATURE: x Carrie Mohr — ADDRESS: I.F. Idaho

18. CAUSE OF DEATH 416X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arterial occlusions, multiple legs, arterio sclerotic — 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-16, 1962, *to* 11-2, 1965, *that I last saw the deceased alive on* 11-2, 1965, *and that death occurred at* 5:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 546 (Degree or title)
23b. ADDRESS: Idaho Falls, Ida
23c. DATE SIGNED: 11/7/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Nov. 4, 1965
24c. NAME OF CEMETERY OR CREMATORY: Kettle Falls, Cemetery
24d. LOCATION (City, town, or county) (State): Kettle Falls, Washington

DATE REC'D BY LOCAL REG.: Nov. 29-65
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: R. W. Modland
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 9 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

WAIL, M.D.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4880
Local Reg. No. 327
Reg. Dist. No. 6 10

BIRTH NO. 65-11223

RECEIVED NOV 29 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bonneville (10)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (In this place) 2 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital (042)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho (100) b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ucon
d. STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print) a. (First) CHRISTINA b. (Middle) LINVILLE c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Nov. 2, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH Nov. 2, 1965
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 1 Min. 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant (07)
10b. KIND OF BUSINESS OR INDUSTRY Child (00)
11. BIRTHPLACE (State or foreign country) Ucon, Idaho.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Stanley W. Linville BIRTHPLACE Idaho
14. MOTHER'S MAIDEN NAME Sharon Dee Tyler BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Stanley W Linville ADDRESS Ucon, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 2 Nov, 1965 *to* 2 Nov, 19 65, *that I last saw the deceased alive on* ____ 19 ____, *and that death occurred at* 9:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Julian D Robeson 6/2 (Degree or title) M.D.
23b. ADDRESS Idaho Falls, Idaho 1748 Jeppson Ave.
23c. DATE SIGNED 11/11/1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/6/1965
24c. NAME OF CEMETERY OR CREMATORY Ucon
24d. LOCATION (City, town, or county) (State) Ucon, Bonneville Idaho

DATE REC'D BY LOCAL REG. NOV. 16-1965
REGISTRAR'S SIGNATURE Lena Rudgen
25. FUNERAL DIRECTOR Bruce A. Eckersell ADDRESS Rigby, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho on 11/3/1965

ADDITIONAL REMARKS by Physician.....

State File No. 4881
Local Reg. No. 320
Reg. Dist. No. 610

RECEIVED NOV 17 1965

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 3-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 100
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls (Rural)
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): BILLIE (BILLY)
b. (Middle): KAY
c. (Last): BARRETT

4. DATE OF DEATH (Month) (Day) (Year): Nov., 3, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov., 27, 1932
9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipefitter 80
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): St. Anthony, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Don E. Barrett — BIRTHPLACE: Provo, Utah
14. MOTHER'S MAIDEN NAME: Zella Bergeson — BIRTHPLACE: Lewiston, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): Korean 6
16. SOCIAL SECURITY NO.: 728-01-8649
17. INFORMANT'S OWN SIGNATURE: Mrs Bill Barrett — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Septicemia, Staphylococci, — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Chronic asthma

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 31, 1965, *to* Nov. 3, 1965, *that I last saw the deceased alive on* Nov 3, 1965, *and that death occurred at* 5 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harvey A. Hatch 208 M.D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6 Nov 65
24c. NAME OF CEMETERY OR CREMATORY: Riverview cemetery
24d. LOCATION (City, town, or county) (State): St. Anthony, Fremont, Idaho

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
25. EMBALMER: [signature]
LICENSE NO.: E-354

FIRM NAME: Hansen Memorial Chapel

Federal Security Agency
United States Public Health Service

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4882
Local Reg. No. 332
Reg. Dist. No. 610

RECEIVED
DEC 2 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville (10)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (in this place): 62 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Greenview Chalet Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (030) b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
d. STREET ADDRESS (If rural, give location): Williams Apartment

3. NAME OF DECEASED (Type or Print)
a. (First): Lehi b. (Middle): Sidney c. (Last): Virgin

4. DATE OF DEATH: November 5, 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: August 16, 1887

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher and Painter

10b. KIND OF BUSINESS OR INDUSTRY: Self Emp. 01

11. BIRTHPLACE (State or foreign country): Bear Lake County, Utah

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Nephi C. Virgin
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Cecily Hibbert
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-05-7446

17. INFORMANT'S OWN SIGNATURE: Conway Grant Jr. Family Records
ADDRESS: Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

177X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma 2° to — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prostatic prostatic carcinoma

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1965, *to* death, 19____, *that I last saw the deceased alive on* 11-4, 1965 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] 633 (Degree or title)

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 11-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 11-8-65

24c. NAME OF CEMETERY OR CREMATORY: Sugar City Cemterry

24d. LOCATION (City, town, or county) (State): Sugar City, Idaho

DATE REC'D BY LOCAL REG.: NOV 27 1965

REGISTRAR'S SIGNATURE: Luna Rudges

25. EMBALMER: Conway Grant

LICENSE NO.: 478

FIRM NAME: Grant Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63621

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4883
Local Reg. No. 328
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

BIRTH NO. 65-10180

RECEIVED NOV 29 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bonniville 101 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 060
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~Bingham~~ Shelley
d. STREET ADDRESS (If rural, give location) RR Box 430 Shelley, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First) Sara
b. (Middle) Lee
c. (Last) Hamblin

4. DATE OF DEATH (Month) Nov (Day) 6 (Year) 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Babe
8. DATE OF BIRTH Oct 18, 1965
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 00
10b. KIND OF BUSINESS OR INDUSTRY 00
11. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Paul Hamblin
BIRTHPLACE Driggs, Idaho
14. MOTHER'S MAIDEN NAME Frances Aline Jeppessen
BIRTHPLACE Rexburg, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE J Paul Hamblin
ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

754.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cyanotic Congenital heart Disease — INTERVAL BETWEEN ONSET AND DEATH 19 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Marked Prematurity Fetal Atelectasis — 19 day

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 18 Oct, 1965, *to* 6 Nov, 1965, *that I last saw the deceased alive on* 6 Nov, 1965, *and that death occurred at* 7:25 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Thal W Davis 133 (Degree or title) MD
23b. ADDRESS Idaho Falls Idaho
23c. DATE SIGNED 16 Nov 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8 Nov 1965
24c. NAME OF CEMETERY OR CREMATORY Victor
24d. LOCATION (City, town, or county) Victor Teton (State) Idaho

DATE REC'D BY LOCAL REG. Nov. 18-1965
REGISTRAR'S SIGNATURE Anna Bridges
25. EMBALMER [signature] LICENSE NO. E275
FIRM NAME: Nalder's Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

65-11349 RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4884
Local Reg. No. 334
Reg. Dist. No. 616

BIRTH NO.

DEC 2 1965

101 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 101
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 225 Lomax

3. NAME OF DECEASED (Type or Print)
a. (First) FALINA
b. (Middle) LOUISE
c. (Last) JORDAN

4. DATE OF DEATH (Month) (Day) (Year) November 7, 1965

5. SEX Female

6. COLOR OR RACE Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH Nov. 7, 1965

9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min. 32

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant 07

10b. KIND OF BUSINESS OR INDUSTRY infant 00

11. BIRTHPLACE (State or foreign country) Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Larry G. Jordan — BIRTHPLACE Oregon

14. MOTHER'S MAIDEN NAME Connie Pratt — BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE Larry Jordan — ADDRESS I.F.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

776 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Prematurity

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 1:50A. m., *from the causes and on the date stated above.*

23a. SIGNATURE John R. Carey MD (Degree or title)

23b. ADDRESS Idaho Falls, Ida

23c. DATE SIGNED 11/14/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Nov. 13, 1965

24c. NAME OF CEMETERY OR CREMATORY Rosehill Cemetery

24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. Nov. 26-1965

REGISTRAR'S SIGNATURE Verna Rudges

25. EMBALMER C. W. Maddock

LICENSE NO. E-468

FIRM NAME: Buck Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

Carey, M.D.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4885
Local Reg. No. 324
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

REC NOV 29 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 5 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 160
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Almo
d. STREET ADDRESS (If rural, give location) *******

3. NAME OF DECEASED (Type or Print) a. (First) Georgiana b. (Middle) King c. (Last) Eames

4. DATE OF DEATH (Month) (Day) (Year) Nov. 7, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH July 24, 1873
9. AGE (In years last birthday) 92 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home 01
11. BIRTHPLACE (State or foreign country) Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Owen King - BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Dorcas Debenham - BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Bertha E. Loosli ADDRESS Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

903.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Closed fracture of right femur.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Inanition due to closed fracture of right femur.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 10-3-65
19b. MAJOR FINDINGS OF OPERATION Intertrochanteric fracture, right femur.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 01
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in or about home
21c. (CITY, TOWN, OR TOWNSHIP) 101 13 Idaho Falls (COUNTY) Bonneville (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-2-65 6:30 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Slipped and fell

22. *I hereby certify that I attended the deceased from* 10-2, 1965, *to* 11-7, 1965, *that I last saw the deceased alive on* 11-5, 1965, *and that death occurred at* 10:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 232 (Degree or title) MD
23b. ADDRESS 1080 E. 17th Street Idaho Falls, Idaho
23c. DATE SIGNED 11-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 11/8/65
24c. NAME OF CEMETERY OR CREMATORY Sunny Cedar Rest
24d. LOCATION (City, town, or county) (State) Almo, Idaho

DATE REC'D BY LOCAL REG. Nov. 17-1965
REGISTRAR'S SIGNATURE [signature]
25. EMBALMER [signature]
LICENSE NO. E-389

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Payne Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 11 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4886
Local Reg. No. 341
Reg. Dist. No. 610

Certificate of Death

RECEIVED
DEC 8 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 240 Holbrook 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 247 S. 9th

3. NAME OF DECEASED (Type or Print)
a. (First): A.
b. (Middle): LOUISE
c. (Last): FARMER

4. DATE OF DEATH (Month) (Day) (Year): Nov. 8, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Dec. 9, 1891
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Needle work 06
10b. KIND OF BUSINESS OR INDUSTRY: 03
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fred Knuckey — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Matilda Matti — BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-36-5893
17. INFORMANT'S OWN SIGNATURE: Faye Turner — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 134 Dawn MD
23b. ADDRESS: Idaho Falls, Ida
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 03
24b. DATE: Nov. 8, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mount Moriah Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: NW 29-1965
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: John P. Gorman
LICENSE NO.: E-292

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 9 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
NOV 17 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4887
Local Reg. No. 321
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 11 Mo. 2-11
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 260
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Menan
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print)
a. (First): LOUISE
b. (Middle): BESSIE
c. (Last): EAMES

4. DATE OF DEATH (Month) (Day) (Year): November 8, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 2, 1908
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ira O. Fisher — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Bessie Clyne — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Adrian L. Eames — ADDRESS: Menan, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

350X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Parkinson's Disease — 6 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Left Thalamotomy by Chester B. Powell, M.D. Salt Lake, Utah.

19a. DATE OF OPERATION: July 1961
19b. MAJOR FINDINGS OF OPERATION: Parkinsonism
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 15 Sept., 1959 *to* 8 Nov., 1965, *that I last saw the deceased alive on* 3 Nov., 1965, *and that death occurred at* 4:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Asael Hall, 522 (Degree or title) M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 9 Nov. 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 11, 1965
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls, Bonneville, Ida.

DATE REC'D BY LOCAL REG.: Nov. 12-1965
REGISTRAR'S SIGNATURE: Irene A. Bredzie
25. FUNERAL DIRECTOR: A. B. Eckersell — ADDRESS: Rigby, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-4802

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No E-404 at Rigby, Idaho. on 11/8/1965

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 4888
Local Reg. No. 322
Reg. Dist. No. 610

65-10095 RECEIVED NOV 17 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville (10)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY IN (this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (10)
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 149 East 18th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Troy	Scott	Fisher	November 9 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	September 18, 1965		1	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None 02	None 00	Idaho Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gerald S. Fisher	California	Jennifer Caverhill	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	R S Fisher	Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pneumonia 759.3 — INTERVAL BETWEEN ONSET AND DEATH: Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malnutrition — Days
DUE TO (c) Gastroschesis — Birth

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
18 Sept 65	Birth Defects	YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Birth, 19__, *to* Death, *that I last saw the deceased alive on* 2 Nov, 1965, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Thomas Kerr 230 M.D.	539 - 2nd St	9 Nov 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/10/65	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 13 65	Anna Rudges	Ralph M. Wood Ralph M Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 4889
Local Reg. No. 343
Reg. Dist. No. 610

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY Bonneville 101 DEC 8 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY IN (this place) 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idaho Falls L.D.S. Nursing Home

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 101 b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 525 L St.

3. NAME OF DECEASED (Type or Print) a. (First) ADA b. (Middle) LOUISA c. (Last) HAMMOND

4. DATE OF DEATH (Month) (Day) (Year) November 12, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	June 23, 1888	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home 01
11. BIRTHPLACE (State or foreign country) Bountiful, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Carl F. Lowder — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Elizabeth Hart — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Charles V. Hatch ADDRESS Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Uremic poisoning — INTERVAL BETWEEN ONSET AND DEATH 7 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) — **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — **21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ] — **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Sept., 1964, *to* Nov 12, 1965, *that I last saw the deceased alive on* Nov 12, 1965, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE E. J. Bingham 044 (Degree or title) M.D. — **23b. ADDRESS** Idaho Falls, Idaho — **23c. DATE SIGNED** Nov 15, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) burial — **24b. DATE** Nov 16, 1965 — **24c. NAME OF CEMETERY OR CREMATORY** Riverside-Thomas cemetery — **24d. LOCATION** (City, town, or county) (State) Bingham county Idaho

DATE REC'D BY LOCAL REG. Nov 17-1965 — **REGISTRAR'S SIGNATURE** Emma Rudges — **25. EMBALMER** Leo A. Williams — **LICENSE NO.** E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAY 6 1981

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4890
Local Reg. No. 335
Reg. Dist. No. 610

RECEIVED
Bureau of Vital Statistics
DEC 2 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville (101)
b. CITY OR TOWN: Idaho Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital (042)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (22)
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location): 32 East 2nd North

3. NAME OF DECEASED (Type or Print)
a. (First): GILBERT
b. (Middle): CHARLES
c. (Last): ORME

4. DATE OF DEATH (Month) (Day) (Year): 12 Nov 65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married (3)
8. DATE OF BIRTH: 20 Nov 1891
9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumberman (09)
10b. KIND OF BUSINESS OR INDUSTRY: Private Business
11. BIRTHPLACE (State or foreign country): Tooele, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph C. Orme
BIRTHPLACE: Tooele, Utah
14. MOTHER'S MAIDEN NAME: Margaret England
BIRTHPLACE: Tooele, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-38-3489
17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: St. Anthony, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): massive bleeding from the colon — 3 days
DUE TO (c): Arteriosclerosis generalized — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes Mellitus

19a. DATE OF OPERATION: 8-25-65
19b. MAJOR FINDINGS OF OPERATION: Gangrene of right little toe
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-30, 1965, *to* 11-12, 1965, *that I last saw the deceased alive on* 11-12, 1965, *and that death occurred at* 9 A m., *from the causes and on the date stated above.*

23a. SIGNATURE, (Degree or title): Warren A. Sutton MD (515)
23b. ADDRESS: 1555 So. Blvd I.F.
23c. DATE SIGNED: 11-18-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 15 Nov 65
24c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
24d. LOCATION (City, town, or county) (State): St. Anthony, Idaho

DATE REC'D BY LOCAL REG.: Nov 20-65
REGISTRAR'S SIGNATURE: Irene A Burgess
25. EMBALMER: M L Hansen
LICENSE NO.: E-354

Federal Security Agency
United States Public Health Service
Form DH-6302

FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 29 1965

State File No. 4891
Local Reg. No. 316
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville (10) — DOD
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls — Burial
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho — b. COUNTY: Bonneville (10)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 964 Boise Ave.

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): Mrs. Grace Elizabeth Stuart Curzon Rowbury

4. DATE OF DEATH (Month) (Day) (Year): Nov 12, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married 3	22 June 1885	80	4	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): American Fork, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Stuart — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Grace Hannah Waterfall — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Wilford Curzon — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 8254 Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Iliac Thrombosis — 2 wks ?
DUE TO (c): fractured rib — 2 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
A.S.H.D.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 06
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13 Idaho Falls / Ida (10)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 30 65 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY occur? auto accident

22. *I hereby certify that I attended the deceased from* Oct 30, 1965 *to* Nov 12, 1965 *that I last saw the deceased alive on* Nov 12, 1965 *and that death occurred at* 11 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: (Degree or title) MD
23b. ADDRESS: Idaho Falls Ida
23c. DATE SIGNED: 11-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 15 Nov 1965
24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: Nov 19 1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Leo A. Williams
LICENSE NO.: E-319

FIRM NAME: Williams Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 26 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4892
Local Reg. No. 329
Reg. Dist. No. 611

RECEIVED NOV 29 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville (100)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): (000)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route # 1 At Home (000)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (100)
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print)
a. (First): Lorus
b. (Middle):
c. (Last): Storer

4. DATE OF DEATH: November 12 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: October 3, 1902

9. AGE (In years last birthday): 63
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming 01

11. BIRTHPLACE (State or foreign country): Milo, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fredrick Storer
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Sarah Jane Cleverly
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518 10 7583

17. INFORMANT'S OWN SIGNATURE: Alan J. Storer
ADDRESS: 725 Saturn, I.F.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Arteriosclerosis — 1 year
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: none

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none performed
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1953, *to* 12 Nov., 1965, *that I last saw the deceased alive on* 12 Nov., 1965, *and that death occurred at* 11:55a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Orael Hall (Degree or title): M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 15 Nov 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/16/65
24c. NAME OF CEMETERY OR CREMATORY: Ririe - Shelton Cemetery
24d. LOCATION (City, town, or county) (State): Ririe, Idaho

DATE REC'D BY LOCAL REG.: Nov. 18-1965
REGISTRAR'S SIGNATURE: Anna Budge

25. EMBALMER: Ralph M. Wood Ralph M. Wood
LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 3 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 20 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 16 1988

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4893
Local Reg. No. 323
Reg. Dist. No. 611

Certificate of Death

RECEIVED DEC 2 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho FAlls
c. LENGTH OF STAY (In this place): 11 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway #191 South 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 061
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot.
d. STREET ADDRESS (If rural, give location): 525 W. Pacific

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): TERRENCE
c. (Last): STROUSE

4. DATE OF DEATH (Month) (Day) (Year): November 12, 1965

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: Oct. 29, 1939
9. AGE (In years last birthday): 26 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician 41
10b. KIND OF BUSINESS OR INDUSTRY: US Navy 01
11. BIRTHPLACE (State or foreign country): Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert E. Strouse — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Elizabeth Peterson — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): presently 8
16. SOCIAL SECURITY NO.: 334-32-7493
17. INFORMANT'S OWN SIGNATURE: x Frederick W. Pershing — ADDRESS: Idaho Fallls, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): FRACTURES AND INTERNAL TRAUMA, SEVERE (SKULL, RIBS, SCAPULA, & FEMUR) — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): SINGLE AUTOMOBILE ACCIDENT — INSTANT
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: BLOOD ALCOHOL WAS 1.8 MG/CC.

819.4

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT 06
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ON ROAD 13
21c. (CITY, TOWN, OR TOWNSHIP) 100 **(COUNTY)** **(STATE)**: IDAHO FALLS BONNEVILLE IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11 12 1965 8:00 p.m. 2
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: AUTOMOBILE STRUCK CONCRET POST & FENCE

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on 583, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hazel L. McGaffey M.D. — HAZEL L. MC GAFFEY, M.D., CORONER 4
23b. ADDRESS: 2525 SOUTH BOULEVARD, I.F.
23c. DATE SIGNED: 11-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Nov. 15, 1965
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Chicago, Illinois

DATE REC'D BY LOCAL REG.: Nov. 26-1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: R. W. Maddard
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 1 4 1965

OUTLES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

McGALLEN M.D.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4894
Local Reg. No. 337
Reg. Dist. No. 610

Certificate of Death

RECEIVED DEC 2 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 2001 West Braodway

3. NAME OF DECEASED (Type or Print)
a. (First): Jewell
b. (Middle): E.
c. (Last): Cropley

4. DATE OF DEATH (Month) (Day) (Year): November 14 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: December 14, 1899
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Cisco, Texas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Christopher Lamb — BIRTHPLACE: USA
14. MOTHER'S MAIDEN NAME: Virgina — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: James L Cropley — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

570.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene small intestine — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mesenteric thrombosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wendell L. Nielsen, MD 390
23b. ADDRESS: Idaho Falls, Ida
23c. DATE SIGNED: 11-18-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/17/65
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Nov. 22-65
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Ralph M. Wood — Ralph M Wood
LICENSE NO.: 413

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Wood Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 16 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 22 1985

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4895
Local Reg. No. 334
Reg. Dist. No. 610

BIRTH NO.

RECEIVED DEC 2 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville (01)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 260
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ririe
d. STREET ADDRESS (If rural, give location): 525 2nd West

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARTHA	ELIZABETH	HARRIS	Nov. 14, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	July 21, 1879	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker 01	Home 01	Portage, Utah.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John S. Morris	Wales	Esther Williams	Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	420-0	Arthur C Harris	Ririe, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8-9, 1965, *to* 11-14, 1965, *that I last saw the deceased alive on* 11-14, 1965, *and that death occurred at* 4:15 Am., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 546	M.D.	Idaho. 756 Oxford Dr. Idaho Falls	18 NOV 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 17, 1965	Ririe-Shelton	Shelton Bonneville Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov 22-1965	Irma Bridges	Bruce V. Eckersell	Rigby, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-4821

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho. on Nov. 14, 196

ADDITIONAL REMARKS by Physician

State File No. 4896
Local Reg. No. 331
Reg. Dist. No. 610

RECEIVED
DEC 2 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 008
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): z Idaho Falls
d. STREET ADDRESS (If rural, give location): 1260 Idaho Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Mrs. Diantha
b. (Middle):
c. (Last): Cox

4. DATE OF DEATH (Month) (Day) (Year): Nov 15, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: May 14 1883
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 6, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Orderville, Kane Co, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John James Esplin — BIRTHPLACE: Nephi, Utah
14. MOTHER'S MAIDEN NAME: Harriet Leanora Allen — BIRTHPLACE: Santiquin, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Leonard Cox Td — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Overwhelming Staphylococcemia 053.1 — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): + Pneumonia
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: asthma – 2 episodes

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 12, 1965, *to* Nov 15, 1965, *that I last saw the deceased alive on* Nov 15, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harvey A. Hatch M D 208
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 20 Nov. 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem & Burial
24b. DATE: 3 Nov 17, 1965
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Shelley, Idaho

DATE REC'D BY LOCAL REG.: Nov. 27-1965
REGISTRAR'S SIGNATURE: Anna Budge
25. EMBALMER: Leo A. Williams
LICENSE NO.: E-319

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Williams Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 3 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 16 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4897
Local Reg. No. 354
Reg. Dist. No. 610

RECEIVED
DEC 15 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville (10)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 16 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 602 No. Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho (10)
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls, Idaho
d. STREET ADDRESS (If rural, give location) 602 North Blvd.

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) JUNE c. (Last) KOESTER

4. DATE OF DEATH (Month) (Day) (Year) November 16, 1965

5. SEX F.M.

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 9, 1912

9. AGE (In years last birthday) 53 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker (01)

10b. KIND OF BUSINESS OR INDUSTRY X (01)

11. BIRTHPLACE (State or foreign country) Rigby, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David D. Prophet. BIRTHPLACE Centerville, Utah

14. MOTHER'S MAIDEN NAME Lillian Saxton. BIRTHPLACE Salt Lake City, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Donita O. Muschma ADDRESS Idaho Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

970.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BARBITURATE INTOXICATION, SELF-ADMINISTERED — INTERVAL BETWEEN ONSET AND DEATH 6-8 HR.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) NEUROSIS, DEPRESSIVE ANXIETY — CHRONIC
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. HYPOPLASIA, THYROID (HYPOTHYROIDISM) CHRONIC

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES XX NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) SUICIDE

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) (01) HOME

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) (13) IDAHO FALLS BONNEVILLE IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that ~~I attended the deceased from ____, 19__, to ____, 19__, that I last saw the deceased alive on ____, 19__, and that~~ death occurred at 4:30 A. m., from the causes and on the date stated above.*

23a. SIGNATURE Hazel L. McCaffey, M.D. (Title or title) Coroner (4)
HAZEL L. MC CAFFEY, M. D.

23b. ADDRESS IDAHO FALLS, IDA. 2525 SOUTH BOULEVARD AVE

23c. DATE SIGNED 12/4/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 19 NOV 65

24c. NAME OF CEMETERY OR CREMATORY Pioneer

24d. LOCATION (City, town, or county) (State) Rigby, Jefferson, Idaho

DATE REC'D BY LOCAL REG. Dec. 8-1965

REGISTRAR'S SIGNATURE Anna Bridges

25. FUNERAL DIRECTOR Bruce A. Eckersell ADDRESS Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-480.2

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No E404 at Rigby on 16 NOV 65

ADDITIONAL REMARKS by Physician SIGNIFICANT BLOOD LEVELS (2.6 MG% PENTABARBITAL) AND STOMACH CONTENTS (280 MG%) INDICATE A CONSIDERABLE OVERDOSE OF NEMBUTAL SLEEPING CAPSULES. THE CORONERS INQUEST HELD 12/1/65 REACHED THE VERDICT THAT THIS WAS A SUICIDAL DEATH DUE TO SELF-ADMINISTERED OVERDOSE OF BARBITURATES TAKEN ORALLY.

H. L. McGaffey, M. D.

Krantz

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 4898
Local Reg. No. 346
Reg. Dist. No. 6/0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville 101 DEC 15 1965 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) Idaho Falls Bureau of Vital Statistics
c. LENGTH OF STAY (If hospital)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 16
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 1355 Johnson St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mary	Rhind	Kelly	Nov 17, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married 3	July 9, 1914	51	4	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	01	Scotland	USA.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert Rhind	Scotland	Margaret ?	Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Leonard E Kelly	Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4238.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Failure — INTERVAL BETWEEN ONSET AND DEATH: 30'

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Massive coronary occlusion — 2 Hours
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan. 21, *19* 63, *to* Nov. 17, *19* 65, *that I last saw the deceased alive on* Nov. 17, *19* 65 *and that death occurred at* 12:05Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
394 L. K. Krantz, M.D.	798 South Blvd. Idaho Falls, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov 20, 1965	Rosehill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 4-1965	Verna Burgess	Geo A Williams	E-319

Federal Security Agency
United States Public Health Service

Form DH-6-2021

FIRM NAME: Williams Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 13 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 2 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4899
Local Reg. No. 339
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 47 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 136 E. Elva St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 136 E. Elva Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	SARAH	ELIZABETH	COLAN	Nov. 18, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Caucasian	Widowed	Oct. 31, 1899	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Whitmore		Mary Olsen	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none		[signature]	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Acute

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11-5-58, 19__, *to* 11-21, 1965, *that I last saw the deceased alive on* 11-18, 1965, *and that death occurred at about* 8:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Idaho Falls Ida	11/22/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 22, 1965	Fielding Mem. Park	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
DEC-26-1965	Irma Rudges	[signature]	E-468

Federal Security Agency
United States Public Health Service

Form DH-63121

FIRM NAME: Buck Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4900
Local Reg. No. 349
Reg. Dist. No. 610

RECEIVED
DEC 15 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville (10)
b. CITY OR TOWN: Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3139 East Lincoln (000)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (16) b. COUNTY: Bonneville
c. CITY OR TOWN: Idaho Falls
d. STREET ADDRESS (If rural, give location): 3139 East Lincoln

3. NAME OF DECEASED (Type or Print): a. (First) Beverly b. (Middle) June c. (Last) Reed

4. DATE OF DEATH (Month) (Day) (Year): November 18 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: June 2, 1933

9. AGE (In years last birthday): 32 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife (01)

10b. KIND OF BUSINESS OR INDUSTRY: Own Home (01)

11. BIRTHPLACE (State or foreign country): Union, Broome, County, N.Y.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John H. Lippy — BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Ada Gretrude Hinchman — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 093 26 2541

17. INFORMANT'S OWN SIGNATURE: Wesley J. Reed — ADDRESS: Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4668

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: 1½ hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Left pelvic vein thrombosis — Unknown

DUE TO (c) Unknown

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 30 Nov, 1964, *to* 18 Nov, 1965, *that I last saw the deceased alive on* 18 Nov, 1965, *and that death occurred at* 8:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Leon O. Johnson (262) — (Degree or title): M.D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 7 Dec. 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/22/65

24c. NAME OF CEMETERY OR CREMATORY: Ammon Cemetery

24d. LOCATION (City, town, or county) (State): Ammon, Idaho

DATE REC'D BY LOCAL REG.: Dec. 6-1965

REGISTRAR'S SIGNATURE: Emma Rudges

25. EMBALMER: Ralph M. Wood — Ralph M. Wood

LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-6302

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 1 6 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 9 1976

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 28 1979

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4901
Local Reg. No. 350
Reg. Dist. No. 610

RECEIVED DEC 15 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 101
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 280 Gladstone

3. NAME OF DECEASED (Type or Print)
a. (First): VIOLET
b. (Middle): EVELYN
c. (Last): DART T

4. DATE OF DEATH (Month) (Day) (Year): November 19, 1965

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 5, 1908
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home 01
11. BIRTHPLACE (State or foreign country): Oregon
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lewis A. Gassett — BIRTHPLACE: Tennessee
14. MOTHER'S MAIDEN NAME: Mary Jane Carpenter — BIRTHPLACE: At Sea

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 536-18-9356
17. INFORMANT'S OWN SIGNATURE: S. C. Dart — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH 570.2
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized peritonitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mesenteric thrombosis
DUE TO (c) auricular flutter

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 10:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wendell L. Nielsen MD 390
23b. ADDRESS: Idaho Falls
23c. DATE SIGNED: 11-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 23, 1965
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Dec. 8-1965
REGISTRAR'S SIGNATURE: Emma Budgen
25. EMBALMER: R. W. Madland
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63022

FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 16 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 13 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4902
Local Reg. No. 344
Reg. Dist. No. 6/6

BIRTH NO.

RECEIVED
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bonneville 10/ DEC 8 1965 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 10/
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 393 Maple

3. NAME OF DECEASED (Type or Print) a. (First) Fletcher b. (Middle) William (Bill) c. (Last) Gourley

4. DATE OF DEATH (Month) (Day) (Year) November 19 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2
8. DATE OF BIRTH January 21, 1892
9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Business Man 42
10b. KIND OF BUSINESS OR INDUSTRY Banking & Retail 12
11. BIRTHPLACE (State or foreign country) Villisca, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Gourley — BIRTHPLACE Iowa
14. MOTHER'S MAIDEN NAME Laura Kyle — BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I 2
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs. Fern Gourley — ADDRESS 393 Maple

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Prostate with — INTERVAL BETWEEN ONSET AND DEATH 18 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Metastasis
DUE TO (c) Bone Lung & Viscera

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 4, 19 62 *to* Nov. 19, 19 65, *that I last saw the deceased alive on* Nov. 19, 19 65, *and that death occurred at* 9:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE G. W. Corbett, M.D. (Degree or title) 104
23b. ADDRESS 798 South Blvd. Idaho Falls, Idaho
23c. DATE SIGNED Nov 23, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/22/65
24c. NAME OF CEMETERY OR CREMATORY Fielding Memorial Park
24d. LOCATION (City, town, or county) Idaho Falls (State) Idaho

DATE REC'D BY LOCAL REG. 1965
REGISTRAR'S SIGNATURE Anna Rudges
25. EMBALMER Ralph M. Wood
LICENSE NO. 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 0 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 04 1999

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4903
Local Reg. No. 340
Reg. Dist. No. 611

Certificate of Death

RECEIVED
DEC 2 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 100 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route # 2 Rural 100

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 100
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route # 2

3. NAME OF DECEASED (Type or Print)
a. (First): Gerald
b. (Middle): Don
c. (Last): Hudman

4. DATE OF DEATH (Month) (Day) (Year): November 19 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: November 17, 1920
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Coltman, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Alvin Hudman — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Alice Holley — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW 11 4
16. SOCIAL SECURITY NO.: 519 14 1042
17. INFORMANT'S OWN SIGNATURE: Elsie Hudman — ADDRESS: Route # 2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4281.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: immediately

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: John Hatch 210 (Degree or title) MD
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 11/24/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 11/23/65
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park
24d. LOCATION (City, town, or county): Idaho Falls (State): Idaho

DATE REC'D BY LOCAL REG.: Nov. 27-65
REGISTRAR'S SIGNATURE: Anna Budjer
25. EMBALMER: Ralph M. Wood Ralph M. Wood — LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 3 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4904
Local Reg. No. 345
Reg. Dist. No. 610

Certificate of Death

RECEIVED
DEC 8 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 100 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R# Idaho Falls,
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R#1 Shelley, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Paul
b. (Middle): A
c. (Last): Mellies

4. DATE OF DEATH (Month) (Day) (Year): Nov 20 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 23 Jan. 1953
9. AGE (In years last birthday): 12 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Scooly B School
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Shelley, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Woodrow W. Mellies — BIRTHPLACE: Cowgel Mo.,
14. MOTHER'S MAIDEN NAME: Vivian Pack Mellies — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Woodrow W. Mellies — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): gunshot wound of the heart — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: none.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) 13 — (COUNTY) 100 Bonneville — (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 20 1965 12:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: shot in back by a friend accidentally

22. *I hereby certify that I attended the deceased from* 11-20, 1965, *to* 11-20, 1965 *that I last saw the deceased alive on* DOA, 19__, *and that death occurred at* 1:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Warren R. Sutton M.D. 515
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 23 Nov 1965
24c. NAME OF CEMETERY OR CREMATORY: Hill Crest
24d. LOCATION (City, town, or county) (State): Shelley, Bingham Idaho

DATE REC'D BY LOCAL REG.: Dec 1 1965
REGISTRAR'S SIGNATURE: Laura Bridges
25. EMBALMER: R. M. Nalder — LICENSE NO. E 275

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Nalder Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 2 6 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4905
Local Reg. No. 351
Reg. Dist. No. 610

RECEIVED
DEC 15 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 101
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho FAlls
c. LENGTH OF STAY (in this place): 26 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 476 E. 19th Street

3. NAME OF DECEASED (Type or Print)
a. (First): IRENE
b. (Middle): ILAH
c. (Last): MATSON

4. DATE OF DEATH (Month) (Day) (Year): November 23, 1965

5. SEX: Female
6. COLOR OR RACE: CAucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Mar. 7, 1905
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home 01
11. BIRTHPLACE (State or foreign country): Wyoming
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Wakkila — BIRTHPLACE: Finland
14. MOTHER'S MAIDEN NAME: Lisi Frantila — BIRTHPLACE: Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Oscar Matson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 332X Cerebral Thromboses — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 3 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 9, 1956, *to* Nov. 23, 1965, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 3:15A. *m., from the causes and on the date stated above.*

23a. SIGNATURE L. Krantz 294 (Degree or title): L. K. Krantz, M.D.
23b. ADDRESS: 798 South Blvd. Idaho Falls, Idaho
23c. DATE SIGNED: Dec. , 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: November 26, 1965
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho FAlls, Idaho

DATE REC'D BY LOCAL REG.: Dec. 7-1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: R. W. Mallard
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JAN 9 1970

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4906
Local Reg. No. 352
Reg. Dist. No. 610

Certificate of Death

RECEIVED
DEC 15 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 286 11th Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 286 11th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle):
c. (Last): Rawlins

4. DATE OF DEATH (Month) (Day) (Year): November 24 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: January 14, 1870
9. AGE (In years last birthday): 95 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Orgill — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Rebecca Ball — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Loran P. Summers — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

794 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Causes incidental to age
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to* 24 Nov., 1965, *that I last saw the deceased alive on _____, 19___, and that death occurred at* 2 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harvey A. Hatch MD 208
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 1 Dec 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 11/25/65
24c. NAME OF CEMETERY OR CREMATORY: Paradise Cemetery
24d. LOCATION (City, town, or county): Paradise (State): Utah

DATE REC'D BY LOCAL REG.: Dec. 6-1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Ralph M. Wood — Ralph M. Wood
LICENSE NO.: 413

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Hall Funeral Home at Logan, Utah

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4907
Local Reg. No. 353
Reg. Dist. No. 610

RECEIVED
DEC 15 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 101 2-06

a. COUNTY: Bonneville

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

c. LENGTH OF STAY (in this place): 6 mo. 22 da.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 101

b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. STREET ADDRESS (If rural, give location): 279 11th Street

3. NAME OF DECEASED (Type or Print)

a. (First): Nellie

b. (Middle): E. 042

c. (Last): Mooney

4. DATE OF DEATH (Month) (Day) (Year): November 26 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: October 20, 1881

9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01

11. BIRTHPLACE (State or foreign country): Winona, Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Allred — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Elaine D. Grayson — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2-3 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Cerebral Arteriosclerosis — 1 year

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-24, 1961, *to* 11-26, 1965, *that I last saw the deceased alive on* 11-26, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 546 mo

23b. ADDRESS: Idaho Falls, Ida

23c. DATE SIGNED: 12/2/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/30/65

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Dec. 6-'65

REGISTRAR'S SIGNATURE: [signature]

25. EMBALMER: Ralph M. Wood [signature] — LICENSE NO. 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 1 6 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 2 8 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 1 8 1975

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4908
Local Reg. No. 354
Reg. Dist. No. 610

RECEIVED
DEC 15 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 002
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1st Stin front of 1155 1st St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 324 Valley Drive

3. NAME OF DECEASED (Type or Print): a. (First) Otis b. (Middle) 002 Terry c. (Last) Shepherd

4. DATE OF DEATH (Month) (Day) (Year): November 30 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: May 5, 1911

9. AGE (In years last birthday): 54 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bartender 48

10b. KIND OF BUSINESS OR INDUSTRY: Beverages 00

11. BIRTHPLACE (State or foreign country): Mount Pleasant, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Warren Shepherd
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Semallia Petersen
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 528 01 6503

17. INFORMANT'S OWN SIGNATURE: Elizabeth Shepherd ADDRESS: Idaho Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction 420.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-22, 1956, *to* 11-30, 1965, *that I last saw the deceased alive on* 10-25, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: John S. McMillin 348 (Degree or title) MD

23b. ADDRESS: 550 Fourth Street

23c. DATE SIGNED: 12-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/5/65

24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Dec. 6-1965

REGISTRAR'S SIGNATURE: Anna Burgess

25. EMBALMER: Ralph M. Wood Ralph M. Wood

LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-630(2)

DUTIES: JAN 13 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4909
Local Reg. No. 357
Reg. Dist. No. 610

RECEIVED
DEC 15 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville (10)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
DURATION OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 811 Crestmont Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (10) b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 811 Crestmont Ave

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Elmyrta c. (Last) Herd

4. DATE OF DEATH (Month) (Day) (Year): November 30 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: October 19, 1887

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife (01)

10b. KIND OF BUSINESS OR INDUSTRY: (01) Own Home

11. BIRTHPLACE (State or foreign country): Bear River, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David Carter Ames — BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Caroline Marie Christensen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: x Lavi E. Hoffman — ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 180X Lymphoid Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: Circ. 6 mos.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Secondary to Carcinoma of Kidney
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: July 22/65

19b. MAJOR FINDINGS OF OPERATION: Carcinoma left Kidney

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/22, 1965, *to* 11/28, 1965, *that I last saw the deceased alive on* 11/28, 1965, *and that death occurred at* 12:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lawrence Bingel M.D. (359)

23b. ADDRESS: 544-4th St. Idaho Falls

23c. DATE SIGNED: 12/2/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/6/65

24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Dec. 9-1965

REGISTRAR'S SIGNATURE: Anna Bridges

25. EMBALMER: Ralph M. Wood Ralph M. Wood — LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63621

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OUTLES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 4910
Local Reg. No. 60-65
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary 110 — NOV 22 1965 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Paradise Valley 660

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): 606 Oak Street

3. NAME OF DECEASED (Type or Print): a. (First) STEPHEN; b. (Middle) JOHN; c. (Last) VANDENBERG

4. DATE OF DEATH (Month) (Day) (Year): NOVEMBER 2, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	February 3, 1899	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian 11
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Federal Bldg 81
11. BIRTHPLACE (State or foreign country): Haysprings, Nebraska
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: George Vandenberg — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Louisa Freeze — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-12-4401
17. INFORMANT'S OWN SIGNATURE: John Vandenberg Jr — ADDRESS: Coeur d'Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Strychnine Poisoning — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Moderate Coronary and Aortic Arteriosclerosis — Years
DUE TO (c)

II. OTHER SIsignificant CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide 13
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Paradise Valley
21c. (CITY, TOWN, OR TOWNSHIP) 110 **(COUNTY)** Bonners Ferry **(STATE)** Boundary Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11/2/65 ? m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Self inflicted poisoning

22. *I hereby certify that I attended the deceased from* INVESTIATION ONLY _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: C M Callahan 583 — (Degree or title) Coroner 4
23b. ADDRESS: Bonners Ferry, Idaho
23c. DATE SIGNED: 11/12/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/5/65
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.: Nov. 15, 1965
REGISTRAR'S SIGNATURE: Twyla Stone
25. FUNERAL DIRECTOR: [signature] — **ADDRESS**: Bonners Ferry, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

NOV 23 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 2 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

APR 5 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

APR 23 1979

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Charles O. Malone Lic. No. E-453 at Bonners Ferry on 11/3/65

ADDITIONAL REMARKS by Physician

Certificate of Death

State File No. 4911
Local Reg. No. 59-65
Reg. Dist. No. 100

BIRTH NO.

RECEIVED NOV 15 1965 Bureau of Vital Statistics STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Boundary 110 2-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Naples
c. LENGTH OF STAY (In this place): 4 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home on 20 Mile Road 500

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary 110
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Naples
d. STREET ADDRESS (If rural, give location): 20 Mile Road

3. NAME OF DECEASED (Type or Print): a. (First) JUANITA b. (Middle) MARGARET c. (Last) ALLEN

4. DATE OF DEATH: (Month) (Day) (Year) November 5, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: September 15, 1939

9. AGE (In years last birthday): 26
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Homemaking 01

11. BIRTHPLACE (State or foreign country): Elma, Washington

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: William Lord
BIRTHPLACE: Colorado

14. MOTHER'S MAIDEN NAME: Margaret Bartow
BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: Richard Dean Allen
ADDRESS: Naples, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Occitpital Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 01
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 20 Mile Road
21c. (CITY, TOWN, OR TOWNSHIP): 13 Naples (COUNTY): Boundary (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11/5/65 5:15 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Thrown from horse

22. *I hereby certify that I attended the deceased from* INVESTIGATION ONLY, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. M. Callahan 583
(Degree or title): Coroner
23b. ADDRESS: Bonners Ferry, Idaho
23c. DATE SIGNED: 11/6/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 11/6/65
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Nov. 8, 1965
REGISTRAR'S SIGNATURE: Evelyn Stone
25. FUNERAL DIRECTOR:
ADDRESS: Bonners Ferry, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Charles O. Malone Lic. No. E-453 at Bonners Ferry on 11/5/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 4912
Local Reg. No. 61-65
Reg. Dist. No. 100

RECEIVED NOV 29 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary 110
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): Community Nursing Home

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
THANEY	MUMFORD	THOMAS	November 17, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	11/13/1870	95				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Homemaking 01	Iowa	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Nelson Loy	Unknown	Katherine Ginther	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Dion A. Gatten	Bonners Ferry

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis 540.0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gastric Hemorrhage
DUE TO (c) Ulcer

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19 63 *to* 11/17, 1965, *that I last saw the deceased alive on* 11/17, 1965, *and that death occurred at* 2P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 153	MD	Bonners Ferry	11/19/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/20/65	Grandview Cemetery	Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov. 21, 1965	[signature]	[signature]	Bonners Ferry, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Charles O. Malone Lic. No. E-453 at Bonners Ferry on 11/17/65

ADDITIONAL REMARKS by Physician

State File No. 4913
Local Reg. No. 62-65
Reg. Dist. No. 100

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

DEC 9 1965 3-01
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Boundary 110
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 110
b. COUNTY Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print)
a. (First) EDMUND
b. (Middle) LUCIAN
c. (Last) BROCKLY

4. DATE OF DEATH (Month) (Day) (Year) November 19, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH July 6, 1877
9. AGE (In years last birthday) 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer 81
10b. KIND OF BUSINESS OR INDUSTRY Masonary 00
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? NAT. US

13. FATHER'S NAME Unknown — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-60-4857
17. INFORMANT'S OWN SIGNATURE Mrs Josephine Lee — ADDRESS Moyie Springs Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anorexia — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Decubitus ulcers
DUE TO (c) fractured ankle + ribs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

962X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE XX (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 01 at home
21c. (CITY, TOWN, OR TOWNSHIP) 110 (COUNTY) (STATE) 13 Bonners Ferry
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Approx. 1 yr m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? fell off shed roof

22. *I hereby certify that I attended the deceased from _____, 1960, to 11/19, 1965, that I last saw the deceased alive on 11/19, 1965, and that death occurred at 5V m., from the causes and on the date stated above.*

23a. SIGNATURE 153 (Degree or title) [signature] MD
23b. ADDRESS Bonners Ferry Ida
23c. DATE SIGNED 11/24/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/23/65
24c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery
24d. LOCATION (City, town, or county) (State) Bonners Ferry Idaho

DATE REC'D BY LOCAL REG. Nov. 26/1965
REGISTRAR'S SIGNATURE Virgla Stone
25. FUNERAL DIRECTOR [signature] — ADDRESS Bonners Ferry, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 24 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Charles O. Malone Lic. No. E-453 at Bonners Ferry on 11/19/65

ADDITIONAL REMARKS by Physician

State File No. 4914
Local Reg. No. 63-65
Reg. Dist. No. 100

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 20 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 110
a. COUNTY Boundary 402
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
c. LENGTH OF STAY (in this place) 2 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Meadow Creek District 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 110
b. COUNTY Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. STREET ADDRESS (If rural, give location) Rural Route #1

3. NAME OF DECEASED (Type or Print)
a. (First) LESTER
b. (Middle) ORVILLE
c. (Last) CHRISTOFFERSON

4. DATE OF DEATH (Month) (Day) (Year) November 27, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH September 26, 1909
9. AGE (In years last birthday) 56 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sawmill Worker 09
10b. KIND OF BUSINESS OR INDUSTRY Lumbering 00
11. BIRTHPLACE (State or foreign country) Hamer, North Dakota
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Charles Christofferson — BIRTHPLACE North Dakota
14. MOTHER'S MAIDEN NAME Anna Stenseth — BIRTHPLACE North Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-03-7868
17. INFORMANT'S OWN SIGNATURE Lola E. Christofferson — ADDRESS Bonners Ferry, Ida.

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* INVESTIGATION ONLY, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE C. M. Callahan 583 (Degree or title) Coroner 4
23b. ADDRESS Bonners Ferry, Idaho
23c. DATE SIGNED 12/6/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/30/65
24c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery
24d. LOCATION (City, town, or county) Bonners Ferry (State) Idaho

DATE REC'D BY LOCAL REG. 12/6/65
REGISTRAR'S SIGNATURE Vowyla Stone
25. FUNERAL DIRECTOR [signature] — ADDRESS Bonners Ferry, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DEC 30 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Charles O. Malone Lic. No. E-453 at Bonners Ferry on 11/27/65

ADDITIONAL REMARKS by Physician

Certificate of Death

State File No. 4915
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

STATE OF IDAHO

RECEIVED NOV 22 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Butte (120)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
c. LENGTH OF STAY (in this place): 2-01 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lost Rivers Hospital (164)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (23)
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 519 S. Commercial

3. NAME OF DECEASED (Type or Print): a. (First) Luetta b. (Middle) c. (Last) Cleek

4. DATE OF DEATH (Month) (Day) (Year): November 11, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married (3)

8. DATE OF BIRTH: Mar. 21, 1893

9. AGE (In years last birthday): 72
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife (01)

10b. KIND OF BUSINESS OR INDUSTRY: None (01)

11. BIRTHPLACE (State or foreign country): Cherokee Strip, Oklahoma

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Booher — BIRTHPLACE: Polk Co., Ark.

14. MOTHER'S MAIDEN NAME: Sarah S. Powell — BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Calvin G. Cleek — ADDRESS: Emmett, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion (420.1) — INTERVAL BETWEEN ONSET AND DEATH: 20 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis Coronary
DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 20, 1965, *to* Nov. 11, 1965, *that I last saw the deceased alive on* Nov 10, 1965, *and that death occurred at* 4:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. V. Sarles (03) MD (Degree or title)

23b. ADDRESS: Arco, Ida

23c. DATE SIGNED: 11-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial

24b. DATE: 11-15-65

24c. NAME OF CEMETERY OR CREMATORY: Emmett Cemetery

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Nov 17-1965

REGISTRAR'S SIGNATURE: Betty J. Marvel

25. EMBALMER: Co. K. Marvel — LICENSE NO.: E-457

FIRM NAME: Marvel Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 30 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 20 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 22 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4916
Local Reg. No. 244
Reg. Dist. No. 362

Certificate of Death

RECEIVED
NOV 24 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 142
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home- 624-13th. Ave. North 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 624-13 Ave. North

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle): FRANCIS
c. (Last): HAUTZINGER

4. DATE OF DEATH (Month) (Day) (Year): October 29, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 26, 1873
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Business Man 35
10b. KIND OF BUSINESS OR INDUSTRY: 32 Farm Implements
11. BIRTHPLACE (State or foreign country): Stephens Point, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: No record — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: No rrcord — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519 12 9473
17. INFORMANT'S OWN SIGNATURE: Evola Hautzinger — ADDRESS: Nampa, Ida.

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Hb disease with old myocardial impact — INTERVAL BETWEEN ONSET AND DEATH: 10 y

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes mellitus — 9 yr

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10/21, 1961, *to* 10/29, 1965, *that I last saw the deceased alive on* 10/28, 1965 *and that death occurred at* 5:00P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert Eldon 217
23b. ADDRESS: 619 So. Canyon, Nampa, Idaho
23c. DATE SIGNED: 11-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/1/ 1965
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Ada County Idaho

DATE REC'D BY LOCAL REG.: Nov 18 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Tony J. Kroush
LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: DEC 9 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4917 NC
Local Reg. No. 242
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED NOV 17 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Midland Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 142
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 510 Fern Street

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) B. Cupp 301
c. (Last)

4. DATE OF DEATH (Month) Nov. (Day) 1 (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Jan. 29, 1886
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Farming 01
11. BIRTHPLACE (State or foreign country) Weir City, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Cupp — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Lillie Blaisdell — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Mrs. Velma L. Tipton — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH 6 wks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Coronary artery disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Congestive failure

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 4, 1965, *to* Nov 1, 1965, *that I last saw the deceased alive on* Oct 30, 1965, *and that death occurred at* 2:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE Graydon O. Cron 115 (Degree or title) Jm
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 11-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment 4
24b. DATE Nove 5, 1965
24c. NAME OF CEMETERY OR CREMATORY Mt. View Mausoleum
24d. LOCATION (City, town, or county) Boise, Ada, Idaho (State)

DATE REC'D BY LOCAL REG. Nov. 12, 1965
REGISTRAR'S SIGNATURE Jane Steck
25. EMBALMER Larry J. Krouse — LICENSE NO. E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4918
Local Reg. No. 130
Reg. Dist. No. 361

Certificate of Death

RECEIVED
NOV 9 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Rt. # 6
c. LENGTH OF [illegible] (If in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, Rt. 6 — 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. # 6

3. NAME OF DECEASED (Type or Print)
a. (First): Ben
b. (Middle): S.
c. (Last): Huston

4. DATE OF DEATH (Month) (Day) (Year): Nov. 1,1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 26,1910
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 7, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher 63
10b. KIND OF BUSINESS OR INDUSTRY: 60
11. BIRTHPLACE (State or foreign country): Caldwell, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ben R. Huston — BIRTHPLACE: Oklahoma
14. MOTHER'S MAIDEN NAME: Myrtle M. Selby — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-12-9623
17. INFORMANT'S OWN SIGNATURE: Mrs. Anna Huston — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — 420.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Inspection only *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 11:30 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche MC Coronet 583
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 11-4-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov.4,1965
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 11-6-65
REGISTRAR'S SIGNATURE: Freda G. Hund Deputy
25. EMBALMER: Merville D Davis — LICENSE NO. E 399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 10 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAR 1 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4919
Local Reg. No. 132
Reg. Dist. No. 360

RECEIVED
NOV 9 1965
VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (In this place): Burial
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 1918 Everett

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	MARIE	S	McCluskey		11	2	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	Widowed	April 8, 1873	92				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Self	Harthill, Scotland	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Davis	Scotland	Marie Davis Harthill	Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	None	X Elizabeth Streets	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Hip — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov 1, 1965, *to* Nov 2, 1965, *that I last saw the deceased alive on* Nov 2, 1965, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
366 [illegible] MD	Caldwell Ida	11/4/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/5/65	Angeles Abbey Mem. Park	Compton, Calif.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-6-1965	Freda D. Lund, Deputy	Thos M. Flahiff	E393

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4920
Local Reg. No. 131
Reg. Dist. No. 360

RECEIVED NOV 9 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. # 3

3. NAME OF DECEASED (Type or Print)
a. (First): Florence
b. (Middle): S.
c. (Last): McCallen

4. DATE OF DEATH (Month) (Day) (Year): Nov. 2, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: Dec. 10, 1897
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 10, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Thomasboro, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Preston Grove — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Sarah Battershell — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Clay McCallen — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar, 1964, *to* Nov 2, 1965, *that I last saw the deceased alive on* Nov 2, 1965, *and that death occurred at* 11:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 366 M Montgomery MD
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 11/4/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 5, 1965
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 11-6-65
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: Merville D Davis — LICENSE NO. E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4921
Local Reg. No. 243
Reg. Dist. No. 363

BIRTH NO.

RECEIVED NOV 17 1965

1. PLACE OF DEATH
a. COUNTY CANYON 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
c. LENGTH OF STAY (in this place) 3 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) SAMARITAN HOSPITAL 049

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO b. COUNTY 018 ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL KUNA
d. STREET ADDRESS (If rural, give location) ROUTE 1

3. NAME OF DECEASED (Type or Print) a. (First) DEAN b. (Middle) RAY c. (Last) SHARP

4. DATE OF DEATH (Month) (Day) (Year) NOV. 4, 1965

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED
8. DATE OF BIRTH APRIL 13, 1951
9. AGE (In years last birthday) 14 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT 77
10b. KIND OF BUSINESS OR INDUSTRY STUDENT 02
11. BIRTHPLACE (State or foreign country) WIESER, IDAHO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME GLENN SHARP BIRTHPLACE TEXMO, OKLAHOMA
14. MOTHER'S MAIDEN NAME MAUDE GLOVER BIRTHPLACE BUTTE, NEBRASKA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S OWN SIGNATURE x Glenn E Sharp ADDRESS KUNA, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 3438 Dawsons Inclusion Encephalitis — INTERVAL BETWEEN ONSET AND DEATH 5 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-9-65 *to* 11-4-65, *that I last saw the deceased alive on* 11-4-65, *and that death occurred at* 10:50 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Harold Brown, DO (Degree or title)
23b. ADDRESS NAMPA, IDAHO
23c. DATE SIGNED 11-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 11-9-65
24c. NAME OF CEMETERY OR CREMATORY HILLCREST CEMETERY
24d. LOCATION (City, town, or county) (State) WIESER, IDAHO

DATE REC'D BY LOCAL REG. Nov 12 1965
REGISTRAR'S SIGNATURE Jane Stark
25. EMBALMER W. D. Shepherd
LICENSE NO. 473
FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 22 1965 Bureau of Vital Statistics

State File No. 4922
Local Reg. No. 159
Reg. Dist. No. 960

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 222 East Logan St. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Oscar	John	Koch	Nov. 5, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	June 1, 1892	73	5	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer 04	01	Deshler, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred Koch	Germany	Dorothy Werneke	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	508-28-1000	Mark McGuire	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction 420.1 — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct. 15, 1965, *to* Nov. 5, 1965, *that I last saw the deceased alive on* Nov. 5, 1965, *and that death occurred at* 11:00 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. D. Peckham 178 MD	222 E. Elm - Caldwell, Ida.	12-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 8, 1965	Wilder Cemetery	Wilder, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 18, 1965	Freda D. Hunt, Deputy	Merville D. Davis	E-399

FIRM NAME Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4923
Local Reg. No. 134
Reg. Dist. No. 360

Certificate of Death

RECEIVED
NOV 22 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 — 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 145
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1724 Amity Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Leona
b. (Middle): M.
c. (Last): Fothergill

4. DATE OF DEATH (Month) (Day) (Year): 11 6 65

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 50
8. DATE OF BIRTH: July 19, 1897
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home Making 01
11. BIRTHPLACE (State or foreign country): Andrew County Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Valentine Graff — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Alice Hill — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: John W. Fothergill — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) metastatic carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 18 yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) from Rt breast
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1947, 19__, *to* 11-6, 1965, *that I last saw the deceased alive on* 11-6, 1965, *and that death occurred at* 11:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 166 (Degree or title)
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 11-11-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 9, 165
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Canyon Idaho

DATE REC'D BY LOCAL REG.: Nov. 17-1965
REGISTRAR'S SIGNATURE: Freda G. Hund, Deputy
25. EMBALMER: [signature]
LICENSE NO.: E-496

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 27 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4924
Local Reg. No. 245
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 — NOV 24 1965 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa — c. LENGTH OF STAY IN THIS PLACE: Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16 — b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 719 10th. Ave. So.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clinton		Talbot	May.	16	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	Married 2	May 19, 1911	54		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Jeweler 75
10b. KIND OF BUSINESS OR INDUSTRY: Jewelry Store 01
11. BIRTHPLACE (State or foreign country): Moreland Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stephen Talbot — BIRTHPLACE: South Africa
14. MOTHER'S MAIDEN NAME: Katie Olsen — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW2 1942 to 1945
16. SOCIAL SECURITY NO.: 712 03 1499
17. INFORMANT'S OWN SIGNATURE: Dorothy L. Talbot — ADDRESS: Nampa, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): BRONCHIOGENIC CANCER WITH METASTASES — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) — 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-1-50, *to* 11-6-65, *that I last saw the deceased alive on* 11-6-65, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] 454 (Degree or title) — 23b. ADDRESS: 619 So. Canyon, Nampa, Idaho — 23c. DATE SIGNED: 11-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Nov. 9 1965	Kohler Lawn Cemetery	Nampa Canyon	Idaho

DATE REC'D BY LOCAL REG.: Nov. 18, 1965 — REGISTRAR'S SIGNATURE: [illegible] — 25. EMBALMER: [illegible] — LICENSE NO.: E-496

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 26 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 24 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4925
Local Reg. No. 142
Reg. Dist. No. 360

RECEIVED
NOV 30 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 14 6000
b. CITY OR TOWN Caldwell
c. LENGTH OF STAY (If outside this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 14
b. COUNTY Canyon
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caldwell
d. STREET ADDRESS (If rural, give location) 1509 Arlington Avenue

3. NAME OF DECEASED (Type or Print) a. (First) Myrtle b. (Middle) O. c. (Last) Hewitt

4. DATE OF DEATH (Month) (Day) (Year) Nov. 7, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Feb. 11, 1875
9. AGE (In years last birthday) 90
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 00
10b. KIND OF BUSINESS OR INDUSTRY 00
11. BIRTHPLACE (State or foreign country) Beloit, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Samuel D. Cowman BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Sophie Charolette BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknonwn
17. INFORMANT'S OWN SIGNATURE Mrs. Carl M. Carlson ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 6000 Uremia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Pyelonephritis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-17-55, 19__, *to* 11-7-65, 19__, *that I last saw the deceased alive on* Sept., 1965, *and that death occurred at* 3:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 178 (Degree or title) MD
23b. ADDRESS 222 East Elm, Caldwell, Ida.
23c. DATE SIGNED 11-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 9, 1965
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery
24d. LOCATION (City, town, or county) Caldwell, Idaho (State)

DATE REC'D BY LOCAL REG. Nov. 27-1965
REGISTRAR'S SIGNATURE Fred P. Hunt
25. EMBALMER Merville D Davis LICENSE NO. E-399

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4926
Local Reg. No. 735
Reg. Dist. No. 360

BIRTH NO.

RECEIVED
NOV 17 1965

1. PLACE OF DEATH
a. COUNTY: Canyon 14 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 14 b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1108 South Kimball Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Henry	Doyle	McPherson	Nov. 7, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	Sept. 25, 1888	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00	00	Elk City, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lewis McPherson	Unknown	Carolyn Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-07-0195	x Doyle McPherson	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage 331X — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterial sclerosis — not known
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jun, 1964, *to* Nov 7, 1965, *that I last saw the deceased alive on* 11/9, 19 65, *and that death occurred at* 1 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M Miss Spurgeon 366	Caldwell Ida	11/9/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 10, 1965	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 12, 1965	Freda L. Hunt, Deputy	Merville D. Davis	E-399

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAY 21 1969

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 22 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4927
Local Reg. No. 156
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hosp. 057

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 380
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): Route 1

3-04

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Lloyd	Ernest	McCluer	Nov. 7, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 2	Dec. 2, 1902	62	- / -	- / -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Own farm 01	Illinois	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James W. McCluer	Illinois	Susannah Merritt	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - - - - - - -	519-01-4732	Mrs Lloyd McCluer	New Plymouth Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pulmonary Emphysema	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Bronchial Asthma	14 months
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Cor pulmonale Hypertension	

2418

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- - - - - - - - -	- - - - - - - - -

NOV 23 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4928
Local Reg. No. 139
Reg. Dist. No. 360

BIRTH NO. 65-11366

RECEIVED NOV 22 1965 Bureau of Vital Statistics 3-01

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon 14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 14
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): a. (First) Richard b. (Middle) Joseph 05 c. (Last) Ray

4. DATE OF DEATH: (Month) Nov (Day) 8, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Nov 7, 1965

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 1 — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY: None 00

11. BIRTHPLACE (State or foreign country): Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ronald J. Ray — BIRTHPLACE: Ontario, Oregon

14. MOTHER'S MAIDEN NAME: Barbara Steelman — BIRTHPLACE: Blackfoot, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Ronald J. Ray — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

76.20

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Underdeveloped Congenital

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-7, 1965, *to* 11-8, 1965, *that I last saw the deceased alive on* 11-8, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Caldwell Ida.

23c. DATE SIGNED: 11-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov 10, 1965

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Nov 18-1965

REGISTRAR'S SIGNATURE: Freda H. Hunt, Deputy

25. EMBALMER: Leonard C. Flaniff — LICENSE NO.: E-481

FIRM NAME: Flaniff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 4929
Local Reg. No. 246
Reg. Dist. No. 362

Certificate of Death

BIRTH NO. 65-2528 — FIVED

STATE OF IDAHO

NOV 24 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1709 Fourth Street North

3. NAME OF DECEASED (Type or Print)
a. (First): Randy
b. (Middle):
c. (Last): Raney

4. DATE OF DEATH (Month) (Day) (Year): November 8, 1965.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 1
8. DATE OF BIRTH: March 10, 1965
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 8 Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Emmett, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Fernandez
BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Nancy Jane Raney
BIRTHPLACE: Wendell, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Nancy Jane Raney
ADDRESS: Nampa, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 274X Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypoadrenalism — 8 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypothyroidism

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [XX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1965, *to* Oct 27, 1965, *that I last saw the deceased alive on* Oct 27, 1965, *and that death occurred at* 8 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J R Farber 163 M.D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: Nov 15, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-10-65
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Nov. 18, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Don Sinigiani
LICENSE NO.: E-496

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4930
Local Reg. No. 247
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED NOV 24 1965 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Canyon 142	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 142 b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa c. LENGTH OF STAY (in this place):	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Community Hospital	d. STREET ADDRESS (If rural, give location): 813-4th. Street South

3. NAME OF DECEASED (Type or Print)	a. (First) LENA	b. (Middle) LEE 049	c. (Last) SANDERSON	4. DATE OF DEATH (Month) (Day) (Year) November 8, 1965
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2	8. DATE OF BIRTH: Aug. 27, 1893	9. AGE (In years last birthday): 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01	10b. KIND OF BUSINESS OR INDUSTRY: 01	11. BIRTHPLACE (State or foreign country): Kingston, Oklahoma	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Alton Thomes	BIRTHPLACE: Missouri	14. MOTHER'S MAIDEN NAME: Allie May Eddings	BIRTHPLACE: Oklahoma	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: none	17. INFORMANT'S OWN SIGNATURE: Ouada Eckhart	ADDRESS: Nampa, Idaho	

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Artery Occlusion	Sudden
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	
DUE TO (c)	Hypertension	12 yrs
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death	Pernicious Anemia	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1959, *to* Nov, 1965, *that I last saw the deceased alive on* Nov 7, 1965, *and that death occurred at* 3:30A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Graydon O'Cron 115 (Degree or title)	23b. ADDRESS: Nampa Ida	23c. DATE SIGNED: 11-12-65	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Nov. 12, 1965	24c. NAME OF CEMETERY OR CREMATORY: Kuna Cemetery	24d. LOCATION (City, town, or county) (State): Kuna Idaho
DATE REC'D BY LOCAL REG.: Nov 20, 1965	REGISTRAR'S SIGNATURE: Jane Steck	25. EMBALMER: Larry J. Krouse	LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4931
Local Reg. No. 135
Reg. Dist. No. 360

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

NOV 22 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Odd Fellows Home 195

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 612-18 Avenue South

3. NAME OF DECEASED (Type or Print)
a. (First): MARGARET
b. (Middle): L.
c. (Last): MESSICK

4. DATE OF DEATH (Month) (Day) (Year): November 8, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 13, 1882
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): near Little Rock, Arkansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Bevins — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Eliza Dills — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Alsip Funeral Chapel
By: Jerry J. Kroush

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia 422.1 — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ASCVD — 2 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1958, *to* Nov 8, 1965, *that I last saw the deceased alive on* Nov 8, 1965, *and that death occurred at* 11:30A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Val E. Reynolds 437 MD
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: 11-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 10, 1965
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Ada County Idaho

DATE REC'D BY LOCAL REG.: Nov 17-1965
REGISTRAR'S SIGNATURE: Freda G. Hund, Deputy
25. EMBALMER: Jerry J. Kroush — LICENSE NO. E-447
FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 7 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 24 1965

State File No. 4932
Local Reg. No. 248
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 142 Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): R# 4

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
M.	Pete	NISHIKAWA	Nov.ember 9, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Feb. 4, 1914	51				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farming 01	Puyallup, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Kumataro Nishikawa	Japan	Saki	Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Sumi Nishikawa	Nampa, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 acute myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 11-8-, 1965, *to* 11-9-, 1965, *that I last saw the deceased alive on* 11-9-, 1965, *and that death occurred at* 8:45A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
062 Harold W Brown MD	619 So. Canyon, Nampa, Idaho	11-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 12, 1965	Kohlerlawn Cemetery	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 18, 1965	Jane Stock	Larry D. Krouse	E-447

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

NOV 29 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4933
Local Reg. No. 249
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED NOV 24 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Comm. Hospital 049

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 243 Blaine St.

3. NAME OF DECEASED (Type or Print)
a. (First): Eunice C.
b. (Middle): C.
c. (Last): Ballard

4. DATE OF DEATH (Month) 11 (Day) 10 (Year) 65

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 8/9/1889
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Homemaker 01
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William H. Kelly — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Alice Morehouse — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Jackie Louise Walworth — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial Infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension – Right femoral hernia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-18, 1948, *to* 11-10-, 1965, *that I last saw the deceased alive on* Nov 10, 1965, *and that death occurred at* 7:35 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Weeks M.D. 560
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 11-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/13/65
24c. NAME OF CEMETERY OR CREMATORY: Kuna Cemetery
24d. LOCATION (City, town, or county) (State): Kuna, Ada, Idaho

DATE REC'D BY LOCAL REG.: Nov. 18, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Harry J. Krouch
LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 30 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4934
Local Reg. No. 154
Reg. Dist. No. 361

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED DEC 7 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Conyon 140 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Notus
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway No. 20 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon 38 555
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Portland
d. STREET ADDRESS (If rural, give location): 48 N.E. Tillemoak

3. NAME OF DECEASED (Type or Print)
a. (First): Roy
b. (Middle): L.
c. (Last): Tribble

4. DATE OF DEATH (Month) (Day) (Year): November 11, 1965

5. SEX: Male
6. COLOR OR RACE: Colored 2
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: 4-22-1892
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 07
10b. KIND OF BUSINESS OR INDUSTRY: Coal Miner 01
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Tribble — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Elizabeth Harris — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: 273-09-9731
17. INFORMANT'S OWN SIGNATURE: Det., Mich. — ADDRESS: Dorothy Harding 1746 W. Forest

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Broken Neck

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): auto-Pedestrian Accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 06 Highway
21c. (CITY, TOWN, OR TOWNSHIP) 140 (COUNTY) (STATE): 13 Canyon Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11-11-65 6:30 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Hit by a car while walking in middle highway

22. *I hereby certify that I attended the deceased from* Inspection only, *19*__, *to* _____, *19*__, *that I last saw the deceased alive on* _____, *19*__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C Wesche MD 583 Coroner 4
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 12-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 11/17/65
24c. NAME OF CEMETERY OR CREMATORY: United Memorial Gds.
24d. LOCATION (City, town, or county) (State): Washtnaw County, Michigan

DATE REC'D BY LOCAL REG.: Dec 6, 1965
REGISTRAR'S SIGNATURE: Freda G. Hunt Deputy
25. EMBALMER: Leonard C. Flahiff — LICENSE NO. E-481
FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 10 1966

JAN 11 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4935
Local Reg. No. 138
Reg. Dist. No. 360

RECEIVED NOV 22 1965 Bureau of Vital Statistics

BIRTH NO. F

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 15 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon 141
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 2223 Cherry Street

3. NAME OF DECEASED (Type or Print): a. (First) Barbara b. (Middle) M. c. (Last) Ineck

4. DATE OF DEATH: (Month) Nov (Day) 11, (Year) 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	March 20, 1886	79	7	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Self 01	Traer, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Vorba	Bohemia	Mary Jiruse	Bohemia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-42-4727	X Joseph J. Ineck	R#4. C

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 15 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY Ooccur?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 14 Oct, 1965, *to* 11 Nov, 1965, *that I last saw the deceased alive on* 11 Nov, 1965, *and that death occurred at* 3:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Mosher D.O.	222 E. Elm, Caldwell, Ida.	11-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov 15, 1965	Canyon Hill Cemetery	Caldwell Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 18-1965	Freda G. Hunt, Deputy	Leonard C. Flahiff	E-481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 20 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4936
Local Reg. No. 250
Reg. Dist. No. 362

Certificate of Death

RECEIVED NOV 24 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 815-10th Ave South

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): H.
c. (Last): Sealey

4. DATE OF DEATH (Month) (Day) (Year): November 12, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 30,1877.
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Bldg. Contractor 13
10b. KIND OF BUSINESS OR INDUSTRY: Building 01
11. BIRTHPLACE (State or foreign country): Lamont, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Pierce Sealey — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Margaret — BIRTHPLACE: No Record.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-32-6879
17. INFORMANT'S OWN SIGNATURE: Mrs A. H. Sealey — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart disease — 5 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-18- *19*61*, to* 11-12 *, 19*65*, that I last saw the deceased alive on* 11-12- *, 19*65 *and that death occurred at* 11:16 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 0624 Harold W Brown MD
23b. ADDRESS: 619 So. Canyon, Nampa, Idaho
23c. DATE SIGNED: 11-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 15,1965
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Ada County, Idaho

DATE REC'D BY LOCAL REG.: Nov. 18, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Ford Simpson
LICENSE NO.: E-496

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 22 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4937
Local Reg. No. 140
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Wilhelmina	E.	Schmid	Nov. 12, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	April 30, 1887	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00	00	Grand Island, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Ostermeier	Germany	Wilhelmina Buckholz	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-42-2353	Mrs. Burl J. Ritchie	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 334 Cerebral arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus, Congestive heart failure — 11 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7-30-54, 19___, *to* 11-12-65, 19___, *that I last saw the deceased alive on* 11-12-65, 19___, *and that death occurred at* 5:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
250 W. Miller MD	222 East Elm--Caldwell, Idaho	11-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 16, 1965	Cloverdale Mem. Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 18-1965	Freda D. Hunt, Deputy	Merville D. Davis	E-399

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES: MAY 3 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4938
Local Reg. No. 143
Reg. Dist. No. 360

RECEIVED NOV 30 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 14
b. CITY OR TOWN Caldwell
LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION Blakley's Nursing Home 177

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon 14
c. CITY OR TOWN Caldwell
d. STREET ADDRESS 318-2nd St. So.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Dora	Ellen	Patrick	Nov. 13, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Jan 23, 1885	80	9	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	01	Odell, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Mort	Unknown	Hannah Richardson	Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	No	x Vera Blaswell	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	CONGESTIVE HEART FAILURE 420.0	3 d.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	ASHD	10 yrs
DUE TO (c)	GENERALIZED ARTERIOSCLEROSIS	20 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	CEREBRAL VASCULAR INSUFF.	3 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/12, 1965, *to* 11/13, 1965, *that I last saw the deceased alive on* 11/13, 1965, *and that death occurred at* 10a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
424 Donald Rose MD	Caldwell Ida	11/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 16, 1965	Hillcrest Mem. Garden	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 27-1965	Freda E. Hunt, Deputy	Merville D Davis	E-399

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form PH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 1 5 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4939 N.C.
Local Reg. No. 252
Reg. Dist. No. 363

Certificate of Death

RECEIVED
NOV 30 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital 049

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Franklin
b. (Middle): Leontine
c. (Last): Thomas

4. DATE OF DEATH (Month) (Day) (Year): Nov. 13, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 29, 1868
9. AGE (In years last birthday): 97 — IF UNDER 1 YEAR: Months – Days 4 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Wolcott, Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Cicero Franklin — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Eliza Jane — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: X R. R. Thomas — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerotic vascular disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 25, 1965, *to* Nov 13, 1965, *that I last saw the deceased alive on* Nov 12, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Graydon D Cron MD
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 11-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 17, 1965
24c. NAME OF CEMETERY OR CREMATORY: Parma Cemetery
24d. LOCATION (City, town, or county) (State): Param, Idaho

DATE REC'D BY LOCAL REG.: Nov. 28, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Merville D Davis
LICENSE NO.: E399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis Chapel, Caldwell

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4940
Local Reg. No. 254
Reg. Dist. No. 363

Certificate of Death

RECEIVED
NOV 30 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho State School & Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington 48
b. COUNTY: Bonner (Idaho) 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Newport
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Fred
b. (Middle): Coy 052
c. (Last): Pulford

4. DATE OF DEATH (Month) Nov. (Day) 14 (Year) 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 1-17-47
9. AGE (In years last birthday): 18 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Newport, Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fred Gordon Pulford — BIRTHPLACE: Newport, Wash.
14. MOTHER'S MAIDEN NAME: Edna Morse Campbell — BIRTHPLACE: Williamsberg, W.Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Evelyn Fox, A.R.T. — ADDRESS: Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

493X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Sept., 1965 *to* 14 Nov., 1965, *that I last saw the deceased alive on* 14 Nov., 1965, *and that death occurred at* 2:30 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D. 345
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: Nov 17, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 11-15-65
24c. NAME OF CEMETERY OR CREMATORY: NEW PORT, WASHINGTON
24d. LOCATION (City, town, or county) (State): NEW PORT, WASHINGTON

DATE REC'D BY LOCAL REG.: Nov. 28 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. FUNERAL DIRECTOR: M. B. Shepherd — SHEPHERD MORTUARY
ADDRESS: NAMPA, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

Certificate of Death

STATE OF IDAHO

State File No. 1941 NC
Local Reg. No. 233
Reg. Dist. No. 363

BIRTH NO.

RECEIVED NOV 30 1965

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melba
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) EDGAR b. (Middle) R. 049 c. (Last) GANT

4. DATE OF DEATH (Month) (Day) (Year): November 14, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 21, 1892
9. AGE (In years last birthday): 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Mechanic 10
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Minneapolis Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oliver P. Gant BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Zoa Alley BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 05 9681
17. INFORMANT'S OWN SIGNATURE: Mrs E P Gant ADDRESS: McCa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease 420.0 — INTERVAL BETWEEN ONSET AND DEATH: 1 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ~~DUE TO (b)~~ & Decompensation
DUE TO (c): Pulmonary Emphysema

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Anemia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1965, to Nov 14, 1965, that I last saw the deceased alive on Nov 14, 1965, and that death occurred at 11:20A m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] 322 (Degree or title)
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 16, 1965
24c. NAME OF CEMETERY OR CREMATORY: Melba Cemetery
24d. LOCATION (City, town, or county) (State): Melba Idaho

DATE REC'D BY LOCAL REG.: Nov. 28, 1965
REGISTRAR'S SIGNATURE: Janet Steck
25. EMBALMER: Jerry J. Krouse
LICENSE NO.: E-447
FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC. 1 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 30 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 4942
Local Reg. No. 144
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140 b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. # 6

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Zeb	F.	Wilson	Nov. 15, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced 4	Sept. 11, 1887	78	2	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	01	Fannon County, Georgia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Johnathan Wilson	Unknown	Laura Ford	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	518-16-7251	+ Zilma D. Hodge	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	pneumonia 493X	4d
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	CVA-	18 mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April 6, 1963, *to* Nov 15, 1965, *that I last saw the deceased alive on* Nov 15, 1965 *and that death occurred at* 3:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Neal G. Nicholson MD	Caldwell	17-Nov-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 19, 1965	Wilder Cemetery	Wilder, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 27-65	Freda F. Hunt, Deputy	Merville D. Davis	E-399

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 29 1976

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4943
Local Reg. No. 255
Reg. Dist. No. 363

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

NOV 30 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 142 Canyon 2-08
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (In this place) 8 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idaho State School and Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 140
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Keith
b. (Middle) 052
c. (Last) Sorrell

4. DATE OF DEATH (Month) Nov. (Day) 16 (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH 7-27-63
9. AGE (In years last birthday) 2 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 02
10b. KIND OF BUSINESS OR INDUSTRY 00
11. BIRTHPLACE (State or foreign country) Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Kenneth Sorrell — BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME Dorine Johnson — BIRTHPLACE Douglas County, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Evelyn F. Fox, A.R.T. — ADDRESS Nampa

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Lactosuria — birth

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 8, 1965, *to* 16 November 1965, *that I last saw the deceased alive on* 16 November, 1965 *and that death occurred at* 7:30 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE 345 (Degree or title) M.D.
23b. ADDRESS Nampa, Idaho
23c. DATE SIGNED 11-22-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 19, 1965
24c. NAME OF CEMETERY OR CREMATORY Fargo Cemetery
24d. LOCATION (City, town, or county) Wilder (State) Idaho

DATE REC'D BY LOCAL REG. Nov 27, 1965
REGISTRAR'S SIGNATURE Jane Steck
25. FUNERAL DIRECTOR Ron W. Sinigeane — ADDRESS E-496

Federal Security Agency
United States Public Health Service

Form DPH-48021

ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

Certificate of Death

STATE OF IDAHO

State File No. 4944
Local Reg. No. 237
Reg. Dist. No. 362

RECEIVED

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: CANYON 142 — NOV 24 1965 — 4-01
b. CITY OR TOWN: NAMPA — Bureau of Vital Statistics — c. LENGTH OF STAY IN (this place): 1 HR.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HSOPITAL 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 142 — b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 412 LOCUST ST.

3. NAME OF DECEASED (Type or Print): a. (First) ALBERT — b. (Middle) W. — c. (Last) SPAULDING

4. DATE OF DEATH: (Month) NOV. (Day) 16, (Year) 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED 3	AUG. 20, 1902	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CUSTODIAN 11	PUBLIC SCHOOLS 86	BOSTON, MASS.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
GEORGE D. SPAULDING	MASS.	ELVIRA KELTON	CUBA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	547-07-7624	X Wayne Spaulding	NAMPA, IDAHO

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11-16-, 1965, *to* 11-16-, 1965, *that I last saw the deceased alive on* 11-16-, 1965, *and that death occurred at* 2:50A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harold W. Brown MD	NAMPA, IDAHO	11-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
CREMATION	11-19-65	MT. VIEW CREMATORY	BOISE, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 20 1965	Jane Doe	W. B. Stephens	473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

NOV 29 1965

APR 1 1966

AUG 17 1973

MAY 06 2010

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4945
Local Reg. No. 145
Reg. Dist. No. 360

BIRTH NO.

RECEIVED NOV 30 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon 140 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Meyers Nursing Home 179

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Minnie
b. (Middle): E.
c. (Last): Kerrick

4. DATE OF DEATH (Month) (Day) (Year): Nov. 17, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: June 21, 1869

9. AGE (In years last birthday): 96
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 60

10b. KIND OF BUSINESS OR INDUSTRY: 60

11. BIRTHPLACE (State or foreign country): Kentland, Indiana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Cockerline
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Whyte
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Walter E Kerrick
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardio vascular disease, — INTERVAL BETWEEN ONSET AND DEATH: indefinit

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c) with a probable Cerebro vascular Accident — 2 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 1960, *to* 11-17, 1965, *that I last saw the deceased alive on* 11-17, 1965, *and that death occurred at* 6:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter E Kerrick 280
(Degree or title): MD
23b. ADDRESS: 1819 Ellis St Caldwell Idaho
23c. DATE SIGNED: 11-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 20, 1965
24c. NAME OF CEMETERY OR CREMATORY: Parma Cemetery
24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: 11-27-65
REGISTRAR'S SIGNATURE: Freda P. Hunt, Deputy
25. EMBALMER: James R Allan
LICENSE NO.: E-485
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4946
Local Reg. No. 256
Reg. Dist. No. 363

BIRTH NO.

RECEIVED NOV 30 1965 Bureau of Vital Statistics

1. PLACE OF DEATH — a. COUNTY: 142 Canyon 000 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa — STAY (in this place): 000

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho State School & Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 000 — b. COUNTY — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian — d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Harold	C. 052	Williamson	Nov. 17 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	never married	12-25-12	52		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00 — 10b. KIND OF BUSINESS OR INDUSTRY: 00 — 11. BIRTHPLACE (State or foreign country): Nebraska — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: F. C. Williamson — BIRTHPLACE: Thurman, Iowa

14. MOTHER'S MAIDEN NAME: Linnie B. Read — BIRTHPLACE: Grandridge, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Evelyn F. Foy, A.R.N. — ADDRESS: Nampa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pancreatic carcinoma — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 1 July, 1963, *to* 17 Nov., 1965, *that I last saw the deceased alive on* 17 Nov., 1965, *and that death occurred at* 5:40 a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Nampa	Nov 22, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	11-18-65	CLOVERDALE MEM. PARK	BOISE, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov. 27, 1965	[signature]	SHEPHERD MORTUARY	NAMPA, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

M.B. Shepherd 473

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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State File No. 4947
Local Reg. No. 146
Reg. Dist. No. 360

Certificate of Death

RECEIVED NOV 30 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, 1204 Dearbonr St. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1204 Dearborn St.

3. NAME OF DECEASED (Type or Print)
a. (First): Rosa
b. (Middle): Leona
c. (Last): Beers

4. DATE OF DEATH (Month) (Day) (Year): Nov. 21, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: April 14, 1883
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91
10b. KIND OF BUSINESS OR INDUSTRY: 03
11. BIRTHPLACE (State or foreign country): Jordan Valley, Oregon
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Beers — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Mary E. Anawalt — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 565-10-8998
17. INFORMANT'S OWN SIGNATURE: Helen W Jarvis — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suspected acute myocardial infarction — immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis generalized — 5 years
DUE TO (c) Angina on effort — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1960, *to* 11-21, 1965, *that I last saw the deceased alive on* Oct, 1965, *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE 280 (Degree or title): Charles E Kenrick MD
23b. ADDRESS: 1819 Ellis St. Caldwell Idaho
23c. DATE SIGNED: 11-25-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Nov. 24, 1965
24c. NAME OF CEMETERY OR CREMATORY: Jordan Valley Cemetery
24d. LOCATION (City, town, or county) (State): Jordan Valley, Oregon

DATE REC'D BY LOCAL REG.: 11-27-65
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: Merville D Davis
LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 1 4 1966

DUTIES:

FEB 1 6 1995

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4948
Local Reg. No. 153
Reg. Dist. No. 360

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

DEC 7 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 141 Canyon 3-17
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place): 17da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 702 South 7th

3. NAME OF DECEASED (Type or Print)
a. (First): Jewel
b. (Middle): Fern 051
c. (Last): Henderson

4. DATE OF DEATH (Month) 11 (Day) 21 (Year) 65

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: June 27, 1900
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 4, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper 40
10b. KIND OF BUSINESS OR INDUSTRY: County Clerk 01
11. BIRTHPLACE (State or foreign country): Grady, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Judson L Henderson Pangborn, Ark.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Anna E Marsh Pangborn, Ark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 445-07-2241
17. INFORMANT'S OWN SIGNATURE — ADDRESS: x Corrine Thompson

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Carcinoma rt. lung — 3 mo

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 5 Nov 65
19b. MAJOR FINDINGS OF OPERATION: Metastatic cancer from lung to rt. supraclavicular glands
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 17 Sept, 1965, *to* 21 Nov, 1965, *that I last saw the deceased alive on* 21 Nov, 1965, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S D Simpson 473 M D
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 23 Nov 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/24/65
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Dec 6, 1965
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: Leonard C. Flahiff
LICENSE NO.: E-481

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 15 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4949
Local Reg. No. 148
Reg. Dist. No. 360

RECEIVED
DEC 7 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALDWELL
LENGTH OF STAY (in this place): 9 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CALDWELL MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 142
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 1015 11th AVE. SOUTH

3. NAME OF DECEASED (Type or Print)
a. (First): LINDA
b. (Middle): PEARL
c. (Last): EVANS

4. DATE OF DEATH: (Month) NOV. (Day) 23, (Year) 1965

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: APRIL 1, 1884
9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOME-MAKER 01
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME 01
11. BIRTHPLACE (State or foreign country): CLARKSVILLE, ARKANSAS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: THOMAS E. MANSKER
BIRTHPLACE: NO RECORD
14. MOTHER'S MAIDEN NAME: MARTHA STEWART
BIRTHPLACE: NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: x Mrs. L. L. Harris
ADDRESS: NAMPA, IDA

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4648

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): (a) Acute pulmonary embolization
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): (b) Thrombophlebitis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arteriosclerosis, severe, generalized; with previous dissection of the aorta

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-24-64, 19___, *to* 11-23-65, 19___, *that I last saw the deceased alive on* 11-23-65, 19___, *and that death occurred at* 4:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 505 Lyle Stones, M.D.
23b. ADDRESS: CALDWELL, IDAHO
23c. DATE SIGNED: 11-25-65

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11-26-65
24c. NAME OF CEMETERY OR CREMATORY: KOHLER LAWN CEMETERY
24d. LOCATION (City, town, or county) (State): NAMPA, IDAHO

DATE REC'D BY LOCAL REG.: Dec 3, 1965
REGISTRAR'S SIGNATURE: Freda B. Hurd, Deputy
25. EMBALMER: W. B. Shepherd
LICENSE NO.: 473
FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4950
Local Reg. No. 147
Reg. Dist. No. 360

RECEIVED
NOV 30 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blakley's Nursing Home 177

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Kenishi
b. (Middle):
c. (Last): Kishiyama

4. DATE OF DEATH (Month) (Day) (Year): Nov. 24, 1965

5. SEX: Male
6. COLOR OR RACE: Japanese 5
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 13, 1888
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 7, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Japan
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Renzo Kishiyama — BIRTHPLACE: Japan
14. MOTHER'S MAIDEN NAME: Kan Kobayashi — BIRTHPLACE: Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Reo. Kishiyama — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic myocarditis & Malnutrition

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis and emphysema
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-14, 1958, *to* 11-24, 1965, *that I last saw the deceased alive on* 11-22, 1965, *and that death occurred at* 10:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE: S. Kellogg 275 (Degree or title) MD
23b. ADDRESS: 1201 So. Kimball Ave. Caldwell, Idaho
23c. DATE SIGNED: 11-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 2
24b. DATE: Nov. 26, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Memorial
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-27-65
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: Kenneth E. Spence
LICENSE NO.: E-395

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 9 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4951
Local Reg. No. 257
Reg. Dist. No. 363

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Canyon 142 DEC 8 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa Bureau of Vital Statistics
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Parkview Nursing Home 296

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 010 b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Meridian
d. STREET ADDRESS (If rural, give location) 222 W. Idaho

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Arms c. (Last) Lyman

4. DATE OF DEATH (Month) (Day) (Year) Nov. 25, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH July 25, 1890
9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer and Carpenter 04
10b. KIND OF BUSINESS OR INDUSTRY Retired 01
11. BIRTHPLACE (State or foreign country) Wichita, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Sylvester Lyman BIRTHPLACE Unk
14. MOTHER'S MAIDEN NAME Fannie Dean BIRTHPLACE Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-22-6598
17. INFORMANT'S OWN SIGNATURE Gladys Lyman ADDRESS Meridian

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Lung — INTERVAL BETWEEN ONSET AND DEATH Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-9-, 1965, *to* 11-25-65, 19__, *that I last saw the deceased alive on* 11-25-, 1965, *and that death occurred at* 11:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert C. Kay MD 217 (Degree or title)
23b. ADDRESS 619 So. Canyon, Nampa, Idaho
23c. DATE SIGNED 11-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-30-65
24c. NAME OF CEMETERY OR CREMATORY Meridian Cemetery
24d. LOCATION (City, town, or county) (State) Meridian, Idaho

DATE REC'D BY LOCAL REG. Dec. 4, 1965
REGISTRAR'S SIGNATURE Jane Fuck
25. EMBALMER Leo Jerread
LICENSE NO. E-366

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Robison Chapel of the Chimes

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 18 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4952
Local Reg. No. 358
Reg. Dist. No. 362

BIRTH NO.

RECEIVED
DEC 8 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 319-8 Avenue North

3. NAME OF DECEASED (Type or Print): a. (First) THOMAS b. (Middle) J. c. (Last) SWORD

4. DATE OF DEATH (Month) (Day) (Year): November 25, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: March 8, 1887

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer & Laundry Emp.

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Pikeville, Kentucky

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: L.B. Sword

BIRTHPLACE: no record

14. MOTHER'S MAIDEN NAME: no record

BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518 10 8215

17. INFORMANT'S OWN SIGNATURE: Jane Sword
ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Cerebro-Vascular Disease — 19 mos

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-2, 1950, *to* 11-25, 1965, *that I last saw the deceased alive on* 11-24, 1965, *and that death occurred at* 7:15A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J C Horton MD

23b. ADDRESS: 1223-7 St So, Nampa

23c. DATE SIGNED: 11-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 29, 1965

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery

24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Dec. 4, 1965

REGISTRAR'S SIGNATURE: Jane Sword

25. EMBALMER: Jerry J. Krouse

LICENSE NO.: E-447

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4953
Local Reg. No. 259
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED
DEC 15 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 142
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 1 Year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 507 6th Ave. So. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 507 6th Ave. So.

3. NAME OF DECEASED (Type or Print)
a. (First): Louis
b. (Middle): W.
c. (Last): Scheuman

4. DATE OF DEATH (Month) (Day) (Year): November 26, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Aug. 12, 1874
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tool & Die Maker 17
10b. KIND OF BUSINESS OR INDUSTRY: Machinist 08
11. BIRTHPLACE (State or foreign country): Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Augustus Scheuman — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Mena — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 551 05 2116
17. INFORMANT'S OWN SIGNATURE — ADDRESS: x Doeny Russell - Nampa, Ida

18. CAUSE OF DEATH 334X
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): OLD AGE

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): CEREBRAL ARTERIOSCLEROSIS
DUE TO (c): GENERALIZED ARTERIOSCLEROSIS

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-19- *, 19*61*, to* 11-26- *, 19*65*, that I last saw the deceased alive on* 11-26- *, 19*65*, and that death occurred at* 5:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 454 J. Salter
23b. ADDRESS: Nampa
23c. DATE SIGNED: 12/1/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 30, 1965
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Dec. 11, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Larry J. Krouse
LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 21 1965

APR 30 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4954
Local Reg. No. 149
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 7 1965 Bureau of Vital Statistics

BIRTH NO. Amended 11/15/78

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1218 Denver St.

3. NAME OF DECEASED (Type or Print)
a. (First): Lottie
b. (Middle): B.
c. (Last): Martin

4. DATE OF DEATH (Month) (Day) (Year): Nov. 26. 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: August 16, 1892
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Bassett, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Harrison H. Burgett — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Susanna Woodard Miller — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-16-0401
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cerebral Arteriosclerosis — YRS.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death*: Residuals of Previous CVA

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 17, 1962, *to* Nov. 26, 1965, *that I last saw the deceased alive on* Nov. 26, 1965, *and that death occurred at* 10:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Oakes H. Hoover 245 (Degree or title): M.D.
23b. ADDRESS: Caldwell, Idaho
23c. DATE SIGNED: 11/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 29.1965
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Dec 3, 1965
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: Merville D Davis — LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 22 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 15 2 38 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 65-4954

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)
for Lottie B. Martin (Name on Original Certificate) who died (Was Born or Died) on Nov. 26, 1965 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Military records prepared on Oct. 30, 1915 Feb. 23, 1918 (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
father's name	Henry H. Burgett	Harrison H. Burgett
mother's name	Susanah W. Miller	Susanna Woodard Miller

Subscribed and sworn to before me this 6th day of November, 19 78

Douglas R. Quarles
Notary Public, residing at Caldwell
My commission expires .....
(Seal)

Signed Calvin D. Colter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of CANYON } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of November, 19 78

Douglas R. Quarles
Notary Public, residing at CALDWELL
My commission expires .....
(Seal)

Signed Jane E. Bowman
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

3/22/78 one cc as is

Declaration for Original Pension of an Invalid for the State of Nebraska dated 1 July 1875 gives name of Claimant as Harrison H. Burgett. viewed by V.S.

Marriage record from Hampton, Iowa, dated 7/16/65 (copy issued 2/3/70) gives name of Groom as Harrison H. Burgett. viewed by V.S.

Family record that is obviously old, gives name of child born to Harrison H. Harrison" Burgett as Susanna W. Miller. viewed by V.S.

Obituary from the Rock County Leader for Susanna Woodard Miller Burgett died 10/27/33. viewed by V.S.

Certificate of Death

STATE OF IDAHO

State File No. 4955
Local Reg. No. 150
Reg. Dist. No. 360

BIRTH NO.

RECEIVED
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: CANYON 14 DEC 7 1965 000
b. CITY OR TOWN: CALDWELL
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: MEMORIAL HOSPITAL 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 320
b. COUNTY: OWYHEE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HOMEDALE
d. STREET ADDRESS (If rural, give location): BOX 305

3. NAME OF DECEASED (Type or Print): a. (First) Dr. Frank b. (Middle) E. c. (Last) Tuttle

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 26, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: April 18, 1897

9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 7, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Dentist 14

10b. KIND OF BUSINESS OR INDUSTRY: 04

11. BIRTHPLACE (State or foreign country): Greenfield, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lon Tuttle — BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: May Sampson — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 3 War I & War II 4-22-2

16. SOCIAL SECURITY NO.: 547-05-1234

17. INFORMANT'S OWN SIGNATURE: Estelle Tuttle — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Perforated duodenal ulcer — 1 week

19a. DATE OF OPERATION: 11-24-65

19b. MAJOR FINDINGS OF OPERATION: Perforated duodenal ulcer & pancreatitis

20. AUTOPSY? YES [V] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 21, 1965, *to* Nov 26, 1965, *that I last saw the deceased alive on* Nov 26, 1965, *and that death occurred at* 11:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 570 (Degree or title): MD

23b. ADDRESS: Homedale Ida

23c. DATE SIGNED: 11-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 30, 1965

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Dec 3, 1965

REGISTRAR'S SIGNATURE: Freda D. Hunt, Deputy

25. EMBALMER: Merville D Davis

LICENSE NO.: E-399

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES: JAN 6 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4956
Local Reg. No. 155
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 7 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell, Idaho 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 810 Fillmore

3. NAME OF DECEASED (Type or Print)
a. (First): CLYDE
b. (Middle): FORREST
c. (Last): DAVIS

4. DATE OF DEATH (Month) 11 (Day) 26 (Year) 65

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 14, 1886
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 10 Days 12 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Harness Maker 78
10b. KIND OF BUSINESS OR INDUSTRY: Retired 07
11. BIRTHPLACE (State or foreign country): Ashland, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Issac Davis — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-24-6847
17. INFORMANT'S OWN SIGNATURE: x Mrs Clyde Davis — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Coronary sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death*: asthma, pulmonary emphysema, pyelonephritis - bilaterally

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-24, 1965, *to* 11-26, 1965, *that I last saw the deceased alive on* 11-26, 1965, *and that death occurred at* 11:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 166 M.D.
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 11-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/29/65
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Dec 6, 1965
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: Leonard C. Flahiff — LICENSE NO.: E-481

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 9 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 28 1981

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4957
Local Reg. No. 160
Reg. Dist. No. 360

BIRTH NO.

RECEIVED
DEC 22 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon 14 100
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Park Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 14
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 702 S. 7th

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): 05
c. (Last): Hartig

4. DATE OF DEATH (Month) (Day) (Year): Nov. 27, 1965

5. SEX: Male

6. COLOR OR RACE: Wht

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: June 1, 1910

9. AGE (In years last birthday): 55
IF UNDER 1 YEAR — Months: 5 Days: 26
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): Obendnedorf, Rumania

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-44-5632

17. INFORMANT'S OWN SIGNATURE: John Loescher
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

422.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept. 22, 1964, *to* Nov. 27, 1965, *that I last saw the deceased alive on* August 23, 1965, *and that death occurred at* 3 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. W. Kellogg 275 (Degree or title): MD

23b. ADDRESS: 1201 S. Kimball, Caldwell, Idaho

23c. DATE SIGNED: 7 Dec. 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 30, 1965

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Dec 18, 1965

REGISTRAR'S SIGNATURE: Freda G. Hurd Deputy

25. EMBALMER: Merville D. Davis

LICENSE NO.: E-399

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

FEB 22 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAY 24 1996

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4958
Local Reg. No. 260
Reg. Dist. No. 362

Certificate of Death

RECEIVED
DEC 15 1965
Bureau of Vital Statistics

BIRTH NO.

STATE OF IDAHO

1. PLACE OF DEATH 142
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township or other place): Nampa
c. LENGTH OF TOWN (If outside corporate limits, write RURAL and give township): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Downtown--- Nampa 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 229 Smith

3. NAME OF DECEASED (Type or Print)
a. (First): Mildred
b. (Middle): Mabel
c. (Last): Curry

4. DATE OF DEATH (Month) (Day) (Year): Nov. 27, 1965

5. SEX: F.
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 6, 1903
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook 49
10b. KIND OF BUSINESS OR INDUSTRY: Cafe 02
11. BIRTHPLACE (State or foreign country): Fergus Falls, Minnesota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Admiral B. Middlekauff — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Martha A. Edgerton — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 28 3368
17. INFORMANT'S OWN SIGNATURE: Garfield F. Curry — ADDRESS: Nampa

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — 420.1

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* found dead, *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 12:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesch M.D. Coroner 583 4
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 12-4-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 1, 1965
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Canyon County Idaho

DATE REC'D BY LOCAL REG.: Dec. 11 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Gary T. Krouse
LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 18 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4959
Local Reg. No. 158
Reg. Dist. No. 360

Certificate of Death

RECEIVED
DEC 13 1965
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 DEC 13 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township or location): Caldwell, Idaho
c. LENGTH OF STAY (If outside place): Dur. of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 1311½ Cleveland

3. NAME OF DECEASED (Type or Print)
a. (First): Danial
b. (Middle): Leo 051
c. (Last): Glynn

4. DATE OF DEATH (Month) 11 (Day) 28 (Year) 65

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 14, 1887
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 6 Days 15 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91
10b. KIND OF BUSINESS OR INDUSTRY: Railroad Fireman 83
11. BIRTHPLACE (State or foreign country): Stillwater, Minnesota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Patrick Glynn — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Mary Jane McGinnis — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 201-12-4451
17. INFORMANT'S OWN SIGNATURE: x Mrs. Pearl Godfree — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Vascular Accident	1-2 days
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Marked Senility	5 YRS.

331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 11, 1963, *to* Nov. 28, 1965, *that I last saw the deceased alive on* Nov. 28, 1965, *and that death occurred at* 1:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Oaks H. Hoover M.D. 243
23b. ADDRESS: Caldwell, Idaho
23c. DATE SIGNED: 12/11/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 12/1/65
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Gardens
24d. LOCATION (City, town, or county) (State): Whitefist, Montana

DATE REC'D BY LOCAL REG.: Dec 11, 1965
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: Leonard C. Flahiff
LICENSE NO.: E-481

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 20 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4960
Local Reg. No. 137
Reg. Dist. No. 360

Certificate of Death

RECEIVED
DEC 7 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (In this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 411 Washington Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Leta
b. (Middle): 051
c. (Last): RUSE

4. DATE OF DEATH (Month) (Day) (Year): Nov. 28, 1965

5. SEX: female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Aug. 22, 1891
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Hamburg, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Taylor McCracken — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Alice Shirley — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519 40 1518
17. INFORMANT'S OWN SIGNATURE: Marvin Ruse — ADDRESS: Caldwell, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coronary sclerosis — 14 Days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: previous myocardial infarctions

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-16, 1965, *to* 11-28, 1965, *that I last saw the deceased alive on* 11-28, 1965, *and that death occurred at* 8:30A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 166 MM
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 11-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 3, 1965
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county): Canyon County — (State): Idaho

DATE REC'D BY LOCAL REG.: Dec 3, 1965
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: Tony T. Krouse — LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4961
Local Reg. No. 267
Reg. Dist. No. 362

Certificate of Death

RECEIVED
DEC 15 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 416 Almond

3. NAME OF DECEASED (Type or Print)
a. (First): ALVIN
b. (Middle): C. 049
c. (Last): HULL

4. DATE OF DEATH (Month) (Day) (Year): Nov. 28, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: August 30, 1884
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): New Albany Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles E. Hull — BIRTHPLACE: New York State
14. MOTHER'S MAIDEN NAME: Myrtle Munger — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Roscoe R. Hull — ADDRESS: Bozeman, Mont.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 521X Abscess Rt. lung & Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: Yes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Ant. Sal Cardio V. Dis. — Yes

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-6-, 1952, *to* 11-28-65, 19__, *that I last saw the deceased alive on* 11-28-, 1965, *and that death occurred at* 1:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Gerald E. Wesche 559 (Degree or title) MD
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 12-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 1, 1965
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county): Canyon County (State): Idaho

DATE REC'D BY LOCAL REG.: Dec. 11, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: John F. Alsip Jr. — LICENSE NO. E361
FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 16 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 16 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4962
Local Reg. No. 362
Reg. Dist. No. 362

RECEIVED DEC 15 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 142 Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 142 Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 416-16th Ave North

3. NAME OF DECEASED (Type or Print) a. (First) Hermine b. (Middle) Caroline c. (Last) Schaefer

4. DATE OF DEATH (Month) (Day) (Year) Nov. 30, 1965.

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH Feb. 16, 1884.

9. AGE (In years last birthday) 81
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Home 01

11. BIRTHPLACE (State or foreign country) Hanover, Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Oberman
BIRTHPLACE Germany

14. MOTHER'S MAIDEN NAME Unknown
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-22-6693

17. INFORMANT'S OWN SIGNATURE Richard L. Schaefer ADDRESS -Nampa, Idaho

18. CAUSE OF DEATH 331X

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension — 5 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1960, *to* Nov. 30, 1965, *that I last saw the deceased alive on* Nov. 30, 1965, *and that death occurred at* 10:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE L. W. Koehn (Degree or title) M.D

23b. ADDRESS Nampa, Idaho

23c. DATE SIGNED Dec. 3, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec. 3, 1965.

24c. NAME OF CEMETERY OR CREMATORY Hillcrest Memorial Gardens, Nampa, Canyon, Idaho

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Dec. 11, 1965

REGISTRAR'S SIGNATURE Jane Steck

25. EMBALMER Larry J. Krouse

LICENSE NO. E-447

FIRM NAME: Aysip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death ~~occurred~~ for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4963
Local Reg. No. 13
Reg. Dist. No. 520-521

RECEIVED DEC 8 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Caribou 150
b. CITY OR TOWN Soda Springs
c. LENGTH OF STAY (If this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Caribou 150
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Soda Springs
d. STREET ADDRESS (If rural, give location) 371 Court

3. NAME OF DECEASED (Type or Print)
a. (First) Reuben
b. (Middle) Ross 069
c. (Last) Godfrey

4. DATE OF DEATH (Month) (Day) (Year) Nov. 7, 1965

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 2
8. DATE OF BIRTH April 13, 1935
9. AGE (In years last birthday) 30 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic 10
10b. KIND OF BUSINESS OR INDUSTRY Monsanto Chemical Co. 01
11. BIRTHPLACE (State or foreign country) Soda Springs, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Reuben Godfrey BIRTHPLACE Clarkston, Utah
14. MOTHER'S MAIDEN NAME Hermoine Christensen BIRTHPLACE Weston, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-32-1355
17. INFORMANT'S OWN SIGNATURE x Darlene Godfrey ADDRESS Soda Springs, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchiectasis 526X — INTERVAL BETWEEN ONSET AND DEATH 7 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1965, *to* Nov 7, 1965, *that I last saw the deceased alive on* Nov 7, 1965, *and that death occurred at* ____ p m., *from the causes and on the date stated above.*

23a. SIGNATURE 535 Lowell Tigert (Degree or title) MD
23b. ADDRESS Soda Springs Ida
23c. DATE SIGNED 12-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/11/65
24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery
24d. LOCATION (City, town, or county) (State) Soda Springs, Idaho

DATE REC'D BY LOCAL REG. 12-6-65
REGISTRAR'S SIGNATURE Darlene Cherrett
25. EMBALMER Theodore A Allen
LICENSE NO. E370

FIRM NAME: Allen Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 9 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4964
Local Reg. No. 19
Reg. Dist. No. 520-521

Certificate of Death

RECEIVED
DEC 8 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou 150 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (If outside place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 150
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lago
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) 069 c. (Last): Una May Hansen

4. DATE OF DEATH (Month) (Day) (Year): Nov. 15, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: April 24, 1905
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): rancher 04
10b. KIND OF BUSINESS OR INDUSTRY: stock raising 06
11. BIRTHPLACE (State or foreign country): Lago, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Lars P. Hansen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Dorothea Mickelsen — BIRTHPLACE: Huntsville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 579-42-8250
17. INFORMANT'S OWN SIGNATURE: Emil Hansen — ADDRESS: Lago, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4917

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 15 Nov, 1965, *to* 15 Nov, 1965, *that I last saw the deceased alive on* 15 Nov, 1965, *and that death occurred at* 9:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Russell Tigert 535 MD
23b. ADDRESS: Soda Springs Idaho
23c. DATE SIGNED: 12-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/18/65
24c. NAME OF CEMETERY OR CREMATORY: Lago Cemetery
24d. LOCATION (City, town, or county) (State): Lago, Caribou, Idaho

DATE REC'D BY LOCAL REG.: 12-6-65
REGISTRAR'S SIGNATURE: Dartil Cherrett
25. EMBALMER: Theodore P Allen
LICENSE NO.: E370

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 15 2009

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 15 2009

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4965
Local Reg. No. 1485
Reg. Dist. No. 470

BIRTH NO.

RECEIVED NOV 10 1965

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Cassia 16 — F-30
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley (Burley)
c. LENGTH OF STAY (in this place): ½ hour

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16 b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 840 Albion Ave.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

3. NAME OF DECEASED (Type or Print): a. (First) Alvino b. (Middle) Rubio 670 c. (Last) Garcia

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 3, 1965

5. SEX: male

6. COLOR OR RACE: Mexican

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Feb. 2, 1907

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 58

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 04

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 02

11. BIRTHPLACE (State or foreign country): Cotulla, Texas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Manuel Garcia — BIRTHPLACE: Texas

14. MOTHER'S MAIDEN NAME: Paula Rubio — BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 464-12-3884

17. INFORMANT'S OWN SIGNATURE: Alvino Garcia jr. ADDRESS: Burley

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: about 5 hr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) probable arteriosclerotic cardio-vascular disease.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) | **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 10-30-65, 19___, *to* 11-3-65, 19___, *that I last saw the deceased alive on* 10-30-65, 19___ *and that death occurred at* 6:50a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D. | **23b. ADDRESS**: Snow Bldg. Burley, Idaho 83318 | **23c. DATE SIGNED**: 11-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial | **24b. DATE**: 11/8/65 | **24c. NAME OF CEMETERY OR CREMATORY**: Pleasant View | **24d. LOCATION** (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Nov. 9, 1965 | **REGISTRAR'S SIGNATURE**: Beth A. Pinson | **25. EMBALMER** | **LICENSE NO.**: E-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

NOV 12 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 6 1979

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4966
Local Reg. No. 1487
Reg. Dist. No. 470

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 17 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley Bur
c. LENGTH OF STAY (in this place): 25 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital 070

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 161
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1003 Schodde Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Elsa
b. (Middle):
c. (Last): Jeffs

4. DATE OF DEATH (Month) (Day) (Year): Nov. 7, 1965

5. SEX: female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 17, 1881
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 4, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Basin, Cassia County, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME — BIRTHPLACE: James Dayley, Little Pidgeon, Ohio
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Caroline Hardy, St. George, Maine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: 519-16-3402
17. INFORMANT'S OWN SIGNATURE — ADDRESS: [signature] 523 Grandview Burley Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Medical

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generally Arteriosclerotic Heart Dis — 10 yr.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-18-52, 19__, *to* 11-7-65, 19__, *that I last saw the deceased alive on* 11-7-65, 19__, *and that death occurred at* 7:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 526 MD
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 8 Nov 65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Nov. 12, 1965
24c. NAME OF CEMETERY OR CREMATORY: Basin Cemetery,
24d. LOCATION (City, town, or county) (State): Basin, Cassia County, Idaho

DATE REC'D BY LOCAL REG.: Nov. 12, 1965
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: Ormand F. Burch
LICENSE NO.: E-471

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MC CULLOCH FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4967
Local Reg. No. 1488
Reg. Dist. No. 470

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED NOV 17 1965

1. PLACE OF DEATH
a. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hwy 30 So. near Y-Dell 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 160
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley - rural
d. STREET ADDRESS (If rural, give location): 490 So. 450 E. View area Southeast of Burley

3. NAME OF DECEASED (Type or Print)
a. (First): Walter
b. (Middle): Ernest
c. (Last): Allen

4. DATE OF DEATH (Month) (Day) (Year): November 8, 1965

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 25, 1906
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 5, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Camesville, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: Samuel A. Allen, Parowan, Utah
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Thisbe Hanks, Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): World II 4
16. SOCIAL SECURITY NO.: 541-26-0908
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Mary Allen Burley Ida. Rt 2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Natural causes.
INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Investigated the death of *, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 6:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leslie L Fillmore MD 165 (Degree or title)
23b. ADDRESS: Box 668 Burley Ida.
23c. DATE SIGNED: 11-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Nov. 13, 1965 corner
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery, Burley,
24d. LOCATION (City, town, or county) (State): Idaho

DATE REC'D BY LOCAL REG.: Nov. 12, 1965
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: Armand F Burch
LICENSE NO.: E-471

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McCULLOCH FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 1 8 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 1 4 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 7 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4968
Local Reg. No. 1489
Reg. Dist. No. 470

RECEIVED NOV 26 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
LENGTH OF STAY (in this place) 650
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 160 b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Malta
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Marshall c. (Last) Barrett 870

4. DATE OF DEATH (Month) (Day) (Year) Nov. 13, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Oct. 13, 1889
9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Midway, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Riley Barrett BIRTHPLACE Lebanon, Tenn
14. MOTHER'S MAIDEN NAME Sarah Irene Avery BIRTHPLACE Lebanon, Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-18-7446
17. INFORMANT'S OWN SIGNATURE x Joseph W. Barrett ADDRESS Sacramento California

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Renal Failure — INTERVAL BETWEEN ONSET AND DEATH 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio-
DUE TO (c) Vascular Disease — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Decompensation — 5 years

443X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* _____, 19____, to Nov. 13, 1965, *that I last saw the deceased alive on* Nov. 13, 1965, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 321 M.D.
23b. ADDRESS Burley, Idaho
23c. DATE SIGNED 11/16/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 16, 1965
24c. NAME OF CEMETERY OR CREMATORY Malta Cemetery
24d. LOCATION (City, town, or county) Malta, Idaho (State)

DATE REC'D BY LOCAL REG. Nov. 22, 1965
REGISTRAR'S SIGNATURE Beth H. Pearson
25. EMBALMER
LICENSE NO. E-389
FIRM NAME: Paune Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 29 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

BIRTH NO. 65-11445

Certificate of Death

STATE OF IDAHO

State File No. 4969
Local Reg. No. 1490
Reg. Dist. No. 470

1. PLACE OF DEATH
a. COUNTY: Cassia 161 — 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 160
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): R.F.D. 2 Box 417

3. NAME OF DECEASED (Type or Print)
a. (First): Cynthia
b. (Middle): Lynn 070
c. (Last): Gill

4. DATE OF DEATH (Month) (Day) (Year): Nov. 21, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Nov. 20, 1965
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 1; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child 02
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Burley, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Richard A. Gill — BIRTHPLACE: Gooding, Idaho
14. MOTHER'S MAIDEN NAME: Roberta Lee Giles — BIRTHPLACE: Gooding, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Richard Gill — ADDRESS: Burley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral damage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prematurity
DUE TO (c): Maternal Rubella

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

7697

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 20, 1965, *to* Nov 21, 1965, *that I last saw the deceased alive on* Nov 21, 1965 *and that death occurred at* 9:55A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Eugene H. Holinger M.D. 239
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 11-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 23, 1965
24c. NAME OF CEMETERY OR CREMATORY: Richfield Cemetery
24d. LOCATION (City, town, or county) (State): Richfield, Idaho

DATE REC'D BY LOCAL REG.: Nov. 29, 1965
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: [signature]
LICENSE NO.: E-389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4970
Local Reg. No. 1491
Reg. Dist. No. 470

BIRTH NO. RECEIVED DEC 3 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Cassia 16 3-03
b. CITY OR TOWN Burley
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 160 b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Declo
d. STREET ADDRESS (If rural, give location) * * *

3. NAME OF DECEASED (Type or Print) a. (First) Harriet b. (Middle) Eola 070 c. (Last) Fisher

4. DATE OF DEATH (Month) (Day) (Year) Nov. 23, 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Nov. 7, 1891

9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Home 01

11. BIRTHPLACE (State or foreign country) Albion, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.U.

13. FATHER'S NAME Hyrum S. Lewis BIRTHPLACE Montpelier, Idaho

14. MOTHER'S MAIDEN NAME Harriet Hunsaker BIRTHPLACE Brigham City, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None 430-1

17. INFORMANT'S OWN SIGNATURE Estella B. Fisher ADDRESS Farmington, Utah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary thrombosis — 2 days
DUE TO (c) Coronary atherosclerosis — 5-7 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Mitral insufficiency — 40 yrs
Diabetes mellitus — 20 yrs
Myxedema — 1 yr

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-18-64, 19___, *to* 11-23-65, 19___, *that I last saw the deceased alive on* 11-23-, 19 65, *and that death occurred at* 1:50P m., *from the causes and on the date stated above.*

23a. SIGNATURE Payne W. Robinson (Degree or title) MD

23b. ADDRESS Burley, Idaho

23c. DATE SIGNED 11-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11/27/65

24c. NAME OF CEMETERY OR CREMATORY Declo Cemetery

24d. LOCATION (City, town, or county) (State) Declo, Idaho

DATE REC'D BY LOCAL REG. Dec 1, 1965

REGISTRAR'S SIGNATURE Beth N. Pearson

25. EMBALMER

LICENSE NO. E-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 4971
Local Reg. No. 1492
Reg. Dist. No. 470

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

DEC 9 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place): 46 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Burley Nursing Home 290

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 161
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1719 Miller Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle):
c. (Last): Gunderson

4. DATE OF DEATH (Month) (Day) (Year): Nov. 30 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 11, 1873
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months 0, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Gausdal Norway
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Gunder Pederson — BIRTHPLACE: Gausdal Norway
14. MOTHER'S MAIDEN NAME: Soffia Andersdatter — BIRTHPLACE: Gausdal Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-14-8288
17. INFORMANT'S OWN SIGNATURE: Lloyd R Gunderson — ADDRESS: Rt 1 Burley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-30, 1964, *to* Nov 30, 1965, *that I last saw the deceased alive on* Nov 3, 1965, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: S B Bircher 283 (Degree or title) MD
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 12-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4 Dec. 1965
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Dec. 6, 1965
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: Ormand F Burch — LICENSE NO.: E-471

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McCulloch Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. DEC 1 1977

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4972
Local Reg. No. 87
Reg. Dist. No. 210

BIRTH NO.

RECEIVED
Bureau of Vital Statistics
NOV 8 1965

1. PLACE OF DEATH
a. COUNTY: Clearwater (180)
b. CITY OR TOWN: Orofino
c. LENGTH OF STAY IN (Hospital or Institution): 4 yr. 6 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North 074

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (281)
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) NELLIE; b. (Middle); c. (Last) HODGE

4. DATE OF DEATH: (Month) 11; (Day) 2; (Year) 65

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: 3-11-1882

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-02-2902-A

17. INFORMANT'S OWN SIGNATURE: Barbara Bray
ADDRESS: Records, SHN, Box 672, Orofino

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis cerebral and generalized — 7 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 16, 1961, *to* Nov. 2, 1965, *that I last saw the deceased alive on* Nov. 2, 1965, *and that death occurred at* 9:35p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wyatt W. Pullen Jr (595)
(Degree or title): M. D.
23b. ADDRESS: Box 672, Orofino, Idaho
23c. DATE SIGNED: 11-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 11-3-1965
24c. NAME OF CEMETERY OR CREMATORY: Yates-Morse F. H.
24d. LOCATION (City, town, or county): Coeur d' Alene (State): Idaho

DATE REC'D BY LOCAL REG.: Nov. 5, 1965
REGISTRAR'S SIGNATURE: Ruth Fellers
25. EMBALMER: Ivy C. Stoltzman
LICENSE NO.: 476
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 16 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 4973
Local Reg. No. 93
Reg. Dist. No. 210

BIRTH NO.

RECEIVED
STATE OF IDAHO
NOV 18 1965
Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Clearwater 180 2-02	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 310 b. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greer	c. LENGTH OF STAY (in this place): 2 months
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winchester	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Araardian Nursing Home 075	d. STREET ADDRESS (If rural, give location): Winchester

3. NAME OF DECEASED (Type or Print)	a. (First) DONALD	b. (Middle) MASON	c. (Last) RADLEY	4. DATE OF DEATH (Month) (Day) (Year) Nov 3, 1965
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single	8. DATE OF BIRTH: Jan 24, 1907	9. AGE (In years last birthday): 58 yrs; IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04	10b. KIND OF BUSINESS OR INDUSTRY: Farming 01	11. BIRTHPLACE (State or foreign country): Forest, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Dudley Radley	BIRTHPLACE: Illinois	14. MOTHER'S MAIDEN NAME: Maud McCoy	BIRTHPLACE: Oregon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 531 16 7515	17. INFORMANT'S OWN SIGNATURE: Arcardian Nursing Home	ADDRESS: Greer, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CA of lung c̄ extensive metastasis — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1965 *to* Nov 3, 1965, *that I last saw the deceased alive on* Nov 2, 1965, *and that death occurred at* 6:25 *m., from the causes and on the date stated above.*

23a. SIGNATURE: A Beghtat 038 (Degree or title)	23b. ADDRESS: Orofino, Idaho	23c. DATE SIGNED: 11-9-65	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 11/3/65	24c. NAME OF CEMETERY OR CREMATORY: Craigmount, Idaho	24d. LOCATION (City, town, or county) (State): Craigmont, Idaho
DATE REC'D BY LOCAL REG.: Nov. 10, 1965	REGISTRAR'S SIGNATURE: Ruth Zeller	25. FUNERAL DIRECTOR: Robert R Hansen E 433	ADDRESS: Grangeville, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert R Hansen Lic. No. E 433 at Grangeville on 11/3/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 4974
Local Reg. No. 93
Reg. Dist. No. 210

BIRTH NO. 65-11457

RECEIVED
NOV 24 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY (180) Clearwater (410)
b. CITY OR TOWN Orofino
c. LENGTH OF STAY (In this place) 10 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Clearwater Valley Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho (310) b. COUNTY Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kamiah
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) Ruth (073) c. (Last) Lyda

4. DATE OF DEATH (Month) (Day) (Year) Nov. 4, 1965

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH Nov. 4, 1964 (5)
9. AGE (In years last birthday) | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. 10 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) - - - - - - 02
10b. KIND OF BUSINESS OR INDUSTRY - 02 - -
11. BIRTHPLACE (State or foreign country) Orofino, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David H. Lyda BIRTHPLACE Mt. Home, Idaho
14. MOTHER'S MAIDEN NAME Judith Woodward BIRTHPLACE Lewiston, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) - - -
16. SOCIAL SECURITY NO. - - - -
17. INFORMANT'S OWN SIGNATURE X David H. Lyda ADDRESS Kamiah, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity 1 lb 12 oz (776X) — INTERVAL BETWEEN ONSET AND DEATH 10 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-4, 1965, *to* 11-4, 1965, *that I last saw the deceased alive on* 11-4, 1965, *and that death occurred at* 11:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) (652)
23b. ADDRESS Kamiah, Ida
23c. DATE SIGNED 11-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 11-6-65
24c. NAME OF CEMETERY OR CREMATORY Riverside
24d. LOCATION (City, town, or county) Orofino (State) Idaho

DATE REC'D BY LOCAL REG. Nov. 16, 1965
REGISTRAR'S SIGNATURE Jack Zeller
25. EMBALMER Lyle A. Stratman LICENSE NO. 476
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4975
Local Reg. No. 92
Reg. Dist. No. 210

RECEIVED
NOV 18 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Clearwater 180 5-05 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino--rural — STAY (in this place): few min. — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Canyon Creek area road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 180 — b. COUNTY: Clearwater — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino — d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) — a. (First): FRANK — b. (Middle): [illegible] — c. (Last): STORHOLT

4. DATE OF DEATH — (Month) (Day) (Year): Nov. 5, 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: April 5, 1906

9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: agriculture 01

11. BIRTHPLACE (State or foreign country): Orofino, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ole Storholt — BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Enga Johnson — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-22-6714

17. INFORMANT'S OWN SIGNATURE: X Mrs. Frank Storholt — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): ASHD

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Cardiac decompensation

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3 Nov, 1965, *to* 5 Nov, 1965, *that I last saw the deceased alive on* 5 Nov 65, 1965, *and that death occurred at* 8 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 340 (Degree or title): M.D — 23b. ADDRESS: Orofino, Idaho — 23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): burial — 24b. DATE: 11-8-1965 — 24c. NAME OF CEMETERY OR CREMATORY: Wells Bench — 24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: Nov. 10, 1965 — REGISTRAR'S SIGNATURE: [signature] — 25. EMBALMER: [signature] — LICENSE NO.: 476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-69021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 19 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 18 1965

State File No. 4976
Local Reg. No. 91
Reg. Dist. No. 210

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Clearwater 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (In this place): 8½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North 074

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 180
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lenore
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ORVILLE		HERRING	11	7	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	Married 3	9-28-78	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming 04	Agriculture 01	Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ebenezer Herring	Pennsylvania	Mary Stubbs	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	Barbara Bray	Records, Box 672, Orofino, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease (myocardial failure) — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenic reaction, chronic undifferentiated with paranoid features (senile dibilitation) — 12 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov. 7, 1965, *to* Nov. 7, 1965, *that I last saw the deceased alive on* Nov. 7, 1965, *and that death occurred at* 5:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
595 William M. Russell M.D.	Box 672, Orofino, Idaho	11-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	11-10-1965	Teakean	Lenore Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 10, 1965	Erick Zeller	Sybil Stutzman	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4977
Local Reg. No. 90
Reg. Dist. No. 210

BIRTH NO.

RECEIVED NOV 18 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Clearwater 180
b. CITY OR TOWN Orofino
c. LENGTH OF STAY IN (this place) 43 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION Own Home 605 Brown Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 180
b. COUNTY Clearwater
c. CITY OR TOWN Orofino
d. STREET ADDRESS (If rural, give location) 605 Brown Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	ERNEST	WALTER 000	JEWELL	Nov.	7	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	married 2	Nov. 16, 1886	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Trucking 13	82 Motor transport	Dillon Montana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Jewell	Kentucky	Emma Smith	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-28-1470	Nina M. Ogden	Pierce, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	C.V.A.	0
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	GENERALIZED ARTERIOSCLEROSIS	10 YRS
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	PULMONARY EMPHYSEMA	10 YRS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* MAY, 1963, *to* NOV 7, 1965, *that I last saw the deceased alive on* NOV 4, 1965, *and that death occurred at* 6 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
430 Calvin A Reba MD	Orofino Idaho	11-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	11-9-65	Normal Hill	Lewiston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-9-65	Josephine K. Gilbert	Lyle A Stoltzmann	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4978
Local Reg. No. 94
Reg. Dist. No. 210

BIRTH NO.

RECEIVED
NOV 24 1965
Vital Statistics
Bureau of Health

1. PLACE OF DEATH
a. COUNTY Clearwater 180 2-02
b. CITY OR TOWN Orofino
c. LENGTH OF STAY (in this place) 2 months

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 090
b. COUNTY Bonner
c. CITY OR TOWN Kootenai

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North 074
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CARL	ALBERT	JOHNSON	November 9, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	widowed 2	April 6, 1886	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
cedar maker, woods worker	logging 07	Sweden	Sweden

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Carl A. Johnson 06	Sweden	Louisa Johnson	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	--	518-03-4640	Medical Records Evelyn Olsen	Orofino, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9-3, 1965, *to* 11-9, 1965, *that I last saw the deceased alive on* 11-9, 1965, *and that death occurred at* 11:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Myrick W. Pullen, Jr. 595	M.D.	P.O. Box 672, Orofino, Idaho	11-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	11-11-65	Moon Funeral Home	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-11-65	Josephine K. Gilbert	Lyle A. Strohmann	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 29 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4979
Local Reg. No. 97
Reg. Dist. No. 210

RECEIVED NOV 24 1965 Division of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 180 Clearwater 3-09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
DURATION OF STAY (in this place) 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Clearwater Valley Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 310 b. COUNTY Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kamiah
d. STREET ADDRESS (If rural, give location) Kamiah, Idaho

3. NAME OF DECEASED (Type or Print) a. (First) DOYLE b. (Middle) DEE 073 c. (Last) HOBART

4. DATE OF DEATH (Month) (Day) (Year) Nov 10, 1965

5. SEX Male

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH May 30, 1898

9. AGE (In years last birthday) 67 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 62

10b. KIND OF BUSINESS OR INDUSTRY Highway Dept 05

11. BIRTHPLACE (State or foreign country) Nezperce, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Hobard BIRTHPLACE Fairbanks, Iowa

14. MOTHER'S MAIDEN NAME Elizabeth Crumpacher BIRTHPLACE Walla Walla Wn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519 26 6179

17. INFORMANT'S OWN SIGNATURE Mrs. Doyle Hobart ADDRESS Kamiah, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 434.4 Cerebro-Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Decompensation
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cardiomegaly
Pleural Effusion

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 2, 1965, *to* Nov 10, 1965, *that I last saw the deceased alive on* Nov 10, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 1652

23b. ADDRESS Kamiah, Ida

23c. DATE SIGNED 11-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11/13/1965

24c. NAME OF CEMETERY OR CREMATORY Kamiah, Idaho

24d. LOCATION (City, town, or county) (State) Kamiah, Idaho

DATE REC'D BY LOCAL REG. Nov 18, 1965

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR Robert L Hansen ADDRESS Grangeville, Ida

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 30 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 6 1979

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death or request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert K Fansen Lic. No. 433 at Kamiah on 11/11/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 4980
Local Reg. No. 99
Reg. Dist. No. 210

BIRTH NO. 65-11464 RECEIVED

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 13 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Clearwater (180) (415)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 15 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater Valley Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (180) b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): CORY b. (Middle): DAVID (073) c. (Last): SHIRLEY

4. DATE OF DEATH: (Month) Nov. (Day) 20, (Year) 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Nov. 19, 1965

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours: 15 | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none (02)

10b. KIND OF BUSINESS OR INDUSTRY: none (00)

11. BIRTHPLACE (State or foreign country): Orofino, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David Shirley — BIRTHPLACE: Billings, Mont.

14. MOTHER'S MAIDEN NAME: Lela Mae Schlader — BIRTHPLACE: Lewiston, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mary L. Shirley — ADDRESS: Orofino, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) (779.5)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYALINE MEMBRANE — INTERVAL BETWEEN ONSET AND DEATH: 15 HRS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) PREMATURITY — 15 HRS
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-19, 1965, *to* 11-20, 1965, *that I last saw the deceased alive on* 11-20, 1965, *and that death occurred at* 10:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. A. Reba 430 (Degree or title): MD — **23b. ADDRESS**: Orofino, Idaho — **23c. DATE SIGNED**: 11/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial — **24b. DATE**: 11-23-1965 — **24c. NAME OF CEMETERY OR CREMATORY**: Riverside — **24d. LOCATION** (City, town, or county) (State): Orofino, Idaho

DATE REC'D BY LOCAL REG.: 11-26-65 — **REGISTRAR'S SIGNATURE**: Josephine B. Gilbert

25. EMBALMER: Lyle A. Strathmann — **LICENSE NO.**: 476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4981
Local Reg. No. 100
Reg. Dist. No. 210

RECEIVED
DEC 13 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 180
a. COUNTY Clearwater 3-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
LENGTH OF STAY (in this place) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North 074

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 110
b. COUNTY Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	JAMES		GILKISON		Nov.	26	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widowed 2	March 26, 1900	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Coal miner 07	01	Unknown	Unknown

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Gilkison	Ohio	Lydia Hollingsworth	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Unknown	Christine Plourde Records	Orofino, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 29 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uremia — 1 day

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov. 16, 1965, *to* Nov. 26, 1965, *that I last saw the deceased alive on* Nov. 26, 19___, *and that death occurred at* 10:55a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Merrick W. Pullen, Jr 595	M.D.	Orofino, Idaho	11/26/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal 3	11-27-1965	Hillcrest Chapel	Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-27-65	Josephine K. Gilbert	Lyle A. Stoltzman	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 14 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 14 2011

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4982
Local Reg. No. 688
Reg. Dist. No. 19

BIRTH NO.

RECEIVED NOV 22 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 19 Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) May
c. LENGTH OF STAY (In this place) 55 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) home 607

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 19 b. COUNTY Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) May
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Mark b. (Middle) Law c. (Last) Howe
4. DATE OF DEATH (Month) (Day) (Year) Nov. 9, 1965
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH Jan. 31, 1884
9. AGE (In years last birthday) 81
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) rancher 04
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) San Jose, California
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Irbenri Howe
BIRTHPLACE New York
14. MOTHER'S MAIDEN NAME Milla Eldred
BIRTHPLACE Wisconsin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. yes
17. INFORMANT'S OWN SIGNATURE L. M. Howe
ADDRESS May, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

540.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric hemorrhage — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Peptic ulcer
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Mrs. Pauline J. Mulder 583 (Degree or title) Coroner
23b. ADDRESS Challis Idaho
23c. DATE SIGNED 11-18-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-18-65
24c. NAME OF CEMETERY OR CREMATORY May
24d. LOCATION (City, town, or county) (State) May, Idaho

DATE REC'D BY LOCAL REG. 11-18-65
REGISTRAR'S SIGNATURE Mrs Pauline J. Mulder
25. FUNERAL DIRECTOR Delbert C Jones
ADDRESS Salmon, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Delbert C. Jones Lic. No. E369 at Salmon, Ida on 11-14-65

ADDITIONAL REMARKS by Physician Body found 11-14-65, he lived alone

Certificate of Death

STATE OF IDAHO

State File No. 4983
Local Reg. No. 65
Reg. Dist. No. 380391

BIRTH NO.

RECEIVED
NOV 18 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 475 North 3rd East 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 200
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): 475 North 3rd East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RICHARD	MONASTERIO		November 8, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	white	divorced 4	June 5, 1906	59		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Civil service 34	MH4FB 00	Visaya, Spain	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Francisco Monasterio	Spain	Emelia Lequerica	Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-20-2786	John L Monasterio	Mtn. Home, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism — INTERVAL BETWEEN ONSET AND DEATH: Seconds

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) Atherosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did not see alive, investigation only, 19__ *to* 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 5:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Arthur Smith 583 Coroner 4	Mountain Home, Idaho	11/9/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/10/65	Mountain View Cemetery	Mountain Home, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov 16 65	[illegible]	Arthur Smith	Mtn. Home, Idaho Smith Mortuary

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 19 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 28 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

MAR 29 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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State File No. 4984
Local Reg. No. 66
Reg. Dist. No. 380 391

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED DEC 6 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Elmore 200 3-21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 21 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elmore Memorial Hopital 080

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 200
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): 455 North 3rd East

3. NAME OF DECEASED (Type or Print)
a. (First): MRS. b. (Middle): VIRGA c. (Last): ANN WIER

4. DATE OF DEATH (Month) (Day) (Year): November 12, 1965

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Feb. 13, 1888
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Wayne, , Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob M. Bess — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Emma Hovis — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Lewis J. Hramtamm — ADDRESS: Home

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ASHD.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death
1) Diabetes Mo. 2) CVA (repeated) 3) Hypertension 4) Renal Failure

INTERVAL BETWEEN ONSET AND DEATH: years.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1965, *to* Nov. 12, 1965, *that I last saw the deceased alive on* Nov. 11, 1965, *and that death occurred at* 5:25 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Malone W. Hoebeck 289 — M.D.
23b. ADDRESS: Mountain Home Idaho
23c. DATE SIGNED: 11-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/15/65
24c. NAME OF CEMETERY OR CREMATORY: Glenn Rest Cemetery
24d. LOCATION (City, town, or county) (State): Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.: Nov 20 1965
~~REGISTRAR'S SIGNATURE~~: A. Anderson
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: Mtn. Home, Idaho Smith Mortuary

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DEC 8 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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State File No. 4985
Local Reg. No. 67
Reg. Dist. No. 380 391

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 6 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore 200 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elmore Memorial Hospital 080

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 200
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
d. STREET ADDRESS (If rural, give location): Glenns Ferry

3. NAME OF DECEASED (Type or Print)
a. (First): LOWELL
b. (Middle): EDWIN
c. (Last): PITNER

4. DATE OF DEATH (Month) (Day) (Year): November 24, 1965

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: April 21, 1937
9. AGE (In years last birthday): 28 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Recording Bus. 06
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wm. C. Pitner — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Irene Trager — BIRTHPLACE: Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Vanna V. Backus — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene, Gas — INTERVAL BETWEEN ONSET AND DEATH: hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Decubitus ulcer + abscess — unknown
DUE TO (c) Paraplegia, accidental — years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

352X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November 23, 1965, *to* November 24, 1965, *that I last saw the deceased alive on* Nov. 24, 1965, *and that death occurred at* 6:04 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Malone W. Hoelsch MD 289
23b. ADDRESS: Mountain Home Idaho
23c. DATE SIGNED: 11-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/29/65
24c. NAME OF CEMETERY OR CREMATORY: Glenn Rest Cemetery
24d. LOCATION (City, town, or county) (State): Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.: Dec 2 1965
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: Mtn. Home, Idaho Smith Mortuary

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 4 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 2 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

FEB 11 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

FEB 9 1973

JUN 2 1980

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

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State File No. 4986
Local Reg. No. 68
Reg. Dist. No. 380 391

Certificate of Death

RECE[illegible] STATE OF IDAHO

BIRTH NO.

DEC 3 1965

1. PLACE OF DEATH
a. COUNTY: Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home AFB, Idaho
c. LENGTH OF [illegible] (If not in hospital or institution, give street address or location): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): USAF Hospital 077

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): 2912 Kootenai

3. NAME OF DECEASED (Type or Print)
a. (First): Roy
b. (Middle): Burke
c. (Last): Arnold

4. DATE OF DEATH (Month) (Day) (Year): November 26, 1965

5. SEX: Male
6. COLOR OR RACE: Cau
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 3 April 1897
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Army - Retired 41
10b. KIND OF BUSINESS OR INDUSTRY: Army - Retired 04
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Deceased — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Deceased — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1914 - 1958 3
16. SOCIAL SECURITY NO.: 516-03-1720
17. INFORMANT'S OWN SIGNATURE: Kelly L Lawson SSST — ADDRESS: Mt Home AFB, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac arrhythmia — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Renal Failure — 9 Months
DUE TO (c): Vasculitis due to unknown cause. — 9 Months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 Nov 65, 19__, *to* 26 Nov, 19 65, *that I last saw the deceased alive on* 26 Nov, 1965, *and that death occurred at* 3:40 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: R A Senft MD 585 — (Degree or title): MD
23b. ADDRESS: Mt Home AFB, Idaho
23c. DATE SIGNED: 26 Nov 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/30/65
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Dec 2 1965
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Arthur Smith
LICENSE NO.: E-403

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Summers Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: DEC 6 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Amended December 20, 1965

Certificate of Death

STATE OF IDAHO

State File No. 4987-69
Local Reg. No.
Reg. Dist. No. 380-391

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mtn Home AFB, Idaho
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): USAF Hospital 077

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore 200
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mtn Home AFB, Idaho
d. STREET ADDRESS (If rural, give location): 4518-B Palm

3. NAME OF DECEASED (Type or Print): a. (First) Nadiene b. (Middle) Rebecca c. (Last) VanWart

4. DATE OF DEATH (Month) (Day) (Year): November 30, 1965

5. SEX: Female

6. COLOR OR RACE: Cau

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Dec. 23, 1931

9. AGE (In years last birthday): 33
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Housewife 01

11. BIRTHPLACE (State or foreign country): Arizona

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles H. Evans
BIRTHPLACE: Oklahoma

14. MOTHER'S MAIDEN NAME: Lydia Wilson
BIRTHPLACE: Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Paul V. VanWart
ADDRESS: Mt. Home AFB

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary edema 593X — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive heart failure
DUE TO (c) Acute renal failure. Hypotension.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute liver failure. Fatty degeneration of liver.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 29 Nov 65, 19___, *to* 30 Nov, 19 65, *that I last saw the deceased alive on* 29 Nov, 19 65, *and that death occurred at* 6:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. A. Senft, M.D. 585

23b. ADDRESS: Mtn Home AFB, Idaho

23c. DATE SIGNED: 30 Nov 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 12-1-65

24c. NAME OF CEMETERY OR CREMATORY: Tucson, Arizona

24d. LOCATION (City, town, or county) (State): Tucson, Arizona

DATE REC'D BY LOCAL REG.: Dec 1, 1965

REGISTRAR'S SIGNATURE: C. P. Anderson

25. EMBALMER: Arthur Smith

LICENSE NO.: E-403

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED DEC 20 1965 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)

for Nadine Rebecca VanWart (Name on Original Certificate) who died (Was Born or Died) on Nov 30, 1965 (Date of Event)

in Mtn Home, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Birth Certificate (Bible Record, Insurance Policy, Etc.) prepared on Filed 2-11-1932 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Deceased	Nadine Rebecca VanWart	Nadiene Rebecca VanWart
Date of Birth	Dec 23, 1932	Dec 23, 1931

Subscribed and sworn to before me this 16 day of December, 19 65.

Mary E. Hammond

Notary Public, residing at 1925 S. Norris Ave - Tucson, Arizona - Pima

My commission expires My Commission Expires June 8, 1969

(Seal)

Signed Mrs. Lydia R. Evans

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3256 E. Bellevue Tucson Ariz

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona } ss.
County of Pima }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of December, 19 65.

Mary E. Hammond

Notary Public, residing at 1925 S. Norris Ave

My commission expires My Commission Expires June 8, 1969

(Seal)

Signed Chas H Evans

(Signature of Any Credible Person)

3256 E. Bellevue Tucson Ariz

(Street Address, City, State)

FORM DH 60-155

6 copies pd Rec 3895

L. 12-10-65 H

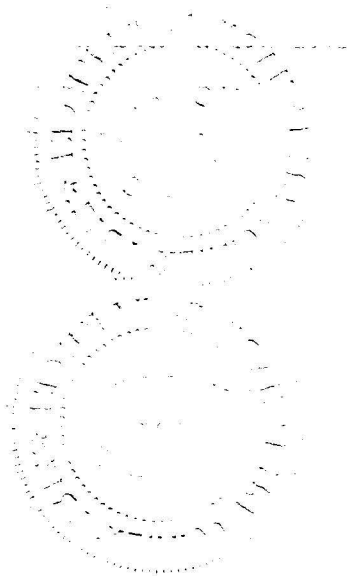

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 69
Reg. Dist. No. 380 391

BIRTH NO.

DEC 6 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mtn Home AFB, Idaho
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): USAF Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mtn Home AFB, Idaho
d. STREET ADDRESS (If rural, give location): 4518-B Palm

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Nadine	Rebecca	Van Wart	Nov	30	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Cau	Married	23 Dec 32	33				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Housewife	Arizona	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles H. Evans	Oklahoma	Lydia Wilson	Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Paul V. Van Wart	Mt. Home AFB

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive heart failure
DUE TO (c) Acute renal failure. Hypotension.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Acute liver failure.
Fatty degeneration of liver.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 29 Nov 65, 19___, *to* 30 Nov, 19 65, *that I last saw the deceased alive on* 29 Nov, 19 65, *and that death occurred at* 6:00 a *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R A Smith	MD	Mtn Home AFB, Idaho	30 Nov 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	12/1/65	Tucson, Arizona	Tucson, Arizona

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 1 1965	[signature]	Arthur Smith	E-403

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Smith Mortuary

DUTIES: DEC 21 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4988
Local Reg. No. 74
Reg. Dist. No. 540

Certificate of Death

RECEIVED
DEC 13 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin 211
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LIMITS OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial 081

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 211
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 165 West 1st South

3. NAME OF DECEASED (Type or Print)
a. (First): May
b. (Middle): Harris
c. (Last): Rigby

4. DATE OF DEATH (Month) (Day) (Year): Oct. 25, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Dec. 26, 1897
9. AGE (In years last birthday): 68 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home 01
11. BIRTHPLACE (State or foreign country): Colorado
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unk. — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Unk. — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Charles D Rigby — ADDRESS: Tooele, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 331X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 3 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 24, 1965, *to* Oct 25, 1965 *that I last saw the deceased alive on* Oct 25, 1965, *and that death occurred at* 10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 122 J. R. Cutler MD
23b. ADDRESS: Preston Idaho
23c. DATE SIGNED: 10-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 28, 1965
24c. NAME OF CEMETERY OR CREMATORY: Preston Cemetery
24d. LOCATION (City, town, or county) (State): Preston, Idaho

DATE REC'D BY LOCAL REG.: 10-28-65
REGISTRAR'S SIGNATURE: Eppie W. Brower
25. EMBALMER: O. Sherwin Webb — LICENSE NO.: 316

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Webb Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 16 1983

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4989
Local Reg. No. 15
Reg. Dist. No. 540

RECEIVED
DEC 13 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 210 1-60
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mink Creek
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mink Creek 100

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 210
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mink Creek
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Clarence
b. (Middle):
c. (Last): Jepsen

4. DATE OF DEATH (Month) (Day) (Year): Nov 2, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 1
8. DATE OF BIRTH: May 8, 1905
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 64
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 01
11. BIRTHPLACE (State or foreign country): Mink Creek, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Andreas Jepsen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Dorthea Amelia Thompen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elias Jepsen — ADDRESS: Preston, Ida

18. CAUSE OF DEATH 936.0
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): [illegible] with [illegible] of Lung — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 01
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): about home
21c. (CITY, TOWN, OR TOWNSHIP) 13 Preston — (COUNTY) 211 Franklin — (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1 2 65 7:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Log rolled off truck onto patient

22. *I hereby certify that I attended the deceased from* 11-2, 1965, *to* 11-2, 1965, *that I last saw the deceased alive on* 11-2, 1965 *and that death occurred at* 8 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 1220 R. Cutler MD
23b. ADDRESS: Preston Idaho
23c. DATE SIGNED: 11-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Nov 6, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mink Creek Cemetery
24d. LOCATION (City, town, or county) (State): Mink Creek, Idaho

DATE REC'D BY LOCAL REG.: 11-6-65
REGISTRAR'S SIGNATURE: Eppie W. Brewer
25. EMBALMER: Douglas S. Webb — LICENSE NO.: 488

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: WEBB FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 14 1965

DEC 20 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 4990
Local Reg. No. 16
Reg. Dist. No. 340

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Franklin 211 DEC 13 1965 000
b. CITY OR TOWN Preston
c. LENGTH OF STAY (in this place) Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 261 East 1st South 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 211 b. COUNTY Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
d. STREET ADDRESS (If rural, give location) 261 East 1st South

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Stanley c. (Last) Winn

4. DATE OF DEATH (Month) (Day) (Year) November 17, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH September 7, 1889

9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY Beef cattle 06

11. BIRTHPLACE (State or foreign country) Nephi, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Samuel R. Winn
BIRTHPLACE

14. MOTHER'S MAIDEN NAME Elizabeth Stanley
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Spencer Winn
ADDRESS Preston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 Yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1960, *to* Nov. 17, 1965, *that I last saw the deceased alive on* Nov. 17, 1965, *and that death occurred at* 5 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Leo R. Knowles 214 (Degree or title) M.D.

23b. ADDRESS Preston, Idaho

23c. DATE SIGNED Nov. 18, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Nov. 20, 1965

24c. NAME OF CEMETERY OR CREMATORY Preston Cemetery

24d. LOCATION (City, town, or county) Preston, Idaho (State)

DATE REC'D BY LOCAL REG. 11-20-65

REGISTRAR'S SIGNATURE Eppie W. Brower

25. EMBALMER O. Sherwin Webb

LICENSE NO. 316

FIRM NAME: Webb Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 1 1971

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 4991
Local Reg. No. 42
Reg. Dist. No. 651

RECEIVED
NOV 29 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Fremont 220
b. CITY OR TOWN Ashton
LENGTH OF STAY (in this place) life

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Fremont 220
c. CITY OR TOWN Ashton
d. STREET ADDRESS (If rural, give location) none given

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) his residence in Ashton 022

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CLARENCE	LeROY	SPRAGUE	Nov. 9, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	Married 3	June 13, 1893	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer (retired) 64	02 Farming	Marysville, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Festes Franklin Sprague	unknown	Anna M. Moultrie	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-03-1082	x Lynn Sprague	Ashton, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 177X Cancer of Prostate (Metastases) — INTERVAL BETWEEN ONSET AND DEATH 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1965 to 11-9-, 1965; that I last saw the deceased alive on 11-9-, 1965; and that death occurred at 5:00a m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 298		Ashton-Idaho	11-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	November 12	Pine View Cemetery	Ashton, Fremont Co., Idaho

DATE RECEIVED BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
24 Nov 65	[signature]	Robert Bean [signature]	E-456

FIRM NAME: Robert Bean Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES: DEC 1 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4992
Local Reg. No. 43
Reg. Dist. No. 651

RECEIVED
NOV 29 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
Statement of STAY (in this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Henry's Lake in Island Park
d. STREET ADDRESS (If rural, give location): -

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JAMES	C.	SHUGART	November 11, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Aug 14, 1909	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Resort owner	Tourist	Nogales, Arizona	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Thomas Shugart	Arizona	Callie Ferrell	Round Mt., Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		unknown	James W. Shugart	Las Vegas, Nevada

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas & Metastases — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes — 2 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July, 1965, *to* 11-11-, 1965, *that I last saw the deceased alive on* 11-, 1965, *and that death occurred at* 11:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
298		Ashton - Idaho	11-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	November 13	Las Vegas	Las Vegas, Nevada

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
24 Nov 65	Mel Hansen	Robert Bean — Robert Bean	E-456

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Robert Bean Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: DEC 1 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 4993
Local Reg. No. 45
Reg. Dist. No. 650

BIRTH NO.

DEC 9 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fremont General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location): 451 South 1st East

3. NAME OF DECEASED (Type or Print): a. (First) LESTER b. (Middle) L c. (Last) BURBANK

4. DATE OF DEATH (Month) (Day) (Year): Nov., 20, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12 December 1889

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bennington, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: DANIEL MARK BURBANK — BIRTHPLACE: Farmington, Iowa

14. MOTHER'S MAIDEN NAME: SARAH ADELINE LINDSAY — BIRTHPLACE: Pottawattamie County Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Pearl Burbank — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	UREMIA	10 hr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	GENERALIZED ARTERIOSCLEROSIS	10 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	SIGMOID DIVERTICULITIS, CHRONIC	20 yrs.

450.0

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 1965 *to* 11-20, 1965, *that I last saw the deceased alive on* 11-20-65, 19___, *and that death occurred at* 11:55 PM, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph L Hansen MD
23b. ADDRESS: St. Anthony, Idaho
23c. DATE SIGNED: 24 Nov 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 24 Nov 65
24c. NAME OF CEMETERY OR CREMATORY: Wilford Cemetery
24d. LOCATION (City, town, or county) (State): St. Anthony, RFD#1, Idaho

DATE REC'D BY LOCAL REG.: 27 Nov 65
REGISTRAR'S SIGNATURE: M S Hansen
25. EMBALMER: M S Hansen
LICENSE NO.: E-354

Federal Security Agency
United States Public Health Service

Form DH-69021

FIRM NAME: Hansen Memorial Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

DEC 17 1980

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician .....

Certificate of Death

STATE OF IDAHO

State File No. 4994
Local Reg. No. 4
Reg. Dist. No. 650

BIRTH NO.

RECEIVED DEC 9 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony
LENGTH OF STAY (in this place) 5 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Fremont General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chester
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) REUBEN b. (Middle) [illegible] c. (Last) BIRCH

4. DATE OF DEATH (Month) (Day) (Year) Nov., 25, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 1, 1892
9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationery Fireman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wilford (St. Anthony RFD) Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Robert Birch BIRTHPLACE Sugarhouse, Utah
14. MOTHER'S MAIDEN NAME Sarah Margaret McMichael BIRTHPLACE Hoytsville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. 520-01-6931A
17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS Chester, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 7 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerosis — 7 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 10-20, 1960, *to* 11-25, 1965, *that I last saw the deceased alive on* 11-25, 1965, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or Title) M.D.
23b. ADDRESS St. Anthony, Idaho
23c. DATE SIGNED 28 Nov 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 29 Nov 65
24c. NAME OF CEMETERY OR CREMATORY Wilford Cemetery
24d. LOCATION (City, town, or county) St. Anthony, RFD#1, Idaho (State)

DATE REC'D BY LOCAL REG. 4 Dec 65
REGISTRAR'S SIGNATURE [signature]
25. EMBALMER [signature]
LICENSE NO. E-354

FIRM NAME: Hansen Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 10 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Bureau of Vital Statistics DEC 9 1965

Certificate of Death

STATE OF IDAHO

State File No. 4995
Local Reg. No. 46
Reg. Dist. No. 650

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont 22
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (In this place): 38 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fremont General Hospital 82

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 22
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location): 618 West 3rd North

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	HARRY	KAROKU	HOSODA	Nov., 25, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Mongolian 6	Married 3	July 15, 1884	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Restaurant Operator	11 Self-Employed	Hiroshima, Japan	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Naotaro Hosoda 24	Hiroshima, Japan	Unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		529-26-5465	M. L. Hansen	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 24hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery Atherosclerosis — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11-24-65, 19___, *to* 11-24-65, 19___, *that I last saw the deceased alive on* 11-24-65, 19___, *and that death occurred at* 6:35 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ralph R. Clark MD	St. Anthony Idaho	12/3/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1 Dec 65	Rexburg Cemetery	Rexburg, Madison County, Idaho

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4 Dec 65	M. L. Hansen	M. L. Hansen	E-354

FIRM NAME: Hansen Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JAN 5 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 25 1970

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 3 1981

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4996
Local Reg. No. 44
Reg. Dist. No. 651

BIRTH NO.

RECEIVED
DEC 2 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Fremont 220
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ashton Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 330 b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Newdale (Rural)
d. STREET ADDRESS (If rural, give location) 5 Miles East of Newdale

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	OPAL	083 HUSKINSON	RICKS	Nov. 28, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Aug. 4, 1909	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	01	Wilford, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Albert Huskinson	Salt Lake City, Utah	Maida Johnson	Burrville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE,	ADDRESS
no		518-10-6483	Robert R. Ricks	Teton, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Left heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (Mitral stenosis) — 2 years
DUE TO (c) Rheumatic fever (?) — (?)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June, 1964, *to* 11-28-, 1965, *that I last saw the deceased alive on* 11-28-, 1965, *and that death occurred at* 2:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
298	Salton - Idaho	11-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/1/65	Fielding Memorial Park	IdahoFalls Bonneville Idaho

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
29 Nov 65	M. L. Hansen	Flamm Funeral Home	E347

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Flamm Funeral Home

DUTIES:

DEC 1 4 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 12 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 11 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAY 12 1968

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 17 1965

Certificate of Death

STATE OF IDAHO

State File No. 4997
Local Reg. No. 32
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 23 | 4-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 23 | b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 522 Locust

3. NAME OF DECEASED (Type or Print): a. (First) Harry | b. (Middle) Wesley 085 | c. (Last) Shropshire

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 2, 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced 4

8. DATE OF BIRTH: July 17, 1897

9. AGE (In years last birthday): 68 | IF UNDER 1 YEAR: Months 3 | Days 15 | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): barber 44

10b. KIND OF BUSINESS OR INDUSTRY: --- 60

11. BIRTHPLACE (State or foreign country): Omaha, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Hirum W. Shropshire | BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Georgiana Twillerger | BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-07-3443

17. INFORMANT'S OWN SIGNATURE * Harriet L. McCoy | ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exposure to cold 322.2

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Alcoholism
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1955, *to* Nov, 1965, *that I last saw the deceased alive on* March 9, 1965, *and that death occurred at* 5:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm B. Jewell 260 M.D.

23b. ADDRESS: 107 N. Comm., Emmett, Idaho

23c. DATE SIGNED: 11-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Nov. 5, 1965

24c. NAME OF CEMETERY OR CREMATORY: Emmett

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Nov. 7, 1965

REGISTRAR'S SIGNATURE: Jean A Beatty

25. EMBALMER: Glenn W Beatty | LICENSE NO.: E-392

FIRM NAME: THE BEATTY CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 4998
Local Reg. No. 33
Reg. Dist. No. 340-341

RECEIVED NOV 17 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 231 Bur 1000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Knox Memorial Hospital 685

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 016
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Nola	Jewell	Graham	November 4, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Dec. 15, 1894	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home 01	01	Waco, Texas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Allen Beasley	Illinois	Sarah Clark	Joplin, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 32 2926	Myrle Stoddard	Boise, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion with fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct, 1965, *to* Nov 4, 1965, *that I last saw the deceased alive on* 4 Nov., 1965, *and that death occurred at* 11:45A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
MD	Emmett, Ida.	Nov 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 8, 1965	Kohlerlawn Cemetery	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 17, 1965	Jean A Beatty	John F Alsip, Jr.	E-361

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 4999
Local Reg. No. 35
Reg. Dist. No. 340-341

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
NOV 22 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Gem 231 2-01
b. CITY OR TOWN Emmett
c. LENGTH OF STAY (in this place) 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Walter Knox Mem. Hosp 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 231
b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location) 304 So. Commercial

3. NAME OF DECEASED (Type or Print)
a. (First) Etta
b. (Middle) Thomas
c. (Last) Coon

4. DATE OF DEATH (Month) (Day) (Year) Nov. 11, 1965

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH Feb. 3, 1889
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months 9 Days 8 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY 01 home
11. BIRTHPLACE (State or foreign country) Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas — BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME unknown — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-03-3104
17. INFORMANT'S OWN SIGNATURE X Mrs Roy Murray — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

170X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Metastases — INTERVAL BETWEEN ONSET AND DEATH 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of breast — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1959, 19__, *to* Nov 11, 1965, *that I last saw the deceased alive on* Nov 11, 1965, *and that death occurred at* 1:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE Russell P. Rawlinson 429 (Degree or title) MD
23b. ADDRESS Emmett Idaho
23c. DATE SIGNED 11/16/65

24a. BURIAL, CREMATION, REMOVAL (Specify) cremation 2
24b. DATE Nov. 13, 1965
24c. NAME OF CEMETERY OR CREMATORY Mtn. View Memorial
24d. LOCATION (City, town, or county) Boise, Idaho (State)

DATE REC'D BY LOCAL REG. Nov. 16, 1965
REGISTRAR'S SIGNATURE Jean A Beatty
25. EMBALMER Glenn W Beatty — LICENSE NO. E-392

FIRM NAME: THE BEATTY CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 23 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAR 11 1971

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5000
Local Reg. No. 37
Reg. Dist. No. 340-341

Certificate of Death

STATE OF IDAHO

BIRTH NO.

NOV 30 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 231 Gem 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 080
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garden Valley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ALICE
b. (Middle): LESSINGER 085
c. (Last): HANLEY

4. DATE OF DEATH (Month) (Day) (Year): Nov. 13, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 31, 1894
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At home 01
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jeanjacque Lessinger — BIRTHPLACE: France
14. MOTHER'S MAIDEN NAME: Marie Rose Baulanger — BIRTHPLACE: France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S OWN SIGNATURE: Richard H. Hanley — ADDRESS: Idaho Garden Valley

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ~~[illegible]~~
DUE TO (c): ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cerebral vascular ac. Diabetes mellitus ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8 Nov, 1965, *to* 13 Nov, 1965, *that I last saw the deceased alive on* 13 Nov, 1965, *and that death occurred at* 7:10 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 184 [illegible]
23b. ADDRESS: Emmett, Ida.
23c. DATE SIGNED: 23 Nov. 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-17-65
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: November 28, 1965
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. EMBALMER: Gay A. Heikkila — LICENSE NO. E-419

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAY 27 1993

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. JUN 07 1994

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5001
Local Reg. No. 38
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED
NOV 22 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Gem 23
b. CITY OR TOWN Emmett
c. LENGTH OF STAY (in this place) 2yr. 5mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION Shady Lane Nursing Home 265

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 230
b. COUNTY Gem
c. CITY OR TOWN Ola
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Herman
b. (Middle)
c. (Last) Clark

4. DATE OF DEATH (Month) (Day) (Year) Nov. 15, 1965

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 7
8. DATE OF BIRTH Sept. 19, 1879
9. AGE (In years last birthday) 86
IF UNDER 1 YEAR Months 1 Days 26
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm laborer 04
10b. KIND OF BUSINESS OR INDUSTRY farm 02
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Allen Perry Clark
BIRTHPLACE Henry Co., Ind.
14. MOTHER'S MAIDEN NAME Elizabeth Bunyard
BIRTHPLACE Shelby Co., Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
16. SOCIAL SECURITY NO. 542-28-5713
17. INFORMANT'S OWN SIGNATURE Glenn W Beatty ADDRESS Emmett Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

526X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchiectasis — 3 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-1, 1954, to 11-15, 1965, *that I last saw the deceased alive on* 11-11, 1965, *and that death occurred at* 5:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE H E Halverson 241 (Degree or title) M.D.
23b. ADDRESS Emmett, Idaho
23c. DATE SIGNED 11-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Nov. 18, 1965
24c. NAME OF CEMETERY OR CREMATORY Sweet
24d. LOCATION (City, town, or county) (State) Sweet, Idaho

DATE REC'D BY LOCAL REG. Nov. 16, 1965
REGISTRAR'S SIGNATURE Joan A Beatty
25. EMBALMER Glenn W Beatty
LICENSE NO. E-392
FIRM NAME: THE BEATTY CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 8 1978

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 7 1988

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5002
Local Reg. No. 36
Reg. Dist. No. 340-341

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
NOV 22 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem 231 3-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Emmett Hospital 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): Vernie
b. (Middle): B.
c. (Last): Woodard

4. DATE OF DEATH (Month) (Day) (Year): Nov. 17, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 14, 1907
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 19
10b. KIND OF BUSINESS OR INDUSTRY: Business Associate 00
11. BIRTHPLACE (State or foreign country): Ruff, Wash.
12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Jacob C. Woodard — BIRTHPLACE: North Carolina
14. MOTHER'S MAIDEN NAME: Victoria Buchnan — BIRTHPLACE: Nothe Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 541-20-1009
17. INFORMANT'S OWN SIGNATURE: Glen Woodard — ADDRESS: Rt #2 Ontario Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PROBABLE CEREBRO VASCULAR ACCIDENT CAUSE UNDETERMINED — INTERVAL BETWEEN ONSET AND DEATH: 48 HOURS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
SEVERE GASTO INTESTINAL HEMORRHAGE CAUSE UNDETERMINED — 36 HOURS

331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* NOV 15, 1965, *to* NOV 17, 1965, *that I last saw the deceased alive on* NOV 16, 1965, *and that death occurred at* 9:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ronald P. Rawlinson MD 429 (Degree or title)
23b. ADDRESS: 108 W 2nd St EMMETT IDA
23c. DATE SIGNED: 11/17/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial Removal 3
24b. DATE: Nov. 22, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
24d. LOCATION (City, town, or county) (State): Billings, Mont.

DATE REC'D BY LOCAL REG.: Nov. 17, 1965
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. EMBALMER: Robert J. Bertelson — LICENSE NO.: Ore. 107
FIRM NAME: Bertelson Tienkoemper

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 2 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 20 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

R.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 22 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5003
Local Reg. No. 39
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 231 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 9 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mill Road 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 230
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Mounted Route

3. NAME OF DECEASED (Type or Print)
a. (First): Ed
b. (Middle): Alonzo
c. (Last): Harris

4. DATE OF DEATH (Month) (Day) (Year): Nov. 19, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Nov. 22, 1895
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 11, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mill worker 09
10b. KIND OF BUSINESS OR INDUSTRY: lumber 60
11. BIRTHPLACE (State or foreign country): Marshall, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ryan Albert Harris — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Lizzie Jane Thomas — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WWI 3
16. SOCIAL SECURITY NO.: 519-03-5141
17. INFORMANT'S OWN SIGNATURE: Florence A. Harris — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PROBABLE ACUTE MYOCARDIAL INFARCTION.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) RELATIVE'S STATE HE HAD A HEART ATTACK 1 ONE MONTH AGO PATIENT DEAD ON ARRIVAL.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DEAD ON, *19*__, *to* ARRIVAL, *19*__, *that I last saw the deceased alive on* _____, *19*__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ronald P. Rawlinson MD 429
23b. ADDRESS: Emmett Ida
23c. DATE SIGNED: 11/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Nov. 24, 1965
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Nov. 20, 1965
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. EMBALMER: Glenn W. Beatty
LICENSE NO.: E-392

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: THE BEATTY CHAPEL

DUTIES:

DEC 7 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 20 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 19 1993

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUL 9 8 1999

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5004
Local Reg. No. 40
Reg. Dist. No. 340-341

RECEIVED NOV 30 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 230
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
LENGTH OF STAY (in this place): 27 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem 230
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Louise
b. (Middle):
c. (Last): Pulley

4. DATE OF DEATH (Month) (Day) (Year): Nov. 20, 1965

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Mar. 30, 1888

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR — Months: 7 Days: 20
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Raft River, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Felipe Alcamter
BIRTHPLACE: Spain

14. MOTHER'S MAIDEN NAME: Mary Alice Patton
BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-20-6232

17. INFORMANT'S OWN SIGNATURE: X George A. Pulley
ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gen Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 1956 *to* Nov 1965, *that I last saw the deceased alive on* Sept 30, 1965, *and that death occurred at* 7:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm B Jewell MD 260
23b. ADDRESS: 107 N. Comm., Emmett, Ida
23c. DATE SIGNED: 11-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 23, 1965
24c. NAME OF CEMETERY OR CREMATORY: Caldwell
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Nov 23 1965
REGISTRAR'S SIGNATURE: Jean C Beatty
25. EMBALMER: John W Beatty
LICENSE NO.: E-392
FIRM NAME: THE BEATTY CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5005
Local Reg. No. 42
Reg. Dist. No. 340-341

RECEIVED NOV 30 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (In this place): 1 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Mem. Hosp 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 230
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) Dennis; c. (Last) Kelso

4. DATE OF DEATH (Month) (Day) (Year): Nov. 21, 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: May 21, 1884

9. AGE (In years last birthday): 81 | If under 1 year: Months 6 | Days 0 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): horticulturist 04

10b. KIND OF BUSINESS OR INDUSTRY: farm 01

11. BIRTHPLACE (State or foreign country): Willard, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Theodore Kelso
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Mary Ellen Kime
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 520 38 0226

17. INFORMANT'S OWN SIGNATURE: X Helen L Kelso
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gen. Arteriosclevosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1957, *to* Nov 21, 1965, *that I last saw the deceased alive on* Nov 20, 1965, *and that death occurred at* 4:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm B Jewell MD 260

23b. ADDRESS: 107 N. Comm., Emmett, Idaho

23c. DATE SIGNED: 11-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 23, 1965

24c. NAME OF CEMETERY OR CREMATORY: Emmett

24d. LOCATION (City, town, or county) (State): Emmett Idaho

DATE REC'D BY LOCAL REG.: Nov. 23, 1965

REGISTRAR'S SIGNATURE: Jean C Beatty

25. EMBALMER: Glenn W Beatty

LICENSE NO.: E-392

FIRM NAME: THE BEATTY CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 7 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5006
Local Reg. No. 44
Reg. Dist. No. 340-341

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED NOV 30 1965 3-01 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem 23
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Mem. Hosp. 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 230
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)
a. (First): Nellie
b. (Middle): Rose
c. (Last): Standley

4. DATE OF DEATH (Month) (Day) (Year): Nov. 24, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Jan. 30, 1928
9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months 9, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: home 01
11. BIRTHPLACE (State or foreign country): Winchester, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Virgil Elroy Niswander — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Esther Lehman — BIRTHPLACE: Winchester, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE ADDRESS: X Boyd Keith Standley

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral concussion & Multiple fractures — INTERVAL BETWEEN ONSET AND DEATH: 18 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Gem Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Automobile accident

22. *I hereby certify that I attended the deceased from* _____, 1940, *to* 24 Nov., 1965, *that I last saw the deceased alive on* 24 Nov., 1965, *and that death occurred at* 6:45 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. A. Goodman, M.D. 184
23b. ADDRESS: Emmett, Ida.
23c. DATE SIGNED: 24 Nov. 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Nov. 27, 1965
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Nov. 24, 1965
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. EMBALMER: Jean W. Beatty
LICENSE NO.: E-392

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: THE BEATTY CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 7 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 29 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

R

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 5007
Local Reg. No. 43
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 23 NOV 30 1965 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Mem. Hosp. 085

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bovill
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Emory
b. (Middle): A.
c. (Last): Brown

4. DATE OF DEATH (Month) (Day) (Year): Nov. 24, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2
8. DATE OF BIRTH: May 30, 1940
9. AGE (In years last birthday): 25 — IF UNDER 1 YEAR: Months 5, Days 28 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: general 03
11. BIRTHPLACE (State or foreign country): Cortez, Colorado
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Lewis Brown — BIRTHPLACE: Erie, Colorado
14. MOTHER'S MAIDEN NAME: Lilly Baker — BIRTHPLACE: Laveta, Colorado
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 728-07-0846
17. INFORMANT'S OWN SIGNATURE: Clarence N Brown — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

816.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TRUMATIC CEREBRAL EDENA & HEMORRHAGE
ANTECEDENT CAUSES — PROBABLE LACERATION OF THE BRAIN
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) FRACTURE OF LEFT TEMPORAL BONE
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 16 HOURS

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT ✓ SUICIDE HOMICIDE (Specify): ACCIDENT 06
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HIGHWAY
21c. (CITY, TOWN, OR TOWNSHIP) 230 (COUNTY) (STATE): EMMETT GEM IDAHO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): NOV 23 1965 10 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? AUTOMOBILE COLLISION

22. *I hereby certify that I attended the deceased from* NOV 23, 1965, *to* NOV 24, 1965, *that I last saw the deceased alive on* NOV 24, 1965, *and that death occurred at* 3 30 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE: Ronald P. Rawlinson MD 429 (Degree or title)
23b. ADDRESS: 108 W 2nd St Emmett Ida
23c. DATE SIGNED: 11/24/65

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: Nov. 24, 1965
24c. NAME OF CEMETERY OR CREMATORY: Moscow
24d. LOCATION (City, town, or county) (State): Moscow, Idaho

DATE REC'D BY LOCAL REG.: Nov. 24, 1965
REGISTRAR'S SIGNATURE: Jean C Beatty
25. EMBALMER: Jean C Beatty
LICENSE NO.: E-392

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: THE BEATTY CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 2 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 6 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 29 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 5008
Local Reg. No. 48
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED

STATE OF IDAHO

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem 23 | DEC 8 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Emmett Hospital 685

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 148 b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. # 3

3. NAME OF DECEASED (Type or Print): a. (First) Bart b. (Middle) L. c. (Last) Holloway

4. DATE OF DEATH (Month) (Day) (Year): Nov. 30, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: July 11, 1899

9. AGE (In years last birthday): 66 | IF UNDER 1 YEAR Months: 4 | Days: 19 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): State Brand Inspector

10b. KIND OF BUSINESS OR INDUSTRY: 2

11. BIRTHPLACE (State or foreign country): Harrisonville, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Benjamin L. Holloway 62 — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Mary L. Peck — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Mrs Barton Holloway — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular Fibrillation — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

433.1

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) | **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 11-29, 19 65, *to* 11-30, 19 65, *that I last saw the deceased alive on* 11-30, 1965, *and that death occurred at* 9 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Hamon E. Holverson 241 (Degree or title) MD | **23b. ADDRESS** Emmett, Idaho | **23c. DATE SIGNED** 12-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial | **24b. DATE**: Dec. 3, 1965 | **24c. NAME OF CEMETERY OR CREMATORY**: Wilder Cemetery | **24d. LOCATION** (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: Dec 6, 1965 | **REGISTRAR'S SIGNATURE**: Grace A. Beatty | **25. EMBALMER**: Merville D. Davis | **LICENSE NO.**: E-399

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 1 4 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 5 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 8 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

G

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 5009
Local Reg. No. 42
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gem — DEC 9 1965 — 3-02 — 231
b. CITY OR TOWN Emmett — Bureau of Vital Statistics — township) — LENGTH OF STAY (in this place) 1½ days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Emmett Valley Manor 302

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 231 — b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location) 313 So. Hayes

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Hazel	Myrtle	Hopkins	November 30, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married 2	April 15, 1892	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	01 home	Royal, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edgar Briggs	Vermont	Mary Jane Culver	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519 34 3546	X Ruth M. Baker	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — 420.1 — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive C-V disease & cerebral hemorrhage — 4 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19 55, *to* Nov. 30, 1965, *that I last saw the deceased alive on* Nov. 29, 1965, *and that death occurred at* 10:20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 184 M.D.		Dec 4 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Dec. 4, 1965	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 4, 1965	Jean A Beatty	Glenn W Beatty	E392

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: The Beatty Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5010
Local Reg. No. 2874
Reg. Dist. No. 420

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 17 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence 533 Montana St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) 533 Montana Street

3. NAME OF DECEASED (Type or Print)
a. (First) Maude
b. (Middle) B.
c. (Last) Reynolds

4. DATE OF DEATH (Month) Nov. (Day) 4, (Year) 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Dec. 12, 1885
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home 01
11. BIRTHPLACE (State or foreign country) Robins, Iowa
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME John Wesley Bonbrake — BIRTHPLACE Maryland
14. MOTHER'S MAIDEN NAME Amanda Oliphant — BIRTHPLACE Lynn County, Iowa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE X Mrs. Bernice Walker — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

916.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation 2° to fire & combustion — INTERVAL BETWEEN ONSET AND DEATH 5 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 3° Burns entire body

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 01 Home
21c. (CITY, TOWN, OR TOWNSHIP) 13 Gooding, (COUNTY) 240 Gooding, (STATE) Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Gooding, *to* Co Coroner, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 049 Bernard Edmer MD (Degree or title)
23b. ADDRESS Gooding Idaho
23c. DATE SIGNED 6 Nov 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
24b. DATE 11-7-65
24c. NAME OF CEMETERY OR CREMATORY Mountain View Crematory
24d. LOCATION (City, town, or county) Boise, (State) Idaho.

DATE REC'D BY LOCAL REG. 11-12-65
REGISTRAR'S SIGNATURE Robert S. Meyer
25. EMBALMER Robert S. Meyer — LICENSE NO. C-424

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Thompson Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 28 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5011
Local Reg. No. 2815
Reg. Dist. No. 420

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

NOV 30 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: GOODING 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GOODING
c. LENGTH OF [illegible] (If not in hospital or institution, give street address or location): 1 DAY 2-01
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GOODING MEM.HOSP. 090

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 240
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GOODING
d. STREET ADDRESS (If rural, give location): 247 ORCHARD Dr.

3. NAME OF DECEASED (Type or Print)
a. (First): T
b. (Middle): G
c. (Last): RICHESON

4. DATE OF DEATH (Month) (Day) (Year): NOV. 13, 1965

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: MAR. 2, 1887
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED 04
10b. KIND OF BUSINESS OR INDUSTRY: FARMER 01
11. BIRTHPLACE (State or foreign country): CAMPBELLSVILLE KY.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: WM.R.RICHESON
BIRTHPLACE: KY.
14. MOTHER'S MAIDEN NAME: Marvin E. Richeson
BIRTHPLACE: 704 11th Ave North Buhl Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-42-1240
17. INFORMANT'S OWN SIGNATURE: LUCINDA SHIPP
ADDRESS: MOTHER KY

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Upper Respiratory Infection — 5 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/12/65, 19__, *to* death, 19__, *that I last saw the deceased alive on* 11/13, 1965, *and that death occurred at* 6:30 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold G. Holsinger M.D. 240
23b. ADDRESS: Wendell, Ida.
23c. DATE SIGNED: 11-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL 3
24b. DATE: 11/17/1965
24c. NAME OF CEMETERY OR CREMATORY: LOGAN CITY
24d. LOCATION (City, town, or county) (State): LOGAN CASHE CO. UTAH.

DATE REC'D BY LOCAL REG.: 11-26-65
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: J. Farrest Weaver
LICENSE NO.: E353
FIRM NAME: Weaver mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5012
Local Reg. No. 2817
Reg. Dist. No. 422

RECEIVED
NOV 30 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding 240
b. CITY OR TOWN Gooding 020
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Gooding Co. Mem. Hosp 090

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240
b. COUNTY Gooding
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gooding
d. STREET ADDRESS (If rural, give location) 533 Montana St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Fred		Reynolds	Nov.	17	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	Nov. 7, 1885	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher 04	Rancher 01	Centerpoint, Iowa	U.S.A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William T. Reynolds	Pittsburg, Ind	Nancy Mounts	Centerpoint, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		518-40-9024	[illegible]	from Records Of Thompson Chapel

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Natural Causes	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Generalized arteriosclerosis.	
DUE TO (c)	~~Senility.~~ Carcinoma, right kidney (Operated).	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Demise precipitated by Smoke injury of lungs during fire on Nov. 2, 1965	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nov 2, 1965, *to* Nov. 17, 1965, *that I last saw the deceased alive on* Nov 17, 1965, *and that death occurred at* 5:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Marion [illegible]	Gooding, Idaho	11-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	11-20-1965	Mountain View Crematory	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-26-65	Robert S. Meyer	Robert S. Meyer	E-424

FIRM NAME: Thompson Chapel
737 Main Gooding Idaho

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 28 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5013
Local Reg. No. 2816
Reg. Dist. No. 420

BIRTH NO.

RECEIVED NOV 3 0 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Gooding 240 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wendell
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 101 Pocatello St. 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240 b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wendell
d. STREET ADDRESS (If rural, give location) 101 Pocatello St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	David	Alexander	Casto	Nov. 18, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	March 31, 1906	59				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer (ret) 04	Agriculture 01	St. Anthony, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Leon Casto	Utah	Lydia Pulley	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518 42 5794	X Willis D. Casto	Tomway, Wash.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Multiple Myeloma 203X	3 yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Pneumonia	5 days
DUE TO (c)	Anemia - secondary	1 yr
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11-3-64, 19___, *to* Death, 19___, *that I last saw the deceased alive on* 11-13, 1965, *and that death occurred at* 7:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
240 Harold G. Holmgren MD	Wendell, Idaho	11-18-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 20, 1965	Wendell Cemetery	Wendell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-26-65	[signature]	W. L. Hove	E-431

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 1 0 1993

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5014
Local Reg. No. 2819
Reg. Dist. No. 420

BIRTH NO. RECEIVED DEC 22 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Wendell
c. LENGTH OF STAY (in this place): 5yr 8mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Manor 253

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 240
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerman
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Alice b. (Middle) Lawrence c. (Last) Jones

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 28, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Aug. 7, 1871

9. AGE (In years last birthday): 94 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Housewife 01

11. BIRTHPLACE (State or foreign country): Ranier, Oregon

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Alexander Deckard — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Rachael Deckard — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Kolean S Meyer — ADDRESS: Gooding, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Debilitation due to age

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): ant. sclerosis.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-7-62, *to* 11-28-65, *that I last saw the deceased alive on* 11-28-65 19__, *and that death occurred at* 5:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice E. Scheel MD

23b. ADDRESS: Wendell, Idaho

23c. DATE SIGNED: 12-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec 1, 1965

24c. NAME OF CEMETERY OR CREMATORY: Hagerman Cemetery

24d. LOCATION (City, town, or county) (State): Hagerman, Idaho

DATE REC'D BY LOCAL REG.: 12-18-65

REGISTRAR'S SIGNATURE: Rachael Meyer

25. EMBALMER: Kolean S Meyer — LICENSE NO.: E-424

FIRM NAME: Thompson Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DEC 22 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 5015
Local Reg. No. 56
Reg. Dist. No. 240

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

DEC 13 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): Approx 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho County Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Effie
b. (Middle): Nora 276
c. (Last): Calder

4. DATE OF DEATH (Month) (Day) (Year): Nov. 21 1965

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 3, 1884
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Montana Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ratliss Ruark — BIRTHPLACE: Carol Co., Missouri
14. MOTHER'S MAIDEN NAME: Joanna Heaton — BIRTHPLACE: Carol Co. Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Grace Calder — ADDRESS: 51 Boyer Dr. W.W. Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

903.7

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: Several days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fracture of rgt femoral neck — 4 weeks —
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5 Nov 65
19b. MAJOR FINDINGS OF OPERATION: Rgt hip fracture
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 13 Nursing home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13 Grangeville 250 Idaho Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 27, '65, 2P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Pt fell

22. *I hereby certify that I attended the deceased from* about, 1960, *to* Nov 21, 1965, *that I last saw the deceased alive on* Nov 21, 1965, *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. Altman 487 M.D.
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 6 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 23 1965
24c. NAME OF CEMETERY OR ~~CREMATORY~~: Pine Grove
24d. LOCATION (City, town, or county) (State): Kooskia Idaho

DATE REC'D BY LOCAL REG.: Dec. 8 1965
REGISTRAR'S SIGNATURE: Irma Cone
25. EMBALMER: Robert R Hansen
LICENSE NO.: E433

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Trenary Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5016
Local Reg. No. 16
Reg. Dist. No. 640

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED NOV 17 1965

1. PLACE OF DEATH
a. COUNTY: Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby B
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carlson Nursing Home 097

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 150
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Alberdeina Wasseur Van den Akker

4. DATE OF DEATH (Month) (Day) (Year): Nov. 3, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: July 16, 1869
9. AGE (In years last birthday): 96 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Gronegan, Holland
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Joseph Van den Akker — BIRTHPLACE: Holland
14. MOTHER'S MAIDEN NAME: Jacoba Springer — BIRTHPLACE: Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: + Nellie V Johnson — ADDRESS: Grace, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 12 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 2. Diabetic Melletus — 15 yrs
DUE TO (c) 3. Abscess Abdominal Wall — 5 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1965, *to* Nov. 3, 1965, *that I last saw the deceased alive on* Nov. 3, 1965, *and that death occurred at* 8:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): (52) Aldon Tall. M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 11/9/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/6/65
24c. NAME OF CEMETERY OR CREMATORY: Grace Cemetery
24d. LOCATION (City, town, or county) (State): Grace, Idaho

DATE REC'D BY LOCAL REG.: Nov 9 1965
REGISTRAR'S SIGNATURE: Mrs A B Ockersell
25. EMBALMER: Theodore S Allen
LICENSE NO.: E370

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5017
Local Reg. No.
Reg. Dist. No. 6

BIRTH NO.

RECEIVED DEC 1 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clark
c. LENGTH OF STAY (In this place) 19 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rte. #2 Rigby

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 260 Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clark
d. STREET ADDRESS (If rural, give location) Rte. #2 Rigby

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) c. (Last) SMITH

4. DATE OF DEATH (Month) (Day) (Year) Nov. 12, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH Dec. 25, 1893

9. AGE (In years last birthday) 71
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY Farm 01

11. BIRTHPLACE (State or foreign country) Czar, Austria.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Steve Smith
BIRTHPLACE Austria

14. MOTHER'S MAIDEN NAME Marie ?
BIRTHPLACE Austria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) WWI 2

16. SOCIAL SECURITY NO. 519-07-3276

17. INFORMANT'S OWN SIGNATURE Mrs John Smith ADDRESS Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) adenocarcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks+

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Adenocarcinoma of Pancreas — 8 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Osteo arthritis — years

19a. DATE OF OPERATION 19 July 65

19b. MAJOR FINDINGS OF OPERATION adenocarcinoma head of pancreas & liver metastases

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8 July, 1965, *to* Nov, 12, 1965, *that I last saw the deceased alive on* Nov. 12, 1965, *and that death occurred at* 11:05P m., *from the causes and on the date stated above.*

23a. SIGNATURE Asael Hall 522 (Degree or title) M.D.

23b. ADDRESS Rigby, Idaho.

23c. DATE SIGNED Nov. 16, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Bhrial

24b. DATE Nov. 16, 1965

24c. NAME OF CEMETERY OR CREMATORY Rose Hill

24d. LOCATION (City, town, or county) Idaho Falls (State) Idaho

DATE REC'D BY LOCAL REG. Nov 16 1965

REGISTRAR'S SIGNATURE Mrs A B Ackersell

25. FUNERAL DIRECTOR Bruce A Ackersell ADDRESS Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 2 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho. on Nov. 12, 1965

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 5018
Local Reg. No. 20
Reg. Dist. No. 640

BIRTH NO.

RECEIVED DEC 1 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 260 Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ririe
c. LENGTH OF STAY (In this place) 10 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Second West St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 260
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ririe
d. STREET ADDRESS (If rural, give location) Second West St.

3. NAME OF DECEASED (Type or Print): a. (First) LeROY b. (Middle) PURSER c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): November 23, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: January 7, 1886

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 64

10b. KIND OF BUSINESS OR INDUSTRY: Farming 01

11. BIRTHPLACE (State or foreign country): Clark, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Purser. BIRTHPLACE: Wales

14. MOTHER'S MAIDEN NAME: Helen C. Clark BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): X

16. SOCIAL SECURITY NO. 519-12-6605

17. INFORMANT'S OWN SIGNATURE: Rebecca R. Purser ADDRESS: Ririe, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1943, *to* 11/22, 1965, *that I last saw the deceased alive on* 11/19, 1965, *and that death occurred at* 6:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edson Hall M. D.

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 11/26/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 26, 65

24c. NAME OF CEMETERY OR CREMATORY: Pioneer

24d. LOCATION (City, town, or county) (State): Rigby, Jefferson, Idaho

DATE REC'D BY LOCAL REG.: Nov 26 1965

REGISTRAR'S SIGNATURE: Mrs A B Eckersell

25. FUNERAL DIRECTOR: Bruce A. Eckersell ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E404 at Rigby on 11/23/65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5019
Local Reg. No. 825
Reg. Dist. No. 440

BIRTH NO. 65-11571

RECEIVED NOV 8 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jerome 270 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital 099

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden (rural)
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Samantha
b. (Middle): Ann
c. (Last): Arnold

4. DATE OF DEATH (Month) (Day) (Year): Nov. 3, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Nov. 1, 1965
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 2; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY: - 00
11. BIRTHPLACE (State or foreign country): Jerome, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Arnold
BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Betty Hoover
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: -
17. INFORMANT'S OWN SIGNATURE: X Robert W. Arnold
ADDRESS: Rt. 1, Eden, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

762.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Atelectasis rt lung — INTERVAL BETWEEN ONSET AND DEATH: 1 d

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prematurity
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-1, 1965, *to* 11-3, 1965, *that I last saw the deceased alive on* 11-3, 1965, *and that death occurred at* 10:20a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. M. Neher, M.D. 385
23b. ADDRESS: Jerome
23c. DATE SIGNED: 4 Nov 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 6, 1965
24c. NAME OF CEMETERY OR CREMATORY: Hazelton Cemetery
24d. LOCATION (City, town, or county) (State): Hazelton, Idaho

DATE REC'D BY LOCAL REG.: Nov. 5, 1965
REGISTRAR'S SIGNATURE: Louella M. Doherer
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5020
Local Reg. No. 826
Reg. Dist. No. 440

BIRTH NO.

RECEIVED NOV 18 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
LENGTH OF STAY (in this place): 500
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 421 ~~XX~~ First Ave. East

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): LeRoy 099
c. (Last): Shurtz

4. DATE OF DEATH: Nov. 11, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Sept. 28, 1929

9. AGE (In years last birthday): 36
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06

10b. KIND OF BUSINESS OR INDUSTRY: Cinder Prod.Mfg. 03

11. BIRTHPLACE (State or foreign country): Parma, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William D. Shurtz
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Clara P. Allen
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): Korea

16. SOCIAL SECURITY NO.: 518 28 5362

17. INFORMANT'S OWN SIGNATURE: X Carolyn Shurtz
ADDRESS: 421 1st. Ave. East Jerome, Idaho

560.0

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Anaphylactic shock — 19 hrs.
DUE TO (c) Bleeding diathesis: cause undetermined.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 10, 1965

19b. MAJOR FINDINGS OF OPERATION: Right inguinal hernia

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 9, 1965, *to* Nov. 11, 1965, *that I last saw the deceased alive on* Nov. 11, 1965, *and that death occurred at* 1:10a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: 801 N. Lincoln, Jerome, Ida.

23c. DATE SIGNED: Nov. 12, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 14, 1965

24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery

24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: Nov. 16 1965

REGISTRAR'S SIGNATURE: Vanessa M. Scherer

25. EMBALMER: W. L. Hove

LICENSE NO.: E-431

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5021
Local Reg. No. 827
Reg. Dist. No. 440

BIRTH NO.

RECEIVED NOV 18 1965 Bureau of Vital Statistics

Inform, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome 270 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 305 3rd. Ave. West

3. NAME OF DECEASED (Type or Print)
a. (First): Myrtle
b. (Middle): 099
c. (Last): Walgamott

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 12, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Feb. 4, 1894

9. AGE (In years last birthday): 71
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Furrier 09

10b. KIND OF BUSINESS OR INDUSTRY: Retail Fur Shop 07

11. BIRTHPLACE (State or foreign country): Shoshone, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William J. Smith
BIRTHPLACE: Michigan

14. MOTHER'S MAIDEN NAME: Clara Bell Heughan
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: -

17. INFORMANT'S OWN SIGNATURE: X Mrs Cedar Layton
ADDRESS: Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephritis — 1 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arthritis Bronchial Asthma — 4-5 yrs.

593X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-13-, 1960, *to* 11-12-, 1965, *that I last saw the deceased alive on* 11-12-1965, *and that death occurred at* 5:17 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Reuben C. Watson MD 33a

23b. ADDRESS: Jerome Ida

23c. DATE SIGNED: 11-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 16, 1965

24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery

24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: Nov. 16 1965

REGISTRAR'S SIGNATURE: Louella M. Scherer

25. EMBALMER: W. L. Hove

LICENSE NO.: E-431

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

NOV 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 17 1987

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5022
Local Reg. No. 828
Reg. Dist. No. 440

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED NOV 26 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 3-05
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedicts Hospital 099

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 070
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carey Rural
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): VIRGINIA
b. (Middle): FRANCES
c. (Last): ELDREDGE

4. DATE OF DEATH (Month) (Day) (Year): Nov. 17, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 1, 1903
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 0, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): South Cottonwood, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: John William Atkinson-Boyd Chippeway, Wis.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Elizabeth Sarah Adamson-S. Cottonwood, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Oliver O Eldredge — ADDRESS: Carey, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 4 Day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cerebral metastases of Ca of Rbreast — 4 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-15-65, 19__, *to* 11-17, 1965, *that I last saw the deceased alive on* 11-17, 1965, *and that death occurred at* 5:25 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 386 [signature]
23b. ADDRESS: Box 68 Shoshone Idaho
23c. DATE SIGNED: 11-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-22-1965
24c. NAME OF CEMETERY OR CREMATORY: Carey Cemetery
24d. LOCATION (City, town, or county) (State): Carey, Idaho

DATE REC'D BY LOCAL REG.: Nov. 22, 1965
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. EMBALMER: Francis M. Bergin
LICENSE NO.: E-463

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Bergin Funeral Chapel, Shoshone

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 29 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 3 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5023
Local Reg. No. 829
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 270 Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
c. LENGTH OF STAY (in this place) 099
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) StBenedicts Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 270 Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. STREET ADDRESS (If rural, give location) 129 West Ave G

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Delphia	Ann	Kennison	Nov 25 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Feb.20.1885	80	9	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
No Home 01	01	Kansas	U S

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Lorance	Illinois	Hannah Smith	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-24-3772	Mrs. Claude Smith	Idaho Jerome

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident (stroke) — INTERVAL BETWEEN ONSET AND DEATH [redacted] 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterial hypertension — Years
DUE TO (c) Diabetes mellitus — One year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1940, 19___, *to* 11/25/65, 19___, *that I last saw the deceased alive on* 11/24/65, 19___, *and that death occurred at* 12:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
N. Carlyle Smid	MD	Jerome, Idaho	11/26/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 27.65	Jerome Cemetery	Jerome Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov. 29, 1965	Lovella M. Schurr	J. R. Wiley	Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of J. K. Wiley Lic. No. E 258 at Jerome Idaho on 4/25/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 5024
Local Reg. No. 828
Reg. Dist. No. 440

BIRTH NO.

RECEIVED DEC 3 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION: 324 East Ave. "C" 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
COUNTY: 270 Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 324 East Ave. "C"

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FRANK		BROGDON	Nov. 25, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Feb. 11, 1909	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Businessman 36
10b. KIND OF BUSINESS OR INDUSTRY: Retail Gas & Oil
11. BIRTHPLACE (State or foreign country): Buford, Georgia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Arthur Brogdon — BIRTHPLACE: Georgia
14. MOTHER'S MAIDEN NAME: Erabelle Whitehead — BIRTHPLACE: Georgia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 530 09 9235
17. INFORMANT'S OWN SIGNATURE: Mrs Ruth Brogdon — ADDRESS: Jerome, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 434.3 Carcinoma Tamponade — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) intra-pericardial
DUE TO (c) Bursting aorta

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Emphysema — 5 min.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/20, 1954 *to* 11/24, 1965, *that I last saw the deceased alive on* 11/24, 1965 *and that death occurred at* 12 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. A. Hoar M.D.
23b. ADDRESS: Jerome, Idaho
23c. DATE SIGNED: 11/25/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 29, 1965
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: Nov. 29 1965
REGISTRAR'S SIGNATURE: Louella M. Deherer
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 6 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 2 3 1999

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5025
Local Reg. No. 831
Reg. Dist. No. 440

RECEIVED
DEC 3 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 148 First Ave. West 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270 b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 148 First Ave. West

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Harold	LeRoy	Lewallen	Nov. 27, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	Nov. 19, 1912	53				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Repairman 06	Radio & T.V. Rpr.	Montgomery City, Mo.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Perry Lee Lewallen	Missouri	Georgia A. Hudnall	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W. W. II	507 07 3538	X Mrs. Connie Morgan	Jerome, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Probable massive Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 420.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Marked obesity — yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Had been dead at least 24 hrs when found

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____ 19__, *to* ____, 19__; *that I last saw the deceased alive on* ____, 19__ *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. M. Fisher, M.D. Coroner	Jerome	30 Nov 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 1, 1965	Jerome Cemetery	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 1, 1965	Louella M. Scherer	W. L. Howe	E-431

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 14 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5026
Local Reg. No. 832
Reg. Dist. No. 440

RECEIVED DEC 3 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 100
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Nursing Hm.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 400 East Ave. "C"

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Washington 099
c. (Last): Ballew

4. DATE OF DEATH (Month) (Day) (Year): Nov. 29, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 17, 1883
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Police Officer 62
10b. KIND OF BUSINESS OR INDUSTRY: City 02
11. BIRTHPLACE (State or foreign country): Burlington, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Ballew — BIRTHPLACE: Ky.
14. MOTHER'S MAIDEN NAME: Lilly Yates — BIRTHPLACE: Ky.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 358 14 5816
17. INFORMANT'S OWN SIGNATURE: X Mrs. Wilma Corpe — ADDRESS: Jerome, Idaho

18. CAUSE OF DEATH 342X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral embolism — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Mural thrombus — 1 yr.
DUE TO (c): auricular fibrillation — 6 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/27, 1954, *to* Nov 28, 1965, *that I last saw the deceased alive on* Nov 28, 1965, *and that death occurred at* 4:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Stout MD. 476
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 11/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 2, 1965
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: Dec. 1, 1965
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended

Certificate of Death

STATE OF IDAHO

State File No. 5027
Local Reg. No. 227
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
JUN 6 1966
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 411 S. 13th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai 28
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 411 S. 13th

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Marian	Lois	Nissen	October 20, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 2	July 22, 1916	49				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Florist & Housewife 0	Self 0	Calgary, Alberta, Canada	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Benjamin Smith	VA.	Lois Tackaberry	Wis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbon Monoxide Poisoning. — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Uncertain	Home	Coeur d'Alene	Kootenai	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Oct 20, 1966 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Found slumped under Car. Key turned off.

22. *I hereby certify that I attended the deceased from* Did not, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. Coroner	Coeur d'Alene Idaho	5-27-'66

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Oct 23, 1965	Fairmont Mausoleum	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 26, 1965	Lorraine K. Brush	Gilbert Yates	E-365

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

A F F I D A V I T

STATE OF IDAHO)
ss.
County of Kootenai)

I, DR. E. R. W. FOX, a licensed practicing physician and surgeon since 1939, resident of Coeur d'Alene, Kootenai County, Idaho, do hereby solemnly swear:

That Marian Nissen was a patient and friend of mine when she died on the 20th day of October, 1965. That I have examined the Death Certificate which terms the cause of death as having been carbon monoxide poisoning, suicidal.

I was one of the first to examine Marian Nissen because I was the family physician, When I got there, the body had not been moved, the engine was turned off, the keys were in the car and, although she had inhaled carbon monoxide by virtue of the motor having been previously run, it is not my opinion medically that it can be accurately recited, nor can I state with certainty that her death was suicidal. Carbon monoxide may have been a contributing cause to the death, but not necessarily the sole cause in my opinion, nor was it suicidal, in my opinion, and this is predicated upon my intimate professional

acquaintanceship with Marian Nissen, the deceased, and that the Death Certificate should be amended so as to eliminate the conclusion of suicide, and this Affidavit is made for the purpose of complying with Section 39-250 of the Idaho Code. The actual cause of death is not known, because no autopsy was performed, but I state medically and professionally and personally, beyond all doubt, that it is my opinion that it was not a suicidal death, but that there was evidence of carbon monoxide and the cause is a matter known only to the deceased, as to whether it was accidental, in view of the lack of an autopsy.

E. R. Taylor M.D.

Subscribed and sworn to before me this 27th day of April, 1966.

Notary Public for Idaho
Residing at Coeur d'Alene,
My Commission expires: 9-11-66

A F F I D A V I T

STATE OF IDAHO)
ss.
County of Kootenai)

I, DR. WILLIAM T. WOOD, a licensed practicing physician and surgeon since 1941, resident of Coeur d'Alene, Kootenai County, Idaho, do hereby solemnly swear:

That I was called by Dr. E. R. W. Fox on the 20th day of October, 1965 to see the body of Marian Nissen in my capacity as Coroner of Kootenai County. The body was lying partly under the car near the left front door which was open. The engine was turned off but the keys were in the car. The Garage door was shut and locked as were the other house doors.

I called the City Police Department and they came and helped in the investigation. At that time it was considered most likely that her death was Suicidal since the doors of the Garage and house were locked and blood samples revealed a high concentration of carbon monoxide. The Death Certificate, therefore, was filled out as Suicide by Carbon Monoxide poisoning.

Since the time of the filing of the Death Certificate additional information has been brought forth which makes the certainty of Suicide impossible to verify. A Mrs. Mary Wood talked to Mrs. Nissen very shortly before her death and stated she was leaving in her car to get some soap for the laundry. It was mentioned that she had in the past started her car with the Garage doors closed. If this be assumed, she could have started the car, turned off the key and slumped under the car in leaving to open the Garage door.

Since there is no way to determine the actions of Mrs. Nissen at this time, I suggest that her death be called due to carbon monoxide poisoning with no statement of fact as to either Suicide or accident.

William T. Wood M.D.

Subscribed and sworn to before me this 27 day of May, 1966.

Notary Public for Idaho
Residing at Coeur d'Alene
My Commission expires: 9-11-66

Certificate of Death

STATE OF IDAHO

State File No. 5027
Local Reg. No. 227
Reg. Dist. No. 120

BIRTH NO.

NOV 1 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 411 S 13th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 411 S 13th

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Marian	Lois	Nissen	Oct	20	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	Married	July 22 1916	49				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Florist & Housewife	Self	Calgary Alberta Canada	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Benjamin Smith	Va.	Lois Tackaberry	Wis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None		Mr. Chester Nissen	Coeur d'Alene, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide by Carbon Monoxide — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) poisoning.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide	Home Garage	Coeur d'Alene Kootenai Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Closed Garage Doors. Ran Car Engine.

22. *I hereby certify that I attended the deceased from* Did not, 19___, to ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. Coroner	Coeur d'Alene, Idaho	10-22-'65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Oct 23, 1965	Fairmont Mausoleum	Spokane	Wash

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Oct. 26, 1965	Lorraine K. Brush	Gilbert Yates	E-365

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

NOV 2 1965
NOV 17 1965
AUG 22 2000
JUN 8 1966
AUG 3 1966

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

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ADDITIONAL REMARKS by Physician.....

70x –

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 5028
Local Reg. No. 241
Reg. Dist. No. 120

BIRTH NO.

NOV 15 1965
Bureau of Vital Statistics

1. PLACE OF DEATH 281
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lakecity General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): North West Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): Fred
b. (Middle): 101
c. (Last): Peterson

4. DATE OF DEATH (Month) (Day) (Year): November 2, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 14, 1877
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger 08
10b. KIND OF BUSINESS OR INDUSTRY: Millworker 02
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Per Person — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Not available — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Edwin O. Peterson — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

462.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Esophageal Varices

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): C. massive

DUE TO (c): hemorrhage

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 3-4 mo.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1964, *to* 11/2, 1965, *that I last saw the deceased alive on* 11/2, 1965, *and that death occurred at* 9:43 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 174 Mrs
23b. ADDRESS: Coeur d'Alene Ida
23c. DATE SIGNED: 11/4/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 11-4-65
24c. NAME OF CEMETERY OR CREMATORY: Chapel of the Chimes
24d. LOCATION (City, town, or county): Portland, (State): Oregon

DATE REC'D BY LOCAL REG.: Nov. 5, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. F. Riplinger Jr.
LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel-Coeur d' Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 29 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

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(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
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STATEMENT OF PLACE OF DEATH

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STATEMENT OF USUAL RESIDENCE OF DECEASED

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IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Wilson

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 5029
Local Reg. No. 238
Reg. Dist. No. 120

BIRTH NO.

NOV 15 1965

Bureau of Vital Statistics

1. PLACE OF DEATH 281
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 3311 N. 15th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Hazel
b. (Middle): Evelyn 101
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): November 3, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 16, 1906
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Spokane, Washington
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frederick Harvey — BIRTHPLACE: Not Available
14. MOTHER'S MAIDEN NAME: [illegible] Johnson — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 534-20-1469
17. INFORMANT'S OWN SIGNATURE: Andrew M. Johnson — ADDRESS: Coeur d'alene Ida.

18. CAUSE OF DEATH 175.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of the ovary

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): with metastases — INTERVAL BETWEEN ONSET AND DEATH: 2 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 11/28/64
19b. MAJOR FINDINGS OF OPERATION: Neoplasm c̄ generalized metastases
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct., 1964, *to* 11/3, 1965, *that I last saw the deceased alive on* 11/2, 1965, *and that death occurred at* 4 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] 174 Fox MD
23b. ADDRESS: Coeur d'Alene Ida
23c. DATE SIGNED: 11/3/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 6, 1965
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: Nov. 5, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. F. Riplinger Jr.
LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel-Coeur d' Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 1 6 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Wilson

Certificate of Death

STATE OF IDAHO

State File No. 5030
Local Reg. No. 247
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
NOV 26 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Couer d'Alene
c. LENGTH OF [illegible]: 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Couer d'Alene Homes 103

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 291
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 515 E. Third St.

3. NAME OF DECEASED (Type or Print)
a. (First): Ora
b. (Middle): Elizabeth
c. (Last): Carter

4. DATE OF DEATH (Month) (Day) (Year): Nov 5 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Jan 9, 1879
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Springfield, Ore.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Geoge Cooper — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Eugenia Frum — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: G W Carter — ADDRESS: Los Angeles

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

522X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): General debility — 3 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 16, 1961, *to* Nov 5, 1965, *that I last saw the deceased alive on* Sept 24, 1965, *and that death occurred at* 8:50A *m., from the causes and on the date stated above.*

23a. SIGNATURE: 568 W. Wray Wilson MD (Degree or title)
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: Nov 18, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 10, 1965
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: Nov. 18 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: E. Russell Short — LICENSE NO.: E-420

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 29 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 5031
Local Reg. No. 246
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 28/ NOV 18 1965
b. CITY OR TOWN: Coeur d'Alene
c. LENGTH OF STAY IN HOSPITAL: 46 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Cougar Gulch (607)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28/ b. COUNTY: Kootenai
c. CITY OR TOWN: Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Cougar Gulch

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John		Lenz	11/10/65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	8/19/1891	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner & Logger 08	Mining & Lumber 05	Palu, Austria	Italy

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Austria	Unknown	Austria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	529-42-5576	Henry Gotz	Coeur d'Alene, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	

22. *I hereby certify that I attended the deceased from* Did not, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood - Coroner 582 M.D.	Coeur d'Ale	11-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-15-65	St. Thomas Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 15 1965	Lorraine K. Brush	Gil Yates	365

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

NOV 19 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 22 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5032
Local Reg. No. 251
Reg. Dist. No. 120

RECEIVED
NOV 26 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
LENGTH OF STAY (in this place): 1 YR.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pinewood Manor 26

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Pinewood Manor

3. NAME OF DECEASED (Type or Print): a. (First) Wallace b. (Middle) W. c. (Last) Schmidt

4. DATE OF DEATH (Month) (Day) (Year): 11/11/1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: 9/16/1894

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heavy Equip. Operator

10b. KIND OF BUSINESS OR INDUSTRY: at large 40

11. BIRTHPLACE (State or foreign country): Pilot Mound, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Philip Schmidt 52

BIRTHPLACE: Ill.

14. MOTHER'S MAIDEN NAME: Annie Tibby

BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): W.W.1 — (If yes, give war or dates of service): 3

16. SOCIAL SECURITY NO.: 430-0

17. INFORMANT'S OWN SIGNATURE: Myron Schmidt — **ADDRESS**: Hayden Lake, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Probable Cerebrovascular Accident Cerebral and	Several hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Peripheral Vascular Insufficiency	unknown
DUE TO (c)	Atherosclerotic Heart Disease	unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes mellitus	Several years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* intermittently 2-21, 1961, to 9-4, 1965, *that I last saw the deceased alive on* 9-4, 1965, *and that death occurred at* 11:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 46 — **(Degree or title)**: M.D. — **23b. ADDRESS**: Coeur d'Alene, Idaho — **23c. DATE SIGNED**

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/15/65

24c. NAME OF CEMETERY OR CREMATORY: Restlawn Memorial Park

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: Nov. 19 1965

REGISTRAR'S SIGNATURE: Lorraine L. Brunson

25. EMBALMER: Fred Noland — **LICENSE NO.**: 493

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 29 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Daugharty

Certificate of Death

STATE OF IDAHO

State File No. 5033
Local Reg. No. 248
Reg. Dist. No. 120

RECEIVED NOV 26 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d' Alene General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: San Francisco
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): San Francisco
d. STREET ADDRESS (If rural, give location): 1615 44th Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Delmar	Lewis	Dunn	November 14,65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug. 13, 1915	50				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Operating Engineer	American Bridge & Foundry Co.	Salem, Oregon	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
L. H. Dunn	Oregon	Mary Doyle	Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	541-14-7947	Kenneth W. Dunn	Calif. Windsor,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction acute — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11-2-65, 19__, *to* 11-14-65, 19__, *that I last saw the deceased alive on* 11-14-65, 19__ *and that death occurred at* 2:55 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Alan Daugharty M.D.	816 Sherman Ave. Coeur d'Alene, Idaho	11-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Nov. 15 65	Sullivan Mortuary	San Francisco, Calif.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 17, 1965	Lorraine K. Brush	Bill Duff	E-439

FIRM NAME: English Chapel-Coeur d' Alene

Federal Security Agency
United States Public Health Service

Form DH-69021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: NOV 29 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

NOV 13 1975

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Accepted

Certificate of Death

State File No. 5034
Local Reg. No. 249
Reg. Dist. No. 120

BIRTH NO.

RECEIVED NOV 26 1965 Bureau of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai 381
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d' Alene General 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Hettie
b. (Middle): O.
c. (Last): Graham

4. DATE OF DEATH (Month) (Day) (Year): November 15, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 29, 1897
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Touchet, Wash.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Robert F. Cummins — BIRTHPLACE: Wash.
14. MOTHER'S MAIDEN NAME: Hannah M. Waggoner — BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519-18-2265
17. INFORMANT'S OWN SIGNATURE (AE): Mrs. Beverly B. Graham, Hayden Lake — ADDRESS: Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Colon

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1956, to _____, 1965, that I last saw the deceased alive on* Nov 15, 1965, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 192 [signature] M.D.
23b. ADDRESS: 302 N 5 St
23c. DATE SIGNED: 15 Nov

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 17, 65
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Memorial Park
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: Nov. 17, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. F. Kiplinger Jr.
LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel-Coeur d' Alene

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 7 1965

DEC 17 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Hughes RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 5035
Local Reg. No. 253
Reg. Dist. No. 120

BIRTH NO.

281 DEC 1 1965 3-09 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1132 N. 3rd St.

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): L. 101
c. (Last): Anderson

4. DATE OF DEATH (Month) (Day) (Year): November 16, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: January 31, 1875
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer-Millworker 04
10b. KIND OF BUSINESS OR INDUSTRY: Saw Mill 01
11. BIRTHPLACE (State or foreign country): Minn.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Anderson — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Pauline Larson — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-01-3741
17. INFORMANT'S OWN SIGNATURE: Mrs Don Lewis — ADDRESS: Cd"A, Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-Vascular Thrombosis (3) — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) cerebro arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-6, 1965, *to* 11-16, 1965, *that I last saw the deceased alive on* 11-16, 1965, *and that death occurred at* 8 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard A Hughes MD 601
23b. ADDRESS: Coeur D'Alene Idaho
23c. DATE SIGNED: 11-18-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 20, 65
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county): Coeur d' Alene — (State): Idaho

DATE REC'D BY LOCAL REG.: Nov. 22 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. F. Ripfinger Jr.
LICENSE NO.: E-439

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel-Doris Crockett

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED — STATE OF IDAHO

State File No. 5036
Local Reg. No. 250
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 28 — NOV 26 1965 — Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY IN HOSPITAL OR INSTITUTION: 3 01 — 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Infant
b. (Middle): Melody 10
c. (Last): Dawn Layson

4. DATE OF DEATH: (Month) (Day) (Year): 11/16/65

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant 1

8. DATE OF BIRTH: 11/15/65

9. AGE (In years last birthday): IF UNDER 1 YEAR — Months: — Days: 1 — IF UNDER 24 HRS. — Hours: — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY: None 00

11. BIRTHPLACE (State or foreign country): Coeur d'Alene, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Harvey Layson — BIRTHPLACE: Wash.

14. MOTHER'S MAIDEN NAME: Donna Jeromchek — BIRTHPLACE: N. Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: Harvey Layson — ADDRESS: Post Falls, Idaho.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 776.X prematurity (6 mo) — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-15, 1965, *to* 11-16, 1965, *that I last saw the deceased alive on* 11-16, 1965, *and that death occurred at* 11:30 AM *from the causes and on the date stated above.*

23a. SIGNATURE: Frank Bielen 1025 — (Degree or title): M.D. — **23b. ADDRESS**: Coeur d'Alene, Idaho — **23c. DATE SIGNED**:

24a. BURIAL, CREMATION, REMOVAL (Specify): 11/17/65 — **24b. DATE**: Burial — **24c. NAME OF CEMETERY OR CREMATORY**: Restlawn Mem. Park — **24d. LOCATION** (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: Nov. 19, 1965 — REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: G.D. Yates — LICENSE NO.: 365

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5037
Local Reg. No. 252
Reg. Dist. No. 120

BIRTH NO.

RECEIVED DEC 1 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 9 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d' Alene Homes 103

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Coeur d' Alene Homes

3. NAME OF DECEASED (Type or Print): a. (First) Christine b. (Middle) c. (Last) Anderson

4. DATE OF DEATH: (Month) (Day) (Year) November 18, 65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed 2	September 21, 75	90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 61	Own Home 61	Wakefield, Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Rudolph Wilmer	Germany	Christine Veltup	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Lynn C. Anderson	Hayden Lake, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension, Chronic — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1959, 19___, *to* 11/16/65, 19___, *that I last saw the deceased alive on* 10/30/65, 19___, *and that death occurred at* 11:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lynn C. Anderson M.D.	Coeur d'Alene, Idah.	11/19/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 20, 65	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 22, 1965	Lorraine K. Brush	Bill Wolff	E-439

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel-Coeur d' Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS, by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 5038
Local Reg. No. 257
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai 28 | DEC 1 1965 | 3-03
b. CITY OR TOWN Coeur d'Alene | Bureau of Vital Statistics | LENGTH OF STAY IN (this place) 38 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 280 b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) C.d'A. General Hospital
d. STREET ADDRESS (If rural, give location) Rt.2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ine	101	Furumasu	11/20/65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Japanese 5	Widowed 2	8/15/1875	90				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	at home 01	Hiroshimo, Japan	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown Sakurao	Japan	Unknown	Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	Fumiko Furumasu	Spokane, Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon — INTERVAL BETWEEN ONSET AND DEATH: 1 Year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11-16-'65	Partial Intestinal obstruction	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19 55, to 11-20, 19 65, that I last saw the deceased alive on 11-20, 1965, and that death occurred at 8:20A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood N.D.	Coeur d'Alene, Idaho	11-22-'65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/23/65	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 23, 1965	Lorraine K. Brush	Gilbert D. Yates	365

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be completed as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5039
Local Reg. No. 258
Reg. Dist. No. 120

BIRTH NO.

DEC 1 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Worley
c. LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At ranch home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Worley
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ronald	William	Reddy	11/20/65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married 7	5/8/1951	14				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 77	None 02	Spokane, Wash.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Reddy	N.Y.	Catherine Boswell	Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	No	Catherine Reddy,	Spokane, Wn.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Homicide by firearms 9818	Immediate
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Gunshot wounds, chest & head	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ~~ACCIDENT~~ ~~SUICIDE~~ HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 280 (COUNTY) (STATE)
Homicide	02 Farm	13 Worley Kootenai Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
11-20-65 m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Shot in chest & head

22. *I hereby certify that I attended the deceased from* Did Not, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. Coroner. 583 4	Coeur d'Alene, Idaho	11-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/26/65	Restlawn Memorial Park	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 24 1965	Lorraine K. Brush	G.D. Yates	365

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 4 1969

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Henson

Certificate of Death

STATE OF IDAHO

State File No. 5040
Local Reg. No. 260
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
DEC 8 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pinewood Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene,
d. STREET ADDRESS (If rural, give location): 1224 1st St.

3. NAME OF DECEASED (Type or Print)
a. (First): Martha
b. (Middle): Caroline 261
c. (Last): Jacobson

4. DATE OF DEATH (Month) (Day) (Year): November 20, 65

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: February 8, 1872
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own HOme 01
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: A. Peterson — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Not Available — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 536-07-9344
17. INFORMANT'S OWN SIGNATURE: Arnold H Olson — ADDRESS: Ida. Coeur d'A

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Pulmonary Congestion, Senility — 1 week

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1962, *to* Nov 20, 1965, *that I last saw the deceased alive on* Nov 15, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 225 Rex Henson MD
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: Nov. 22, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-24-1965
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Spokane Washington

DATE REC'D BY LOCAL REG.: Dec. 1, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. F. Pipling Jr. Jr.
LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel, Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. W. T. Wood

Certificate of Death

STATE OF IDAHO

State File No. 5041
Local Reg. No. 259
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
DEC 8 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d' Alene General Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): LakeView Court Cabin #78

3. NAME OF DECEASED (Type or Print): a. (First) Daniel b. (Middle) Lee c. (Last) Armbrister

4. DATE OF DEATH (Month) (Day) (Year): November 20, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: August 25, 1965

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months: 2 Days: 25 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02

10b. KIND OF BUSINESS OR INDUSTRY: None 50

11. BIRTHPLACE (State or foreign country): California

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ronald Armbrister — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Fahn Poole — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Fahn Armbrister ADDRESS: Ida Coeur d'Alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumococcal pneumonia & meningitis. — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

493X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-18, 1965, *to* 11-20, 1965, *that I last saw the deceased alive on* 11-20, 1965, *and that death occurred at* 12:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Wood, M.D. — **23b. ADDRESS**: Coeur d'alene, Idaho — **23c. DATE SIGNED**: 11-22-'65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 11-24-1965 — **24c. NAME OF CEMETERY OR CREMATORY**: Forest Cemetery — **24d. LOCATION** (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Dec. 1, 1965 — **REGISTRAR'S SIGNATURE**: Lorraine K. Brush — **25. EMBALMER**: W. F. Fuehrer Jr. — **LICENSE NO.**: E-397

FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JAN 3 1975

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5042
Local Reg. No. 255
Reg. Dist. No. 120

BIRTH NO.

RECEIVED DEC 1 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH — a. COUNTY: 280 Kootenai — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Worley — c. LENGTH OF STAY (in this place): 38 Yrs — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At ranch home 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 280 — b. COUNTY: Kootenai — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Worley — d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Manilla	C.	Boswell	11/20/65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	5/1/1898	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	at home 01	Mount Hope, Wash.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert Cameron	Iowa	Catherine Smith	New Jersey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	Harold Boswell	Spokane, Wash.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Homicide by firearms — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Strangulation

DUE TO (c) Gunshot wounds of head

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* partial.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 280 (COUNTY) (STATE)
Homicide.	02 Farm	3 Worley Kootenai Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
11-20-'65 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Strangled & shot thru head

22. *I hereby certify that I attended the deceased from* Did not, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. Coroner	Coeur d'Alene, Idaho	11-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/26/65	Restlawn Memorial Park	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 24 1965	Lorraine K. Breuch	G.D. Yates	365

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

FEB 24 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 4 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 26 1991

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician Thumb print marks on throat. 2 gunshot wounds of head. Head post mortem exam done to recover 2 slugs from gun. 1 fairly intact. The other fragmented

State File No. 5043
Local Reg. No. 254
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 1 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 280 Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Worley
c. LENGTH OF STAY (in this place) 38 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At ranch home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 280 b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Worley
d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Guiles	Walter	Boswell	11/20/65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	3/1/1897	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farming 01	Hood River, Ore.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Boswell	Unknown	Edith Straight	Minn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW1	518-12-3324	Harold Boswell	Spokane, Wn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Homicide by firearms — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gunshot wounds of head
DUE TO (c) and chest

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ~~ACCIDENT~~ ~~SUICIDE~~ HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 280 (COUNTY) (STATE)
Homicide	Farm	3 Worley Kootenai Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
11-20-'65 m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Shot through head & chest

22. *I hereby certify that I attended the deceased from* Did not, 19___, to ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. Coroner 583	Coeur d'Alene, Idaho	11-24-'65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/26/65	Restlawn Memorial Park	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 24 1965	Lorraine K. Breuch	Gil D. Yates	365

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 1 4 1965
DEC 27 1965
FEB 24 1966
DEC 4 1968
FEB 2 6 1991

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5044
Local Reg. No. 256
Reg. Dist. No. 120

BIRTH NO.

RECEIVED DEC 1 1965

1. PLACE OF DEATH
a. COUNTY: Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY in this place: 12 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): C.d'A. General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 907 2nd. Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Bertil b. (Middle) O c. (Last) Davidson

4. DATE OF DEATH (Month) (Day) (Year): 11/22/65

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: 9/27/1898

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millworker 09

10b. KIND OF BUSINESS OR INDUSTRY: Lumber 07

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Oscar Davidson
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-01-0802

17. INFORMANT'S OWN SIGNATURE: Mrs. Selma Davidson
ADDRESS: Coeur d'Alene, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction 420.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): A.S.H.D.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arabica Mellitus.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-10-65, 19___, *to* 11-22-65, 19___, *that I last saw the deceased alive on* 11-22-65, 19___, *and that death occurred at* 10:30 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED: 11-22-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/26/65

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: Nov. 24 1965

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: G.D.Yates
LICENSE NO.: 365

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 17 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAR 23 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. JAN 15 1970

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5045
Local Reg. No. 262
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
DEC 8 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 24 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 601 Front St. 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 601 Front St.

3. NAME OF DECEASED (Type or Print): a. (First) Wade b. (Middle) John c. (Last) Kobs

4. DATE OF DEATH (Month) (Day) (Year): 11/24/65

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: 1/1/1913

9. AGE (In years last birthday): 52 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Parts Salesman 19

10b. KIND OF BUSINESS OR INDUSTRY: Auto Supply 08

11. BIRTHPLACE (State or foreign country): DePere, Wis.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: W. W. Kobs — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Elizabeth Schmitt — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-03-2922

17. INFORMANT'S OWN SIGNATURE: Emma Kobs — ADDRESS: Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/24, 1965, *to* 11/24, 1965, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 11:55 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/27/65

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: Nov. 29 1965

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Fred Noland — LICENSE NO.: 493

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

FEB 9 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

APR 15 1971

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 5046
Local Reg. No. 264
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai 28 | DEC 8 1965 | 3-07
b. CITY OR TOWN Coeur d'Alene | Bureau of Vital Statistics | LENGTH OF STAY (in this place) 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) CdA. Gen 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 28 | b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) Rt #2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	John	DeLoss	Martin	Nov	26	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married 3	Aug 26, 1892	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Cattleman 51	Self 01	Venita Okla	U.S.A..

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harvey Martin	Cal	Katie Hendrix	Okla

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	519-16-2745	Mrs. Alta Martin	CdA. Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion with myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerosis, coronary and peripheral — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2·24, 19 65, *to* 11·26, 19 65, *that I last saw the deceased alive on* 11·26·65, 19 , *and that death occurred at* 7:55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Paul Quinn 469	MD	Hayden Lake, Ida.	12·1·65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Nov 29 65	Restlawn	Coeur dAlene	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 2 1965	Lorraine K. Brush	Gilbert Gate	E-365

FIRM NAME: Yeter-Moore F.H.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5047
Local Reg. No. 263
Reg. Dist. No. 120

BIRTH NO.

RECEIVED Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 281
DEC 8 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place) 5-05 Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 15th. & Sherman

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 281
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 507 S. 13th.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Joshua	Barbee	Lillard	11/27/65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	4/19/1894	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Saw Filer 09	Sawmill 21	Blackburn, Mo.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edgar W. Lillard	Mo.	Bettie Jackson	Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW 1	518-01-0329	Mrs. Pearl Lillard	Coeur d'Alene, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown Disease — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probable Acute Coronary
DUE TO (c) occlusion

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not, 19__, *to* __, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* 1:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. Coroner	Coeur d'Alene, Idaho	11-30-'65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/1/65	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 2 1965	Lorraine K. Brush	Fred Noland	493

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 9 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 13 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Bud Barclay RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 5048
Local Reg. No. 266
Reg. Dist. No. 120

BIRTH NO.

DEC 13 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): .000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Aklene
d. STREET ADDRESS (If rural, give location): 316 Wallace Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Burney
b. (Middle): O. 101
c. (Last): Lawson

4. DATE OF DEATH (Month) (Day) (Year): November 29,65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 24, 1896
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter 23
10b. KIND OF BUSINESS OR INDUSTRY: Painter 01
11. BIRTHPLACE (State or foreign country): Kirksville, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frank S. Lawson — BIRTHPLACE: Mo
14. MOTHER'S MAIDEN NAME: Mary F. Clark — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): World War I 3
16. SOCIAL SECURITY NO.: 519-10-4657
17. INFORMANT'S OWN SIGNATURE: Milvin F. Lawson — ADDRESS: Coeur d'alene, Idaho

18. CAUSE OF DEATH 570.3
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Sigmoid Volvulus — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Congenital redundancy — 69 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Parkinsonism — 15 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-25, 1962, *to* 11-29, 1965, *that I last saw the deceased alive on* 11-29, 1965 *and that death occurred at* 9:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. Barclay 026 D.O. (Degree or title)
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 12-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-1-65
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: Dec. 6, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. F. Ripplinger Jr.
LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Coeur d' Alene, English Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: DEC 15 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5049
Local Reg. No. 126
Reg. Dist. No. 200

BIRTH NO.

RECEIVED NOV 26 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latah Nursing Home 306

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 13 Miles North of Potlatch, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Mary	Gilette	Marsh	Oct.	30,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	March 9, 1876	89				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home 01	Marion, North Carolina	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William H. Reel	North Carolina	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	E. G. Marsh	Potlatch, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Arteriosclerosis — 3 yrs

DUE TO (c) Generalized Arteriosclerosis — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

3318

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov 1, 1964, *to* Oct 30, 1965, *that I last saw the deceased alive on* Oct 26, 1965, *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Philip D. Specht MD	Genesee, Idaho	Nov. 12, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 3, 1965	Palouse Cemetery	Palouse Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 23, 1965	Ruth L. Bruce	Ronald Ward	E-380

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5050
Local Reg. No. 127
Reg. Dist. No. 200

BIRTH NO.

RECEIVED
NOV 26 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah 290 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee
LENGTH OF STAY (in this place): 2 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION: 022

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290 b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) FLOSSIE b. (Middle) c. (Last) GEBOE

4. DATE OF DEATH: (Month) October (Day) 31 (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Feb 19, 1912

9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homekeeper 07

10b. KIND OF BUSINESS OR INDUSTRY: 01 Housekeeping

11. BIRTHPLACE (State or foreign country): Pomeroy, Washington

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jasper Scoggin — BIRTHPLACE: Nebraska

14. MOTHER'S MAIDEN NAME: Nellie Brunton — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S OWN SIGNATURE: Sally Goodall — ADDRESS: Clarkston, Wash

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4201 Acute Coronary Occlusion — (INTERVAL BETWEEN ONSET AND DEATH) Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Thrombosis +

DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* Never, 19____, *and that death occurred at* 8:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Philip D. Specht MD — **23b. ADDRESS**: Genesee Idaho — **23c. DATE SIGNED**: Nov. 13, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **24b. DATE**: 10/31/65 — **24c. NAME OF CEMETERY OR CREMATORY**: Vineland Cemetery — **24d. LOCATION** (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: Nov. 23, 1965 — **REGISTRAR'S SIGNATURE**: Ruth L. Bruce

25. EMBALMER: Patrick Mahoney — **LICENSE NO.**: E-492

FIRM NAME: Merchant Funeral Home - Clarkston Wn.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

NOV 29 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 10 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5051
Local Reg. No. 128
Reg. Dist. No. 200

RECEIVED
NOV 26 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah 29
b. CITY OR TOWN Juliaetta
c. LENGTH OF STAY (in this place) 100
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Own Residence 102

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 29
b. COUNTY Latah 90
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Juliaetta
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)
	JERICE	ANNE	PEDERSON

4. DATE OF DEATH (Month) Nov. (Day) 9, (Year) 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never Married	Oct. 30, 1965	- - - -	- -	9	- -	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None 02	None 07	Clarkston, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jerome A. Pederson	Richardton, N.D.	W. Marlene Enyeart	Juliaetta, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	Jerome A. Pederson	Juliaetta, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Interstitial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES XX NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 11 PM m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. R. Adams MD	Coroner	Moscow, Idaho	11/15/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 12, 1965	Juliaetta [illegible] Cemetery	Juliaetta, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 23, 1965	Ruth L. Bruce	W. F. Black	E-426

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has ~~resided in the~~ county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 15 1965 Bureau of Vital Statistics

State File No. 5052
Local Reg. No. 137
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 29 | DURATION OF STAY (in this place): 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho | b. COUNTY: Latah 29
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 422 Lewis St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Martha	Palmina	Benson	Nov	14	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	married 3	Sept 14, 1893	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	01	Brandt, S.D.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ole Mellom	Minn.	Hilda Falla	Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-12-1149	Gust Benson	Moscow, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

3318

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebrovascular Accident (Stroke) — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Malignant Melanoma

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11-2-65	Malignant Melanoma of Ear with metastases to neck	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10-29, 1965, *to* 11-14, 1965, *that I last saw the deceased alive on* 11-14, 1965, *and that death occurred at* ** m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carol E Volker MD	Moscow Idaho	12-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov 16, 1965	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 13, 1965	Ruth L Bruce	Donald Ward	E-380

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

DEC 1 6 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5053
Local Reg. No. 129
Reg. Dist. No. 200

BIRTH NO. 65-11657

RECEIVED NOV 26 1965 Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah 29 | 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 29 | b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): Huggins Trailer Court

3. NAME OF DECEASED (Type or Print): a. (First) John | b. (Middle) Anthony | c. (Last) Keyser

4. DATE OF DEATH: (Month) Nov | (Day) 17 | (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Nov 17, 1965

9. AGE (In years last birthday): 0 | IF UNDER 1 YEAR Months: 0 | Days: 0 | IF UNDER 24 HRS. Hours: 3 | Min.: 46

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): Moscow, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Phillip Keyser | BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Texanna Gustin | BIRTHPLACE: Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Phillip Keyser | ADDRESS: Moscow, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 776X PREMATURITY — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. BORN AT 25 WEEKS GESTATION

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 17 Nov, 1965, *to* 17 Nov, 1965, *that I last saw the deceased alive on* 17 Nov, 1965, *and that death occurred at* 12:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W.P. Mauldin, M.D.

23b. ADDRESS: Moscow, Idaho

23c. DATE SIGNED: 18 Nov 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 20, 1965

24c. NAME OF CEMETERY OR CREMATORY: Priest River Cemetery

24d. LOCATION (City, town, or county) (State): Priest River Idaho

DATE REC'D BY LOCAL REG.: Nov. 23, 1965

REGISTRAR'S SIGNATURE: Ruth L. Bruce

25. EMBALMER: Harold Ward

LICENSE NO.: E-380

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5054
Local Reg. No. 130
Reg. Dist. No. 200

Certificate of Death

BIRTH NO. 65-11658

RECEIVED DEC 2 1965 Bureau of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF [illegible] place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Tommy
b. (Middle): Ray
c. (Last): Taylor

4. DATE OF DEATH (Month) (Day) (Year): Nov. 18, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: Nov. 18, 1965
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min. 31

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ray Taylor
BIRTHPLACE: Fayettville, Ark.
14. MOTHER'S MAIDEN NAME: Hope Rambeau
BIRTHPLACE: Orofino, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Ray Taylor
ADDRESS: Troy, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

759.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congenital absence of lungs and diaphragm.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Congenital abnormalities of the small and large intestines, urinary tract and heart.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Baby born with heartbeat, but never breathed, because no lung was present *19____ to* Nov. 18 *, 19*65*, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Omer H [illegible] 148 (Degree or title): M.D.
23b. ADDRESS: Troy Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Nov. 22, 1965
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: Nov. 29, 1965
REGISTRAR'S SIGNATURE: Ruth L. Bruce
25. EMBALMER: Donald Ward
LICENSE NO.: E-380

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5055
Local Reg. No. 135
Reg. Dist. No. 200

BIRTH NO. RE[illegible]ED

1. PLACE OF DEATH
a. COUNTY Latah 290
DEC 8 1965 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow-rural Bureau of Vital Statistics
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 351
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 3517-14th St.

3. NAME OF DECEASED (Type or Print)
a. (First) Edwin
b. (Middle) Lewis
c. (Last) Spaulding

4. DATE OF DEATH (Month) (Day) (Year) Nov. 18, 1965

5. SEX ~~Fe~~male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH April 18, 1904
9. AGE (In years last birthday) 61 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cabinet maker 37
10b. KIND OF BUSINESS OR INDUSTRY self 06
11. BIRTHPLACE (State or foreign country) Canyonville, Oregon
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME no record — BIRTHPLACE
14. MOTHER'S MAIDEN NAME no record — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 544-07-0132
17. INFORMANT'S OWN SIGNATURE [illegible] — ADDRESS Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 4:30 P.m., from the causes and on the date stated above.*

23a. SIGNATURE 583 (Degree or title) W. E. Adams, M.D., Coroner 4
23b. ADDRESS Moscow, Idaho
23c. DATE SIGNED Dec 3, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) removal 3
24b. DATE Nov. 19, 1965
24c. NAME OF CEMETERY OR CREMATORY Lewis-Clark Memorial
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. Dec. 6, 1965
REGISTRAR'S SIGNATURE Ruth L. Bruce
25. EMBALMER V. Vassar
LICENSE NO. E297

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Vassar-Rawls Funeral Home

FEB 4 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5056
Local Reg. No. 131
Reg. Dist. No. 200

BIRTH NO.

RECEIVED DEC 2 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Moscow
c. IF OUTSIDE CITY OR TOWN, LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): 4 Miles North of Potlatch

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) William c. (Last) Kolowinski

4. DATE OF DEATH: (Month) Nov. (Day) 22, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 11-26-1897

9. AGE (In years last birthday): 67 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Wheat Farm

11. BIRTHPLACE (State or foreign country): Clayton City, Iowa

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: John Kolowinski BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Caroline Solner BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW2

16. SOCIAL SECURITY NO.: 519-16-2868

17. INFORMANT'S OWN SIGNATURE: James C. Kolowinski ADDRESS: Garfield Wn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Delerium Tremens With

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Marked Cerebral Edema

DUE TO (c) Chronic alcoholism

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephrosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-18, 1965, to 11-22, 1965, *that I last saw the deceased alive on* 11-22, 1965 *and that death occurred at* 12:10A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title):

23b. ADDRESS: Moscow Idaho

23c. DATE SIGNED: 11-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-24-1965

24c. NAME OF CEMETERY OR CREMATORY: Freeze Cemetery

24d. LOCATION (City, town, or county) (State): Latah County, Idaho

DATE REC'D BY LOCAL REG.: Nov. 29, 1965

REGISTRAR'S SIGNATURE: Edith L. Bruce

25. EMBALMER: Donald Ward LICENSE NO.: E-380

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 6 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5057
Local Reg. No. 133
Reg. Dist. No. 200

BIRTH NO.

RECEIVED DEC 8 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Latah 29 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (in this place) 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Memorial Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 391 b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 830 Maybelle

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Harold c. (Last) Berg

4. DATE OF DEATH (Month) (Day) (Year) Nov. 28, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH April 2, 1914

9. AGE (In years last birthday) 51 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agent 26 Union Pacific Railroad 03

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Spokane, Washington

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George E. Berg BIRTHPLACE Michigan

14. MOTHER'S MAIDEN NAME Cora Pearson BIRTHPLACE Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 720030447

17. INFORMANT'S OWN SIGNATURE Mrs. Robert H. Berg ADDRESS Moscow, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: I hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1958, *to* Nov 28, 1965, *that I last saw the deceased alive on* Nov 28, 1965, *and that death occurred at* 10:50P. m., *from the causes and on the date stated above.*

23a. SIGNATURE W. P. McNeary (Degree or title) 328

23b. ADDRESS Moscow, Idaho

23c. DATE SIGNED 2 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried

24b. DATE Dec. 2, 1965

24c. NAME OF CEMETERY OR CREMATORY Moscow Cemetery

24d. LOCATION (City, town, or county) Moscow (State) Idaho

DATE REC'D BY LOCAL REG. Dec. 6, 1965

REGISTRAR'S SIGNATURE Ruth L. Bruce

25. EMBALMER E. R. Short

LICENSE NO. E-420

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-69021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 9 1965

JUN 30 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to sign the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 0 3 1996

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5058
Local Reg. No. 132
Reg. Dist. No. 200

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 8 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah 29 | 3-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (in this place) 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 291
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 204 N. Adams

3. NAME OF DECEASED (Type or Print)
a. (First) Guy
b. (Middle) Eleneyer 112
c. (Last) Owens

4. DATE OF DEATH (Month) (Day) (Year) November 28, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH April 15, 1889
9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician 14
10b. KIND OF BUSINESS OR INDUSTRY Medicine 01
11. BIRTHPLACE (State or foreign country) Norton Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Enos Delos Owens
BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Mary Gibson
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | (If yes, give war or dates of service) WW 1 and WW 23
16. SOCIAL SECURITY NO. 488 325442
17. INFORMANT'S OWN SIGNATURE Mrs. Guy Owens
ADDRESS Moscow, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction
INTERVAL BETWEEN ONSET AND DEATH 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Prostate

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-23-, 1965, *to* 11-28, 1965, *that I last saw the deceased alive on* 11-28-, 1965 *and that death occurred at* 4:55 Am., *from the causes and on the date stated above.*

23a. SIGNATURE David C. Valder MD (Degree or title) 54
23b. ADDRESS Moscow, Idaho
23c. DATE SIGNED 12-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 30, 1965
24c. NAME OF CEMETERY OR CREMATORY Moscow Cemetery
24d. LOCATION (City, town, or county) (State) Moscow Idaho

DATE REC'D BY LOCAL REG. Dec. 6, 1965
REGISTRAR'S SIGNATURE Ruth L. Bruce
25. EMBALMER E. R. Short
LICENSE NO. E-420

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 15 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 31 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 25 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUL 12 1966

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

JUL 18 1975

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

APR 4 1979

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5059
Local Reg. No. 134
Reg. Dist. No. 200

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
DEC 8 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah 291 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 291
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 431 Veatch

3. NAME OF DECEASED (Type or Print)
a. (First): Raymond
b. (Middle): Francis
c. (Last): Odgen

4. DATE OF DEATH (Month) (Day) (Year): November 30 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 4 1899
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Worker 09
10b. KIND OF BUSINESS OR INDUSTRY: Lumbering 00
11. BIRTHPLACE (State or foreign country): Moscow Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Fredrick Ogden — BIRTHPLACE: Towanda, Ill.
14. MOTHER'S MAIDEN NAME: Ella Frazee — BIRTHPLACE: Shobetown, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.: 518-01-0317
17. INFORMANT'S OWN SIGNATURE: Sylvia Ogden — ADDRESS: Moscow

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Anterior Coronary Occlusion

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Coronary Sclerosis

DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Myocardial failure

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: ——
19b. MAJOR FINDINGS OF OPERATION: ——
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ——
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ——
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ——

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ——
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ——

22. *I hereby certify that I attended the deceased from* 11-27, 1965, *to* 11-30, 1965, *that I last saw the deceased alive on* 11-30, 1965, *and that death occurred at* 8:15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph G. Wilson 567 M.D.
23b. ADDRESS: 1003 1556 Moscow Idaho
23c. DATE SIGNED: 12-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: December 4 1965
24c. NAME OF CEMETERY OR CREMATORY: Texas Ridge Cemetery
24d. LOCATION (City, town, or county) (State): Deary Latah Idaho

DATE REC'D BY LOCAL REG.: Dec. 6, 1965
REGISTRAR'S SIGNATURE: Ruth L. Bruce
25. EMBALMER: Russell Short
LICENSE NO.: E. 420

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Shorts Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: DEC 13 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 22 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5060
Local Reg. No. 670
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi 300
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon | LENGTH OF STAY (in this place): 54 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial 117

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 300 b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Maude	Hill	Viel	Nov. 6, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 3	Nov. 10, 1882	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
home 01	01	Red Rock, Montana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Emerson Hill	Tennessee	Margaret Bess	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-54-0481	Mrs Lyda Bremer	Los Altos, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO~~ (b) with rt hemiplegia — 3days
~~DUE TO~~ (c) Terminal Pneumonia — 2days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Severe Osteoarthritis — 15years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1949, 19__, *to* Death, *that I last saw the deceased alive on* Nov 6, 1965, *and that death occurred at* 11:56 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. L. Blackadar M.D.	Salmon Ida	11-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-9-65	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov 17-65	Viola E. Johnson	Delbert C. Jones	Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

JAN 17 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Delbert C. Jones Lic. No. E369 at Salmon on 11-7-65

ADDITIONAL REMARKS by Physician

State File No. 5061
Local Reg. No. 690
Reg. Dist. No.

RECEIVED
DEC 2 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi 300
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lemhi
c. LENGTH OF STAY (in this place): 11 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Colson Ranch 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 300
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lemhi
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Kenneth
b. (Middle): Edward
c. (Last): Colson

4. DATE OF DEATH (Month) (Day) (Year): Nov. 15, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 12, 1919
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): rancher 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Medicine Lodge, Ida.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William A. Colson — BIRTHPLACE: Nebr.
14. MOTHER'S MAIDEN NAME: Sarah Martha Fayle — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-38-9061
17. INFORMANT'S OWN SIGNATURE: Georgia Colson — ADDRESS: Lemhi

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: none

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Heart Disease — 1 yr.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-27, 1964, *to* 11-15, 1965, *that I last saw the deceased alive on* 10-12, 1965, *and that death occurred at* 10 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE: M J Moore 369 (Degree or title)
23b. ADDRESS: Salmon, Idaho
23c. DATE SIGNED: 11-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-19-65
24c. NAME OF CEMETERY OR CREMATORY: Dubois
24d. LOCATION (City, town, or county) (State): Dubois, Idaho

DATE REC'D BY LOCAL REG.: Nov. 30th 65
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Kelbert C. Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Delbert C. Jones Lic. No. E369 at Salmon on 11-15-65

ADDITIONAL REMARKS by Physician

State File No. 5062
Local Reg. No. 690
Reg. Dist. No.

Certificate of Death

RECEIVED
DEC 8 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi 300
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township or place): Salmon
c. LENGTH OF STAY (If outside place): 85 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Goodell Ranch 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 308
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Floyd
b. (Middle): Ransom
c. (Last): Goodell

4. DATE OF DEATH (Month) (Day) (Year): Nov. 21, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Aug. 16, 1881
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): rancher 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Soda Springs, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ransom Goodell — BIRTHPLACE: Michigan
14. MOTHER'S MAIDEN NAME: Marion Crouch — BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-42-7772
17. INFORMANT'S OWN SIGNATURE: Jessie Goodell — ADDRESS: Salmo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1960, *to* 11-21, 1965, *that I last saw the deceased alive on* 6-11, 1965, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. J. Johnson 263 MD
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: 11-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-24-65
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 12-4-65
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. FUNERAL DIRECTOR: Delbert W. Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 9 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Delbert C. Jones Lic. No. E369 at Salmon, Ida. on 11-21-65

ADDITIONAL REMARKS by Physician

Certificate of Death

State File No. 5063
Local Reg. No.
Reg. Dist. No.

RECEIVED NOV 15 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Lewis 310 — b. CITY OR TOWN: Kamiah — c. LENGTH OF STAY (in this place): All his life — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 mile West on Hiway 62

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 310 — b. COUNTY: Lewis — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah — d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) — a. (First): Donald — b. (Middle): Larry — c. (Last): Axtell

4. DATE OF DEATH (Month) (Day) (Year): November 6, 1965

5. SEX: Male

6. COLOR OR RACE: American Indian 3

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 4 Divorced

8. DATE OF BIRTH: July 22, 1934

9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General labor 06

10b. KIND OF BUSINESS OR INDUSTRY: 03 U.S. Forest Service

11. BIRTHPLACE (State or foreign country): Kamiah Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Axtell — BIRTHPLACE: Kamiah, Ida.

14. MOTHER'S MAIDEN NAME: Etta Moffett — BIRTHPLACE: Kamiah, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Korea 1952 - 1959

16. SOCIAL SECURITY NO.: 519-34-4731

17. INFORMANT'S OWN SIGNATURE: Joan K. Davis — ADDRESS: Kamiah, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CRUSH INJURY TO CHEST — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT XX / SUICIDE / HOMICIDE (Specify) 06

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): State Highway 62

21c. (CITY, TOWN, OR TOWNSHIP) 13 Kamiah (COUNTY) Lewis 310 (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11-6-1965 -6:35pm m.

21e. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK XX

21f. HOW DID INJURY OCCUR? One car accident

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m. from the causes and on the date stated above.

23a. SIGNATURE: Calvin A Reber (Degree or title) MD — 23b. ADDRESS: Lewiston Idaho — 23c. DATE SIGNED: 11/22/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: Nov. 9, 1965 — 24c. NAME OF CEMETERY OR CREMATORY: 2nd Presbyterian Church — 24d. LOCATION (City, town, or county) (State): Kamiah Lewis Idaho

DATE REC'D BY LOCAL REG.: 11-10-65 — REGISTRAR'S SIGNATURE: Harold L. Paul — 25. EMBALMER: Robert R Hanson — LICENSE NO.: E433

FIRM NAME: Trenary Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 30 1965

JUN 19 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5064
Local Reg. No. 628
Reg. Dist. No. 430

BIRTH NO.

RECEIVED DEC 6 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Lincoln 320
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshone
LENGTH OF STAY (in this place) 680
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Woodriver Nursing Home 248

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 070 b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ketchum
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	HOWARD	FIELD	Nov. 30, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed 2	May 3, 1890	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Justic of Peace 62	25 retired	Fall River, Mass	USA

13. FATHER'S NAME BIRTHPLACE	14. MOTHER'S MAIDEN NAME BIRTHPLACE
Nathaniel Field, Taunton, Mass	Mary Jane Hathaway Mass

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Mary Jane Ramlow	Ketchum, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 3317 Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 3 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis — 10 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July, 1965, *to* Nov 30, 1965, *that I last saw the deceased alive on* Nov 30, 1965, *and that death occurred at* 9:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Box 68 Ketchum Idaho	12-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Dec. 3, 1965	Ketchum Cemetery	Ketchum, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-3-65	Francis M. Bergin	Keith Bird	Keith Bird * E373 Bird Funeral Home, Hailey, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 15 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 20 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

Certificate of Death

STATE OF IDAHO

State File No. 5065
Local Reg. No. 42
Reg. Dist. No. 630

BIRTH NO.

RECEIVED
NOV 1 1965
Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Madison 33 000
b. CITY OR TOWN: Rexburg
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION: 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 33
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): 149 W. 1st So.

3. NAME OF DECEASED (Type or Print): a. (First) David b. (Middle) Allen c. (Last) Brown

4. DATE OF DEATH: (Month) Nov. (Day) 1, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Nov. 5, 1894

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91

10b. KIND OF BUSINESS OR INDUSTRY: U.P.&L. Light Co. 83

11. BIRTHPLACE (State or foreign country): Lanark, Bear Lake Co. Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David Dick Brown
BIRTHPLACE: Lanark, Scotland

14. MOTHER'S MAIDEN NAME: Evaline Allen
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-07-7083

17. INFORMANT'S OWN SIGNATURE: Leon L. Brown
ADDRESS: Rexburg, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Diabetes Mellitus — 15 yrs.

DUE TO (c) Chronic Nephritis — 6 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Left Leg amputated at middle one third

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 1946 *to* Nov. 1 1965, *that I last saw the deceased alive on* Nov. 1, 1965, *and that death occurred at* 8:15 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. T. Rigby (Degree or title) M.D.

23b. ADDRESS: Rexburg Idaho

23c. DATE SIGNED: Nov. 2 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/4/65

24c. NAME OF CEMETERY OR CREMATORY: Rexburg Cemetery

24d. LOCATION (City, town, or county) (State): Rexburg, Madison, Idaho

DATE REC'D BY LOCAL REG.: Nov 2, 1965

REGISTRAR'S SIGNATURE: Lona Flamm

25. EMBALMER: Russel G. Flamm

LICENSE NO.: E-254

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 2 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5066
Local Reg. No. 43
Reg. Dist. No. 630

BIRTH NO.

RECEIVED
NOV 17 1965
Bureau of Vital Statistics

Dr. Peterson

1. PLACE OF DEATH
a. COUNTY: Madison 331 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place): day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial 123

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 330
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thornton (rural)
d. STREET ADDRESS (If rural, give location): Rte. #1

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): LELEN
c. (Last): WEEKES

4. DATE OF DEATH (Month) (Day) (Year): Nov. 1, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 3, 1892
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farm 01
11. BIRTHPLACE (State or foreign country): Lyman, Idaho.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Sidney Weekes — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Mary Ann — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NA — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519-14-3575
17. INFORMANT'S OWN SIGNATURE Rte. #1 — ADDRESS: Martha Weekes Thornton, Idaho.

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1964, *to* Nov 1, 1965, *that I last saw the deceased alive on* Nov 1, 1965, *and that death occurred at* 4:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Lester J. Peterson 413 (Degree or title): M.D.
23b. ADDRESS: Rexburg, Idaho.
23c. DATE SIGNED: 11-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 6, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sutton Cemetery
24d. LOCATION (City, town, or county) (State): Archer Madison Idaho

DATE REC'D BY LOCAL REG.: 11/10/65
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: Bruce A. Eckersell — ADDRESS: Rigby, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

APR 3 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 21 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho. 11/1/1965

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 5067
Local Reg. No. 41
Reg. Dist. No. 630

BIRTH NO.

RECEIVED NOV 17 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Madison 33
b. CITY OR TOWN (If outside corporate limits, write RURAL and give TOWNSHIP) Rexburg
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Madison 33
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) LIDA b. (Middle) MAY c. (Last) SMITH SINEX

4. DATE OF DEATH (Month) (Day) (Year) Nov. 1, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 21, 1889
9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY 0
11. BIRTHPLACE (State or foreign country) Logansport, Ind.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Fredrick Austin Smith
BIRTHPLACE Logansport, Ind.
14. MOTHER'S MAIDEN NAME Lida May MacLoughlin
BIRTHPLACE Logansport, Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mildred E. Shumate
ADDRESS Rexburg, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatoid Arthritis, severe — INTERVAL BETWEEN ONSET AND DEATH 30 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

722.0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-1, 1965, *to* 11-1, 1965, *that I last saw the deceased alive on* 10-10, 1965, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Foster J. Peterson (Degree or title) MD
23b. ADDRESS Rexburg, Idaho
23c. DATE SIGNED 11-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Nov. 3, 1965
24c. NAME OF CEMETERY OR CREMATORY Glen Abbey Cemetery
24d. LOCATION (City, town, or county) (State) San Diego, California

DATE REC'D BY LOCAL REG. 11-1-65
REGISTRAR'S SIGNATURE Lynn Flamm
25. EMBALMER Kenneth Flamm
LICENSE NO. E347
FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 24 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 18 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 5068
Local Reg. No. 46
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH 330
a. COUNTY Madison NOV 17 1965
b. CITY OR TOWN Sugar City Bureau of Vital Statistics
c. LENGTH OF STAY (in this place) 600
d. FULL NAME OF HOSPITAL OR INSTITUTION 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 330
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sugar City
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Franklin b. (Middle) LeRoy c. (Last) Garner

4. DATE OF DEATH (Month) (Day) (Year) Nov. 8, 1965

5. SEX Male

6. COLOR OR RACE Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH March 20, 1896

9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction 06

10b. KIND OF BUSINESS OR INDUSTRY Road Work 20

11. BIRTHPLACE (State or foreign country) Ogden, Weber Co, Utah

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Franklin Garner BIRTHPLACE Ogden, Utah

14. MOTHER'S MAIDEN NAME Luella McQuiston BIRTHPLACE Colfax, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Bertie G. Davis ADDRESS Rexburg, Ida. RFD 2

18. CAUSE OF DEATH 5271
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Emphysema — 3 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 270

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1954, to Nov. 8, 1965, *that I last saw the deceased alive on* Nov. 8, 1965, *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE M. F. Rigby (Degree or title) MD

23b. ADDRESS Rexburg Idaho

23c. DATE SIGNED Nov. 9 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11/11/65

24c. NAME OF CEMETERY OR CREMATORY Sugar City Cemetery

24d. LOCATION (City, town, or county) (State) Sugar City, Madison, Idaho

DATE REC'D BY LOCAL REG. 11-11-65

REGISTRAR'S SIGNATURE Lesna Flamm

25. EMBALMER Russel G. Flamm LICENSE NO. E-254

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

65-11689
BIRTH NO.

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 5069
Local Reg. No. 50
Reg. Dist. No. 630

1. PLACE OF DEATH
a. COUNTY Madison 331 DEC 1 1965 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison Memorial Hosp

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 260 b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lorenzo
d. STREET ADDRESS (If rural, give location) Rural 1/4 Mi. E. Lorenzo

3. NAME OF DECEASED (Type or Print) a. (First) SUSAN b. (Middle) 123 c. (Last) BEAZER

4. DATE OF DEATH (Month) (Day) (Year) November 8, 1965

5. SEX F. M.

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Never Married

8. DATE OF BIRTH Nov. 8, 1965

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours 10 | Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Babe

10b. KIND OF BUSINESS OR INDUSTRY X

11. BIRTHPLACE (State or foreign country) Rexburg, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Albert I Beazer. BIRTHPLACE Lorenzo, Idaho

14. MOTHER'S MAIDEN NAME Marcia Ball BIRTHPLACE Salem, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

(If yes, give war or dates of service) X

16. SOCIAL SECURITY NO. X

17. INFORMANT'S OWN SIGNATURE Albert I Beazer ADDRESS Lorenzo, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failur — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Profound Anemia at birth (Cause unknown) — -

DUE TO (c) No blood dyscrasia or bleeding

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Probable cerebral damage — 10 hrs

773.0

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO XX

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 8, 1965, *to* Nov 8, 1965, *that I last saw the deceased alive on* Nov 8, 1965, *and that death occurred at* 3:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE Blaine Harris 409 (Degree or title) M.D.

23b. ADDRESS Rexburg, Idaho

23c. DATE SIGNED 11-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Nov 10, 1965

24c. NAME OF CEMETERY OR CREMATORY Little Butte

24d. LOCATION (City, town, or county) (State) Annis, Jefferson, Idaho

DATE REC'D BY LOCAL REG. 11-17-65

REGISTRAR'S SIGNATURE Leona Flamm

25. FUNERAL DIRECTOR Bruce A. Eberseli ADDRESS Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DEC 6 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E404 at Rigby on 11-8-65

ADDITIONAL REMARKS by Physician

State File No. 5070
Local Reg. No. 51
Reg. Dist. No. 630

Certificate of Death

STATE OF IDAHO

BIRTH NO. 65-11685

RECEIVED DEC 1 1965 Bureau of Vital Statistics

331 3-03

1. PLACE OF DEATH a. COUNTY Madison	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Idaho 260 b. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg; c. LENGTH OF STAY (in this place) 3 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Clark
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison Memorial Hosp.	d. STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print) a. (First) ALVIN b. (Middle) DALE 123 c. (Last) MORGAN

4. DATE OF DEATH (Month) (Day) (Year) November 9, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	November 6, 1965			3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Babe 02	00 X	Rexburg, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Welton Eugene Morgan.	Declo, Idaho	Phyllis Agnes Ames.	Lyman, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	X	X	Welton Eugene Morgan	Rigby, Ida. Rt.1

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 6 mos gestation 48 hours.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO XX

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 6, 1965, *to* Nov 9, 1965, *that I last saw the deceased alive on* Nov 9, 1965, *and that death occurred at* 3:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Blair H Passey 409	M.D.	Rexburg, Idaho	11-18-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 11, 1965	Pioneer	Rigby, Jefferson, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-22-65	Leona Flamm	A.B. Eckusel	Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

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Certificate of Death

STATE OF IDAHO

State File No. 5071
Local Reg. No. 44
Reg. Dist. No. 630

BIRTH NO.

RECEIVED NOV 17 1965 Bureau of Vital Statistics

1. PLACE OF DEATH — a. COUNTY: Madison 331 000 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg — LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 331 — b. COUNTY: Madison — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg — d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) — a. (First): AUSTIN — b. (Middle): 123 — c. (Last): SIMMONS

4. DATE OF DEATH (Month) (Day) (Year): Nov. 10, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): D

8. DATE OF BIRTH: Feb. 1, 1879

9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Businessman 35

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): Sullivan, Missouri

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Seth Simmons — BIRTHPLACE: Sullivan Missouri

14. MOTHER'S MAIDEN NAME: Catherine Northcutt — BIRTHPLACE: Sullivan, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-38-9363

17. INFORMANT'S OWN SIGNATURE: x Ethel Williams — ADDRESS: Rexburg, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Neoplasm, abdomen, suspected — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): by X-ray, not proven Dehydration, — 3 da.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1965, *to* 11-10, 1965, *that I last saw the deceased alive on* 11-10, 1965, *and that death occurred at* 5:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Victor J. Peterson III (Degree or Title): MD

23b. ADDRESS: Rexburg Ida

23c. DATE SIGNED: 11-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 15, 1965

24c. NAME OF CEMETERY OR CREMATORY: Teton Newdale

24d. LOCATION (City, town, or county) (State): Teton Madison Idaho

DATE REC'D BY LOCAL REG.: 11-12-65

REGISTRAR'S SIGNATURE: Lena Flamm

25. EMBALMER: Kenneth A. Flamm

LICENSE NO.: E347

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5072
Local Reg. No. 45
Reg. Dist. No. 630

BIRTH NO. RECEIVED 33

NOV 17 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Madison 033
b. CITY OR TOWN Rexburg
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison 023

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 330 b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sugar City
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) William c. (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year) Nov. 10, 1965

5. SEX Male

6. COLOR OR RACE Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH Nov. 16, 1889

9. AGE (In years last birthday) 75 If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY 81

11. BIRTHPLACE (State or foreign country) Big Cottonwood, Utah

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Erick Johnson BIRTHPLACE

14. MOTHER'S MAIDEN NAME Ingrid Eugenia Larson BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-36-3896

17. INFORMANT'S OWN SIGNATURE X Gordon E. Johnson ADDRESS Sugar City Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis 420.1 — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 2 years
DUE TO (c) Arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION none performed

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1951, to Nov. 10, 1965, *that I last saw the deceased alive on* Nov. 9, 1965, *and that death occurred at* 4:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Orval Tall (Degree or title) M.D.

23b. ADDRESS Rigby, Idaho

23c. DATE SIGNED 12 Nov. 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11/13/65

24c. NAME OF CEMETERY OR CREMATORY Wilford Cemetery

24d. LOCATION (City, town, or county) (State) Wilford, Fremont, Idaho

DATE REC'D BY LOCAL REG. 11-17-65

REGISTRAR'S SIGNATURE Leona Flamm

25. EMBALMER Russell Flamm

LICENSE NO. E-254

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 1 0 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5073
Local Reg. No. 49
Reg. Dist. No. 630

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

NOV 22 1965

Bureau of Vital Statistics

1. PLACE OF DEATH 331

a. COUNTY: Madison

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg

c. LENGTH OF STAY (in this place): 000

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 331

b. COUNTY: Madison

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg

d. STREET ADDRESS (If rural, give location): 113 South 1st East

3. NAME OF DECEASED (Type or Print)

a. (First): ELLIS

b. (Middle): STRONG

c. (Last): GALLUP

4. DATE OF DEATH (Month) (Day) (Year): Nov. 18, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Jan. 27, 1893

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Salesman 19

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): Springville, Utah

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Gallup — BIRTHPLACE: Springville, Utah

14. MOTHER'S MAIDEN NAME: Lydia Strong — BIRTHPLACE: Springville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 517-18-0437

17. INFORMANT'S OWN SIGNATURE: Rosa Gallup — ADDRESS: Rexburg, Idaho

18. CAUSE OF DEATH 420.1

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial ischemia	6 weeks
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerosis	4 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Myocardial infarction	4 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 11, 1962, *to* Nov 18, 1965, *that I last saw the deceased alive on* Nov. 15, 1965, *and that death occurred at* 3:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 537 AC Truxal, M.D.

23b. ADDRESS: Rexburg, Idaho

23c. DATE SIGNED: 11-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/20/65

24c. NAME OF CEMETERY OR CREMATORY: Little Butte

24d. LOCATION (City, town, or county) (State): Annis Jefferson Idaho

DATE REC'D BY LOCAL REG.: 11-19-65

REGISTRAR'S SIGNATURE: Leona Flamm

25. EMBALMER: Kenneth R. Flamm

LICENSE NO.: E347

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 30 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5074
Local Reg. No. 64
Reg. Dist. No. 630

RECEIVED DEC 1 1965 Bureau of Vital Statistics

BIRTH NO. 33 600

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 220
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Teton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle) 123	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	George	Washington	Sutterfield Jr.	Nov.	20,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	Jan. 6, 1926	39				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Saleman 19	Investment & Insurance	Leslie, Arkansas	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George W. Sutterfield	Tenn.	Nellsie Barnes	Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. II	429-32-1876	Jaunita B. Sutterfield	Teton, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov. 20, 1965, *to* _____, 19____, *that I last saw the deceased alive on* Nov. 20, 1965, *and that death occurred at* 10:02 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.F. Rigby MD		Rexburg Idaho	Nov. 22 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	11/23/65	Redwood Memorial Estates	Salt Lake City, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-22-65	Lena Flamm	Lena Flamm	E347

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 2 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5075
Local Reg. No. 62
Reg. Dist. No. 630

Certificate of Death

RECEIVED
DEC 1 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison 330 100
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hibbard
c. LENGTH OF STAY (If not in place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 100

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 330
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hibbard (Rural)
d. STREET ADDRESS (If rural, give location): Rexburg Rt. 2

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle):
c. (Last): SOMMER

4. DATE OF DEATH (Month) (Day) (Year): Nov. 20, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 30, 1888
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mason Bricklayer 81
10b. KIND OF BUSINESS OR INDUSTRY: 60
11. BIRTHPLACE (State or foreign country): Rexburg, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Nicklaus Sommer — BIRTHPLACE: Bern Switzerland
14. MOTHER'S MAIDEN NAME: Mary Ann Saurey — BIRTHPLACE: Little Cottonwood, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Jack Sommer — ADDRESS: Rexburg Rt 2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
Died in his sleep at 9:00 AM
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probably dead for 4-6 hrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct., 1947, *to* Nov. 1st, 1965, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. F. Rigby MD
23b. ADDRESS: Rexburg Idaho
23c. DATE SIGNED: Nov 22 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/23/65
24c. NAME OF CEMETERY OR CREMATORY: Rexburg
24d. LOCATION (City, town, or county) (State): Rexburg Madison Idaho

DATE REC'D BY LOCAL REG.: 11-22-65
REGISTRAR'S SIGNATURE: Leona Flamm
25. EMBALMER: Russel Flamm
LICENSE NO.: E-254

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5076
Local Reg. No. 63
Reg. Dist. No. 630

RECEIVED Bureau of Vital Statistics

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Madison 33 | DEC 1 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital 123

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 300
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	FRANK	RICHARD	KIRKHAM	Nov.	21,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	D	May 6, 1903	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 04	Ranch 02	Lemhi, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert Kirkham	England	Margaret Sharkey	Tendoy, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World War II 4	592-74	Mrs. H. F. Langfitt	Salmon, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uremia	4 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Chronic nephritis	10 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11-1, 1964, *to* 11-21, 1965, *that I last saw the deceased alive on* 11-20, 1965, *and that death occurred at* 1[illegible] m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leslie J. Petersen MD	Rexburg Idaho	11-22-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	11/21/65	Salmon	Salmon, Lemhi Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-22-65	Leona Flamm	Kenneth Flamm	E347

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Jones Funeral Home

DUTIES: DEC 9 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5077
Local Reg. No. 55
Reg. Dist. No. 630

Certificate of Death

RECEIVED
DEC 1 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison 331
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 331
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): 261 Cornell Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): ORVILLE
b. (Middle): FRANKLIN 123
c. (Last): BOEHLKE

4. DATE OF DEATH (Month) (Day) (Year): Nov. 24, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 22, 1892
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Deadwood, South Dakota
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Paul Herman Boehlke — BIRTHPLACE: Jackson, Missouri
14. MOTHER'S MAIDEN NAME: Belle Stout — BIRTHPLACE: Grand Island, Nebr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-42-9990
17. INFORMANT'S OWN SIGNATURE: X Bellemina Webster — ADDRESS: Rexburg, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

162.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Inferior Vena Cava Obstruction — 2 weeks
DUE TO (c): Metastatic Carcinoma from Lung — 16 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug 19, 1964
19b. MAJOR FINDINGS OF OPERATION: Squamous Cell Carcinoma R bronchus gr III with metastasis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1956, *to* Nov 24, 1965, *that I last saw the deceased alive on* Nov 24, 1965, *and that death occurred at* 11:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 409 (Degree or title) — **23b. ADDRESS**: Rexburg Idaho — **23c. DATE SIGNED**: 11-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/27/65
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park
24d. LOCATION (City, town, or county) (State): Idaho Falls, Bonn. Idaho

DATE REC'D BY LOCAL REG.: 11-26-65
REGISTRAR'S SIGNATURE: Leona Flamm
25. EMBALMER: [signature]
LICENSE NO.: E347

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 8 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 5078
Local Reg. No. 86
Reg. Dist. No. 690

Certificate of Death

BIRTH NO.

RECEIVED STATE OF IDAHO

DEC 1 1965

331 000

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (If in this place): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital 123

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 331
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): 436 Maple Drive

3. NAME OF DECEASED (Type or Print)
a. (First): Esther
b. (Middle): Lucinda
c. (Last): Anderson Bybee

4. DATE OF DEATH (Month) (Day) (Year): November 28, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 10, 1892
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Redmond, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Andrew P. Anderson — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Karen Peterson — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 546-34-4226
17. INFORMANT'S OWN SIGNATURE: Delpha Bybee Watson — ADDRESS: LaCanada, Calif.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 60 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Congestive heart failure — 4 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1957, *to* Nov 28, 1965, *that I last saw the deceased alive on* Nov 28, 1965, *and that death occurred at* 12:10P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Blanche H. Pokey 409
23b. ADDRESS: Rexburg Idaho
23c. DATE SIGNED: 11-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/2/65
24c. NAME OF CEMETERY OR CREMATORY: Sutton
24d. LOCATION (City, town, or county) (State): Archer Madison Idaho

DATE REC'D BY LOCAL REG.: 11-29-65
REGISTRAR'S SIGNATURE: Leona Flamm
25. EMBALMER: Kenneth R. Flamm — LICENSE NO.: E347

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 2 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 7 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5079
Local Reg. No. 84
Reg. Dist. No. 430

RECEIVED DEC 2 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka 340 2-08
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 8 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 340
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): Rural Route 1

3. NAME OF DECEASED (Type or Print)
a. (First): Louisa
b. (Middle): Pearl 125
c. (Last): Shaw

4. DATE OF DEATH: (Month) 11 (Day) 7 (Year) 65

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: 11-14-1891

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife 59

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Annabella-Sevier-Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Elisha Bevins Keyes
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Lilles Louisa Barney
BIRTHPLACE: Provo Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 519-28-6074

17. INFORMANT'S OWN SIGNATURE: Carol K. Shaw
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 1, 1950 *to* 11-7, 1965, *that I last saw the deceased alive on* 11-7, 1965, *and that death occurred at* 10P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] M.D. (Degree or title)
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: 11-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-9-65
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 11-30-65
REGISTRAR'S SIGNATURE: Mary Ellen Larson

25. EMBALMER: Robert C. Walker
LICENSE NO.: E 294
FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 2 7 1979

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5080
Local Reg. No. 52
Reg. Dist. No. 450

BIRTH NO.

RECE

340 NOV 17 1965 000

Bureau of

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paul
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) aul Idaho Interstae 80 and 650 west

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Pennsylvania b. COUNTY Warren
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Warren
d. STREET ADDRESS (If rural, give location) 307 Pennsylvania Ave West

3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) Allen c. (Last) Dunn
4. DATE OF DEATH (Month) (Day) (Year) 11-8-65
5. SEX male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 10-21-1939
9. AGE (In years last birthday) 26 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Repairman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Meadeville Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Norman Dunn BIRTHPLACE Sheffield Penna
14. MOTHER'S MAIDEN NAME Genevieve Reed BIRTHPLACE Oil City Penna
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) U.S.Army
16. SOCIAL SECURITY NO. 207-28-3300
17. INFORMANT'S OWN SIGNATURE Coroner ADDRESS Robert C. Walk 710 6th St Rupert

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) severely crushed left leg-severe hemorrhage, crushed chest, internal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) hemorrhage and broken ribs.

DUE TO (c) Due to Automobile accident

INTERVAL BETWEEN ONSET AND DEATH: Instant

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on highway
21c. (CITY, TOWN, OR TOWNSHIP) Paul (COUNTY) Minidoka (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-8-65 3 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? car ran through barricd and ran into concrete bridge forms.

22. I hereby certify that I attended the deceased from Did not see alive, 19__, to 19__, that I last saw the deceased alive on __, 19__, and that death occurred at __ m., from the causes and on the date stated above.

23a. SIGNATURE Robert C. Walk (Degree or title) Coroner
23b. ADDRESS 710 6th street Rupert Idaho
23c. DATE SIGNED 11-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 11-9-65
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Warren Pennsylvania

DATE REC'D BY LOCAL REG. 11-9-65
REGISTRAR'S SIGNATURE Mary Ellen Barlow
25. EMBALMER Charles L. Parsons
LICENSE NO. E-494
FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

NOV 1 8 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5081
Local Reg. No. 83
Reg. Dist. No. 450

BIRTH NO.

RECEIVED NOV 17 1965 Bureau of V.

1. PLACE OF DEATH
a. COUNTY Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paul
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Paul Idaho interstae 80 and 650 west

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Pennsylvania 39
b. COUNTY Warren 255
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Warren
d. STREET ADDRESS (If rural, give location) 8 Monroe Street

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) James c. (Last) Collins

4. DATE OF DEATH (Month) (Day) (Year) 11-8-1965

5. SEX male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH 9-30-1936

9. AGE (In years last birthday) 29
If UNDER 1 YEAR Months Days
If UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) maintainence an

10b. KIND OF BUSINESS OR INDUSTRY 01

11. BIRTHPLACE (State or foreign country) Lackawanna New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Louis Collins BIRTHPLACE Warren Penna

14. MOTHER'S MAIDEN NAME Florence Maeder BIRTHPLACE Warren Penna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. 176-28-2339

17. INFORMANT'S OWN SIGNATURE Robert E. Walk Coroner ADDRESS 710-6 St Rupert

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 825.4
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) fractured lower jaw-facial lacerations — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) crushed chest-broken ribs- ~~massive internal hemorrhage~~ and probable fractured skull.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Due to automobile accident

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on highway 13

21c. (CITY, TOWN, OR TOWNSHIP) 340 Paul, (COUNTY) Minidoka County, (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-8-65 3 A.M.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR car ran through barricad and ran into concrete bridge forms

22. *I hereby certify that I attended the deceased from* Did not see alive, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert E. Walk (Degree or title) Coroner 4

23b. ADDRESS 710 6th street Rupert Idaho

23c. DATE SIGNED 11-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 2

24b. DATE 11-9-65

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Warren Pennsylvania

DATE REC'D BY LOCAL REG. #1-15-65

REGISTRAR'S SIGNATURE Mary Ellen Jenkins

25. EMBALMER Charles L Parsons LICENSE NO. E-494

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 15 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5082
Local Reg. No. 89
Reg. Dist. No. 450

RECEIVED DEC 2 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka 340 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
LENGTH OF STAY (in this place) 1 week

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340 b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hosp

d. STREET ADDRESS (If rural, give location) 1005 D Street Rupert Idaho

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	George	Ransom 125	Barnard	Nov 16 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	May 3 1901	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Bureau of Reclamation 54

10b. KIND OF BUSINESS OR INDUSTRY 05

11. BIRTHPLACE (State or foreign country) Rockland-PowerCounty-Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wilson Joseph Barnard BIRTHPLACE Brigham Utah

14. MOTHER'S MAIDEN NAME Mary Eliza Hartley BIRTHPLACE Bountiful Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 518-38-1438

17. INFORMANT'S OWN SIGNATURE Mrs Modema Barnard ADDRESS 1005 DST

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture of Femoral Artery Aneurism with hematoma and Abscess Formation — INTERVAL BETWEEN ONSET AND DEATH: about 5 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterial sclerosis — Not Known
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Severe Emphysema & Pulmonary Fibrosis; Hypertensive Cardio Vascular Disease & Chronic Renal Disease. — Not Known

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec, 1963 *to* Nov 16, 1965, *that I last saw the deceased alive on* Nov 16, 1965, *and that death occurred at* 10:50 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A F Dalley MD	702 S 5th Rupert Idaho	11/21/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov 20 1965	Rupert Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-30-65	Mary Ellen Larson	Robert E Walk	E 294

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Walk Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 3 1965

MAY 15 1981

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5083
Local Reg. No. 91
Reg. Dist. No. 450

BIRTH NO.

RECEIVED

DEC 17 1965

BUREAU OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Minidoka (340)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (In this place): 1 Week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (03)
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 939 North Ninth Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): ALFRED
b. (Middle): J. (25)
c. (Last): VANN

4. DATE OF DEATH (Month) (Day) (Year): November 18 1965

5. SEX: Male

6. COLOR OR RACE: Colored (2)

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married (2)

8. DATE OF BIRTH: March 13 1902

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder (57)

10b. KIND OF BUSINESS OR INDUSTRY: Union Pacific R. R. (00)

11. BIRTHPLACE (State or foreign country): Chelsea Oklahoma

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Rufus Vann
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Sarah Mayfield
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): *****

16. SOCIAL SECURITY NO.: 440-16-8709

17. INFORMANT'S OWN SIGNATURE: Lillie P. Vann
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial infarct (420.1)
INTERVAL BETWEEN ONSET AND DEATH: Nov 4th to Nov 18th 1965

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary occlusion
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 4 *,* 19 65 *, to* Nov. 18 *,* 19 65 *, that I last saw the deceased alive on* Nov. 18 *,* 19 65 *, and that death occurred at* 9:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE: (365) (Degree or title): MD
23b. ADDRESS: Rupert, Idaho
23c. DATE SIGNED: Nov. 22, '65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 24, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 12-13-65
REGISTRAR'S SIGNATURE: Mary Ellen Carbon
25. EMBALMER: Robert Walk
LICENSE NO.: E 294
FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 20 1965
FEB 9 1966
FEB 16 1966
JUL 22 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 2 1965
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5084
Local Reg. No. 86
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1113 Eighth Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 1113 Eighth Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mary	Anna	HUNT	November 19, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Caucasian	Widowed 2	Feb. 9, 1879	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home 01	Sterling Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Lipps	Germany	Anna Panko	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	— — —	519-26-8464	Margory M. Stricker	Rupert

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro Vas Accident 331X — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) A & C V D.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-2, 1961, *to* 11-19, 1965, *that I last saw the deceased alive on* 11-17, 1965, *and that death occurred at* 5:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ben K. Humphrey M.D. 253	645 5th St. Rupert, Idaho	11-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 23, '65	Rupert Cemetery	Rupert, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-30-65	Mary Ellen Larson	Charles L. Pusons	E-494

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Walk Mortuary

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5085
Local Reg. No. 87
Reg. Dist. No. 450

RECEIVED DEC 2 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka 340 3-02
b. CITY OR TOWN Rupert
LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN Rupert
d. STREET ADDRESS 815 Fifth Street

3. NAME OF DECEASED (Type or Print)
a. (First) Hulda
b. (Middle) [illegible]
c. (Last) SPITTLER

4. DATE OF DEATH (Month) (Day) (Year) November 23, 1965

5. SEX Female
6. COLOR OR RACE Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Sept. 16, 1879
9. AGE (In years last birthday) 86
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home 01
11. BIRTHPLACE (State or foreign country) Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Carl Quanstrom
BIRTHPLACE Sweden
14. MOTHER'S MAIDEN NAME Bertha M. Perrson
BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) - - - - - -
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs Geo. Dutson
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebrovascular Accident 331X — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterial sclerosis — Not Known
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/21/65, 19__, *to* 11/24, 1965, *that I last saw the deceased alive on* 11/24, 1965, *and that death occurred at* 11:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE A F Dalley MD (Degree or title)
23b. ADDRESS 702 1st Rupert Idaho
23c. DATE SIGNED 11/28/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 27, 1965
24c. NAME OF CEMETERY OR CREMATORY Logan Cemetery
24d. LOCATION (City, town, or county) Logan, Utah (State)

DATE REC'D BY LOCAL REG. 11-30-65
REGISTRAR'S SIGNATURE Mary Ellen Larson
25. EMBALMER Charles H Parsons
LICENSE NO. E-494
FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 28 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5086
Local Reg. No. 88
Reg. Dist. No. 450

RECEIVED

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Minidoka (340) — DEC 2 1965 — (000)
b. CITY OR TOWN: Rupert — Bureau of Vital Statistics — LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION: 425 east-200 north (002)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah (45) — b. COUNTY: Davis (555)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clearfirld
d. STREET ADDRESS (If rural, give location): 518 Maple Street

3. NAME OF DECEASED (Type or Print): a. (First) Carl — b. (Middle) Wallace — c. (Last) Ashbaker

4. DATE OF DEATH (Month) (Day) (Year): 11-27-1965

5. SEX: Married

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Male (3)

8. DATE OF BIRTH: 10-17-1912

9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Foreman

10b. KIND OF BUSINESS OR INDUSTRY: (20)

11. BIRTHPLACE (State or foreign country): Grace Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jacob Ashbaker (06) — BIRTHPLACE: Switzerland

14. MOTHER'S MAIDEN NAME: Viola Walker — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-09-9878

17. INFORMANT'S OWN SIGNATURE: x Virgil Benson — ADDRESS: Grace, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull (93(6)) — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hit on top of head by a large falling limb from a tree.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm (02)

21c. (CITY, TOWN, OR TOWNSHIP) (340) (COUNTY) (STATE): Rupert Minidoka County Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11-27-65 1:25 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Tree pushed by tracter causing limb to fall

22. *I hereby certify that I attended the deceased from* Did not see alive, 19__, *that I last saw the deceased alive on* __, 19__ *and that death occurred at* __ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert L. Walk Coroner (4) (583)

23b. ADDRESS: 710 6th street Rupert Idaho

23c. DATE SIGNED: 11-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal to

24b. DATE: 11-28-65

24c. NAME OF CEMETERY OR CREMATORY: Clearfield Cemetery

24d. LOCATION (City, town, or county) (State): Clearfield Davis County Utah

DATE REC'D BY LOCAL REG.: 11-30-65

REGISTRAR'S SIGNATURE: Mary Glen Larson

25. EMBALMER: Charles H Parsons

LICENSE NO.: E-494

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 3 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 3 1977

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr Leo Brown - Twin Falls

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 5087
Local Reg. No. 89
Reg. Dist. No. 450

BIRTH NO.

DEC 13 1965
Bureau of Vital Statistics

1. PLACE OF DEATH 340
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Route 1 Rupert Idaho 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) Route 1 Rupert Idaho

3. NAME OF DECEASED (Type or Print)
a. (First) Nathan
b. (Middle) Orville
c. (Last) Parks

4. DATE OF DEATH (Month) (Day) (Year) Nov 29 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH June 10 1909
9. AGE (In years last birthday) 56 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer and Sheep Rancher 01
10b. KIND OF BUSINESS OR INDUSTRY 04
11. BIRTHPLACE (State or foreign country) Lodgepole South Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Nathan Parks — BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME unknown — BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 503-12-1357
17. INFORMANT'S OWN SIGNATURE x Laura Parks — ADDRESS Rt 1 Rupert Ida

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Aortic Stenosis — 10 Months
DUE TO (c) Rheumatic Fever probable — childhood.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-20-65, 19__, *to* 9-10-65, 19__, *that I last saw the deceased alive on* 9-10-65, 19__, *and that death occurred at* 9:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE George E. Brown MD 061 (Degree or title)
23b. ADDRESS 676 Shoup Ave. W. Twin Falls, Idaho
23c. DATE SIGNED 12/3/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec 3 1965
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 12-8-65
REGISTRAR'S SIGNATURE Mary Ellen Carlson
25. EMBALMER Robert C Walk — LICENSE NO. E 294
FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 1 4 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5088
Local Reg. No. 264
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 8 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce 351 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 605 Warner

3. NAME OF DECEASED (Type or Print)
a. (First): Ruth
b. (Middle):
c. (Last): Skinner

4. DATE OF DEATH (Month) (Day) (Year): Nov. 1,1965

5. SEX: female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 1-1-1917
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Lewiston,Idaho.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ray Eastburn — BIRTHPLACE: No record
14. MOTHER'S MAIDEN NAME: Anna Robenson — BIRTHPLACE: Minn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No record
17. INFORMANT'S OWN SIGNATURE: Hospital Rec A.F. Vassar — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): neuro blastoma — 193.4

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/30/65, *19*___, *to* 11/1/65, *19*___, *that I last saw the deceased alive on* 10/31/65, *19*___, *and that death occurred at* 5:30a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. Estigue M.D. 502
23b. ADDRESS: 307 St. John's Way
23c. DATE SIGNED: 11/4/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Nov. 3,1965
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston,Idaho.

DATE REC'D BY LOCAL REG.: 11-3-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: A.F. Vassar — LICENSE NO. E315

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 22 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5089
Local Reg. No. 268
Reg. Dist. No. 220

RECEIVED
NOV 18 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 2-08
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 8 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewiston Manor 312

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 6th. and Lindon

3. NAME OF DECEASED (Type or Print): a. (First) Fred; b. (Middle) C.; c. (Last) Holbrook

4. DATE OF DEATH (Month) (Day) (Year): November 4 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 10-14-1883
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Cincinatta, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Noyes B. Holbrook — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Eliza Stewart — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-14-3018
17. INFORMANT'S OWN SIGNATURE: Dan Holbrook — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 10 years
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1954, 19__, *to* Oct 14, 1965, *that I last saw the deceased alive on* Oct 13, 1965, *and that death occurred at* 9 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph E. Bredell MD 022
23b. ADDRESS: 1522 [illegible] St. Idaho
23c. DATE SIGNED: 11/12/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-8-1965
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Nov. 12, 1965
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: Patrick Mahoney
LICENSE NO.: E-492

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Merchant Funeral Home Clarkston Wn.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5090
Local Reg. No. 274
Reg. Dist. No. 220

RECEIVED
DEC 13 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3519 - 11th Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 3519 - 11th Street

3. NAME OF DECEASED (Type or Print)
a. (First): EDITH
b. (Middle): MARIE EUGENIA
c. (Last): PETERSON

4. DATE OF DEATH (Month) (Day) (Year): Nov. 8, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 24, 1894
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Oscar Nord — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Hilma ? ? — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: David B. Peterson — ADDRESS: Lewiston, Idaho 3450-10th St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cardiac Standstill — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Age infirmity

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-4, 1965, *to* 11-8-, 1965, *that I last saw the deceased alive on* 11-4, 1965, *and that death occurred at* 9:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Allen M. Cochrane MD 649
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 11-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 11, 1965
24c. NAME OF CEMETERY OR CREMATORY: Lewis-Clark Memo. Gar.
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 11-29-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: W. E. Black
LICENSE NO.: E-426

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5091
Local Reg. No. 267
Reg. Dist. No. 220

RECEIVED
NOV 18 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN: Lewiston
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 532 Thain Rd.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	LEIF	ENGOLF	NELSON		Nov	11	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 12, 1902	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Automobile	Bergen, Norway	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Martin Nelson	Norway	No Record	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No Record	No Record	Milton W Nelson	Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Tumor — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov. 9, 1965 *to* Nov. 11, 1965, *that I last saw the deceased alive on* Nov. 11, 1965, *and that death occurred at* 9:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
502 E Stage MD	307 St. Johns Way, Lewiston Ida	11-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Nov. 12, 1965	Lincoln Memorial Cemetery	Portland, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-12-65	Mildred Hughes	W. T. Black	E-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 1 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5092
Local Reg. No. 271
Reg. Dist. No. 220

RECEIVED
DEC 13 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
LENGTH OF STAY (in this place): 9-10-65
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewiston, Manor 312

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 350
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cā Culdesac
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CHARLES	EDWARD	MOORE	Nov. 12, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	white	married 3	August 2, 1872	93		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired 04	Farming 01	Farmington, Washington	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Moore	Indiana	Sadie Brush	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		NO RECORD	Mrs I. H. Palmer	Culdesac, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 177 CARCINOMA OF Prostate — INTERVAL BETWEEN ONSET AND DEATH: 4yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec, 1959, *to* Nov 12, 1965, *that I last saw the deceased alive on* Nov. 2, 1965 *and that death occurred at* 3:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	LEWISTON IDAHO 307 JOHNSON	11-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-15-65	Normal Hill	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-15-65	Mildred Hughes	W. H. Malcom	E-376

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5093
Local Reg. No. 279
Reg. Dist. No. 220

BIRTH NO.

RECEIVED DEC 13 1965 BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: NezPerce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston, Bureau of Vital Statistics
c. LENGTH OF STAY (in this place): 1 MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewiston, Manor 312

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 1901--7th Ave. Apt #4

2-01

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ANDREW	CLYDE	ARMSTRONG	Nov. 12, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	widowed 2	Aug. 20, 1880	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired 91	Lumbering 03	Anson, Missouri	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
XXXXXXXX No Record	No Record	Elizabeth Palmer	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No Record	Norman Armstrong	Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1777 Carcinoma metastatic from prostate — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July, 1965, *to* 11/12/65, 19___, *that I last saw the deceased alive on* Nov 12, 1965, *and that death occurred at* 1:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E. Casperson MD	Lewiston Idaho	11/29/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-15-65	Lewis-Clark Memorial	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-3-65	Mildred Hughes	L. E. DeBaun	E 295

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5094
Local Reg. No. 269
Reg. Dist. No. 220

BIRTH NO.

35 NOV 29 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN: Lewiston
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION: St Joseph's Hospital 28

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce 35
c. CITY OR TOWN: Lewiston
d. STREET ADDRESS (If rural, give location): 908-7th Ave

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle):
c. (Last): Cherrier

4. DATE OF DEATH: Nov. 12 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Sept. 10, 1874

9. AGE (In years last birthday): 91
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Meat cutter 62

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): Calumet, Mich

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Cherrier
BIRTHPLACE: no record

14. MOTHER'S MAIDEN NAME: Demerise
BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-36-4915A

17. INFORMANT'S OWN SIGNATURE: Mrs Wm Cherrier
ADDRESS: Lewiston, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio Sclerosis — yrs.
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct, 1964, *to* Nov 12, 1965, *that I last saw the deceased alive on* Nov 12, 1965, *and that death occurred at* 5 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph L. Bondel M.D.
23b. ADDRESS: 1522 11th St. Lewiston Idaho
23c. DATE SIGNED: 11/15/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Nov. 15, 1965
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston Idaho.

DATE REC'D BY LOCAL REG.: 11-15-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: Andrew F. Vassar
LICENSE NO.: E315

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5095
Local Reg. No. 270
Reg. Dist. No. 220

RECEIVED NOV 29 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nezperce 35
b. CITY OR TOWN Lewiston
b. (If inside) Duncan Ordway
LENGTH OF STAY IN (If outside) 2½ Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 250
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
d. STREET ADDRESS (If rural, give location) Mt View Trailer Court

3. NAME OF DECEASED (Type or Print)
a. (First) ALICE
b. (Middle) PEARL
c. (Last) MAGER

4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH July 1, 1940
9. AGE (In years last birthday) 25
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home 01
11. BIRTHPLACE (State or foreign country) Peshastin, Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ernest Brookshire
BIRTHPLACE Colorado
14. MOTHER'S MAIDEN NAME Pearl Cannon
BIRTHPLACE Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 519 38 1546
17. INFORMANT'S OWN SIGNATURE Irene Mager
ADDRESS Grangeville, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 971.8 overdose of Aventil
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Depression
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/14, 19 65 to 11 14, 19 6 that I last saw the deceased alive on 11 14, 19 6 and that death occurred at ± 2 P m., from the causes and on the date stated above.

23a. SIGNATURE Lucas Hn (Degree or title) M D
23b. ADDRESS 347 Sherwin Way
23c. DATE SIGNED 11/19/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov 17, 1965
24c. NAME OF CEMETERY OR CREMATORY Prairieview
24d. LOCATION (City, town, or county) (State) Grangeville, Idaho

DATE REC'D BY LOCAL REG. 11-24-65
REGISTRAR'S SIGNATURE Mildred Hughes
25. FUNERAL DIRECTOR Robert R. Hansen E 433
ADDRESS Grangeville, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

MAY 17 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Vincent Vassar Lic. No. ..... at Lewiston on 11/14/65

ADDITIONAL REMARKS by Physician .....

State File No. 5096
Local Reg. No. 283
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

BIRTH NO. RECEIVED

1. PLACE OF DEATH
a. COUNTY: NezPerce 351 DEC 22 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston, Bureau of Vital Statistics
c. LENGTH OF STAY (in this place): 1116
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 350
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai
d. STREET ADDRESS (If rural, give location): Rt# 1 Box 116

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle):
c. (Last): HENRY

4. DATE OF DEATH (Month) (Day) (Year): Nov. 17, 1965

5. SEX: Male
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: April 25, 1915
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farm 02
11. BIRTHPLACE (State or foreign country): Sweetwater, Idah
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: James Henry — BIRTHPLACE: Asotin, Wash.
14. MOTHER'S MAIDEN NAME: Alice Shuyat — BIRTHPLACE: Yakima, Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: 519-14-6076
17. INFORMANT'S OWN SIGNATURE: Marvella Henry — ADDRESS: Lapwai, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Kidney & liver failure — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bleeding gastric ulcer — 48 hrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

540.0

19a. DATE OF OPERATION: 11-8-65
19b. MAJOR FINDINGS OF OPERATION: gastric ulcer Cesser Arrested Actively bleeding
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-8, 1965, *to* 11-17, 1965, *that I last saw the deceased alive on* Nov. 17, 1965, *and that death occurred at* 6:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F. Barnes M.D. 028
23b. ADDRESS: 349 St. Johns Way Lewiston, Idaho
23c. DATE SIGNED: 12-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-20-65
24c. NAME OF CEMETERY OR CREMATORY: Jonas - Sweetwater
24d. LOCATION (City, town, or county) (State): Sweetwater, Idaho

DATE REC'D BY LOCAL REG.: 12-13-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: R. E. DeBaun
LICENSE NO.: E-295

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 0 1 1994

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5097
Local Reg. No. 276
Reg. Dist. No. 220

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 351
a. COUNTY NezPerce DEC 13 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston, Bureau of Vital Statistics
c. LENGTH OF STAY (in this place) 1L36-65
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 351
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston.
d. STREET ADDRESS (If rural, give location) 1334 Grelle

3. NAME OF DECEASED (Type or Print)
a. (First) CLIFFORD
b. (Middle) DONALD
c. (Last) GLASBY

4. DATE OF DEATH (Month) Nov. (Day) 20, (Year) 1965

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Sept. 27, 1914
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Washington WP 06
10b. KIND OF BUSINESS OR INDUSTRY: Public Utility 22
11. BIRTHPLACE (State or foreign country): Gifford, Idaho
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George Glasby — BIRTHPLACE: Minn.
14. MOTHER'S MAIDEN NAME: Maude McDowell — BIRTHPLACE: Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes 1 — (If yes, give war or dates of service) WW 11 4
16. SOCIAL SECURITY NO. 518-12-3126
17. INFORMANT'S OWN SIGNATURE: Lola Glasby (W.S.) — ADDRESS: Lewiston.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Recurrent adenocarcinoma of rectum — INTERVAL BETWEEN ONSET AND DEATH: 3-5 YEARS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1962
19b. MAJOR FINDINGS OF OPERATION: adenocarcinoma of rectum
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 16 march, 1962, *to* 20 nov, 1965, *that I last saw the deceased alive on* Nov. 20, 1965, *and that death occurred at* 10:05P m., *from the causes and on the date stated above.*

23a. SIGNATURE: David W. Heusinkveld 227 (Degree or title) MD
23b. ADDRESS: 307 St John's way, Lewiston
23c. DATE SIGNED: 24 Nov 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-24-65
24c. NAME OF CEMETERY OR CREMATORY: Lewis=Clark
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 11-29-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: R.E. DeBaun — LICENSE NO. E 295

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 1 4 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 7 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 17 1966

MAR 22 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAR 28 1966

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5098
Local Reg. No. 272
Reg. Dist. No. 220

RECEIVED DEC 13 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce 35 32-01
b. CITY OR TOWN Lewiston
LENGTH OF STAY (in this place) ½ day
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 358
b. COUNTY Nez Perce
c. CITY OR TOWN Lewiston Orchards
d. STREET ADDRESS (If rural, give location) 606 Warner

3. NAME OF DECEASED (Type or Print)
a. (First) Lorraine
b. (Middle) F
c. (Last) James

4. DATE OF DEATH (Month) (Day) (Year) November 20, 1965

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 4
8. DATE OF BIRTH Dec. 15, 1932
9. AGE (In years last birthday) 32
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) bookeeper 40
10b. KIND OF BUSINESS OR INDUSTRY Office P.F.I. 61
11. BIRTHPLACE (State or foreign country) Bemidji, Minnesota
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME James F. McManus
BIRTHPLACE Demidji, Minn.
14. MOTHER'S MAIDEN NAME Gertrude Gropp
BIRTHPLACE Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-36-4385
17. INFORMANT'S OWN SIGNATURE James F McManus ADDRESS Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) massive Hemorrhage Cerebellum — INTERVAL BETWEEN ONSET AND DEATH 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-6-64, 19__, *to* 11-20, 1965, *that I last saw the deceased alive on* 11-20, 1965, *and that death occurred at* 5:32 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Edward C Hoffman 232 (Degree or title)
23b. ADDRESS 347 St Johns Way Lewiston
23c. DATE SIGNED 11-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Nov. 24, 1965
24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. 11-24-65
REGISTRAR'S SIGNATURE Mildred Hughes
25. EMBALMER V. Vassar
LICENSE NO. E297

FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

JAN 26 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 24 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5099
Local Reg. No. 275
Reg. Dist. No. 220

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

DEC 13 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY NezPerce 351 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Grostein Apt. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 351
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) Grostein Apt.

3. NAME OF DECEASED (Type or Print)
a. (First) Hilmer
b. (Middle)
c. (Last) Ervin

4. DATE OF DEATH (Month) Nov. (Day) 20 (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Jan. 14, 1906
9. AGE (In years last birthday) 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian & Gardener
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Portland North Dako.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Louis Ervin — BIRTHPLACE Minn.
14. MOTHER'S MAIDEN NAME Christina Hattleberg — BIRTHPLACE Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) W.W. 2
16. SOCIAL SECURITY NO. 540 18 3976
17. INFORMANT'S OWN SIGNATURE Dino L. Fromdahl — ADDRESS

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) see reverse

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ---19--- to ---19---, that I last saw the deceased alive on ---19---, and that death occurred at unknown m., from the causes and on the date stated above.*

23a. SIGNATURE Wilfred J. Duclos 583 (Degree or title) Coroner 4
23b. ADDRESS Lewiston, Idaho
23c. DATE SIGNED 11/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 23, 1965
24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. 11-29-65
REGISTRAR'S SIGNATURE Mildred Hughes
25. EMBALMER L. E. DeBaun
LICENSE NO. E 295

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 1 4 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician xxxxxCoroner NOTE this person was dead for 2 or 3 days when found no indication of foul play.

State File No. 5100
Local Reg. No. 98
Reg. Dist. No. 210

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 13 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce 350 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Peck
c. LENGTH OF STAY (in this place) few min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Angel Ridge Road 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 350
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Peck
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) FRANK
b. (Middle) ANDREW
c. (Last) SKAGGS

4. DATE OF DEATH (Month) Nov. (Day) 21, (Year) 1965

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 4
8. DATE OF BIRTH Oct. 20, 1915
9. AGE (In years last birthday) 50 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Logger 08
10b. KIND OF BUSINESS OR INDUSTRY Timber 02
11. BIRTHPLACE (State or foreign country) Wolverine, Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Solomon Skaggs — BIRTHPLACE Kentucky
14. MOTHER'S MAIDEN NAME Nora Murphy — BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes 1 — (If yes, give war or dates of service) WW II 4
16. SOCIAL SECURITY NO. 518-01-5400
17. INFORMANT'S OWN SIGNATURE X Solomon K Skaggs — ADDRESS Peck Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Wilfred J Duclos 583 (Degree or title) Coroner 4
23b. ADDRESS Lewiston Idaho Wilfred J Duclos
23c. DATE SIGNED 11-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 1
24b. DATE 11-24-1965
24c. NAME OF CEMETERY OR CREMATORY Normal Hill
24d. LOCATION (City, town, or county) Lewiston (State) Idaho

DATE REC'D BY LOCAL REG. Nov. 23, 1965
REGISTRAR'S SIGNATURE Josephine K. Gilbert
25. EMBALMER Lyle A Strottmann
LICENSE NO. 476

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 16 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 17 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS ~~by Physician~~ Not according to Inv. officer Clearwater County Coroner there appears to be no injury to deceased from the auto leaving the roadway which would indicate death prior to this time Coroner Durbin

State File No. 5101
Local Reg. No. #273
Reg. Dist. No. 220

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

DEC 13 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In hospital): 18 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchards Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 522 Airway Drive

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): EDWIN 174
c. (Last): UPTON

4. DATE OF DEATH (Month) 11 (Day) 22 (Year) 65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 5-15-1888
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber & Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Wheat Farm 01
11. BIRTHPLACE (State or foreign country): Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John W. Upton — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: ~~[illegible]~~ Margaret Freeburn — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-46-6581
17. INFORMANT'S OWN SIGNATURE: Edwina U. Ingram — ADDRESS: Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart Failure 420.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary artery Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 2, 1957, *to* Nov. 22, 1965, *that I last saw the deceased alive on* Nov. 22, 1965, *and that death occurred at* 8:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. B. Stover, MD 50 78
23b. ADDRESS: 939 Bryden Ave., Lewiston, Idaho
23c. DATE SIGNED: 11/26/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial 3
24b. DATE: 11-24-65
24c. NAME OF CEMETERY OR CREMATORY: City
24d. LOCATION (City, town, or county) (State): Pomeroy, Washington

DATE REC'D BY LOCAL REG.: 11-29-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. FUNERAL DIRECTOR: Andy Reinland Jr. — ADDRESS: Pomeroy, Wash.
Richardson Funeral Home

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

State File No. 5102
Local Reg. No. 277
Reg. Dist. No. 220

RECEIVED DEC 13 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY NezPerce 351
b. CITY OR TOWN Lewiston, (If outside corporate limits, write RURAL and give township) — LENGTH OF STAY (in this place) 10-31-65
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Orchards Nursing 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 351 b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston,
d. STREET ADDRESS (If rural, give location) 724-----Bryden

3. NAME OF DECEASED (Type or Print)
a. (First) LEE b. (Middle) FENTON c. (Last) HUBBARD

4. DATE OF DEATH (Month) (Day) (Year) Nov. 22, 1965

5. SEX Male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 2
8. DATE OF BIRTH Sept. 8, 1881
9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired 04
10b. KIND OF BUSINESS OR INDUSTRY Farming 01
11. BIRTHPLACE (State or foreign country) Polk County, Oregon
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME ? No Record — BIRTHPLACE ?
14. MOTHER'S MAIDEN NAME ? No Record — BIRTHPLACE ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 518-01-1409
17. INFORMANT'S OWN SIGNATURE Pearl E. Hubbard — ADDRESS Lewiston, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infirmities of age — INTERVAL BETWEEN ONSET AND DEATH: Gradual

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arthritis : Colitis

794X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1964, *to* Nov. 22, 1965, *that I last saw the deceased alive on* Nov. 22, 1965, *and that death occurred at* 4:55 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE R. M. Stover MD (Degree or title) 507
23b. ADDRESS 939 Bryden Ave., Lewiston, Idaho
23c. DATE SIGNED 11/26/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-24=65
24c. NAME OF CEMETERY OR CREMATORY Lewis-Clark
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. 11-29-65
REGISTRAR'S SIGNATURE Mildred Hughes
25. EMBALMER L. E. DeBaun — LICENSE NO. E 295

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5103
Local Reg. No. 278
Reg. Dist. No. 220

RECEIVED
DEC 13 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce 351 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 310
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nezperce
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): WAYNE
b. (Middle): SCHMIDT
c. (Last): SHAEFFER

4. DATE OF DEATH (Month) (Day) (Year): Nov. 26, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 9, 1919
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postmaster 30
10b. KIND OF BUSINESS OR INDUSTRY: 03 U. S. Govt.
11. BIRTHPLACE (State or foreign country): Galena, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Glenn Shaeffer — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Anna Schmidt — BIRTHPLACE: Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW-2 4
16. SOCIAL SECURITY NO.: No Record
17. INFORMANT'S OWN SIGNATURE: x Mrs. Wayne Shaeffer — ADDRESS: NezPerce, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ~~Coronary~~ myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Occlusion
DUE TO (c): Arterio sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1959, *to* 11/25/, 1964, *that I last saw the deceased alive on* 9 PM 11 25 1965, *and that death occurred at* 3:18 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hanson 114 M. D.
23b. ADDRESS: 347 St Johns Way
23c. DATE SIGNED: 11 27 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Nov. 29, 1965
24c. NAME OF CEMETERY OR CREMATORY: Nezperce City Cemetery
24d. LOCATION (City, town, or county) (State): Nezperce, Lewis Co., Idaho

DATE REC'D BY LOCAL REG.: 11-29-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: L. E. DeBaun
LICENSE NO.: E-295

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 14 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5104
Local Reg. No. 24
Reg. Dist. No. 530

BIRTH NO.

RECEIVED Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Oneida 36 | DEC 6 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Malad
c. LENGTH OF STAY IN (this place): 69 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital 132

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 36
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 23 Bannock St.

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): LLEWELLYN
c. (Last): RICHARDS

4. DATE OF DEATH (Month) (Day) (Year): November 23, 1965

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: March 13, 1896

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: own farm 01

11. BIRTHPLACE (State or foreign country): Malad, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George L. Richards
BIRTHPLACE: Malad, Idaho

14. MOTHER'S MAIDEN NAME: Sarah Ann Jenkins
BIRTHPLACE: Malad, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): WWI 3

16. SOCIAL SECURITY NO.: 519-03-1937

17. INFORMANT'S OWN SIGNATURE: Vernal A Ikring
ADDRESS: Hood River, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial Infarction
INTERVAL BETWEEN ONSET AND DEATH: 12hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov, 1961, *to* Nov 23, 1965, *that I last saw the deceased alive on* Nov 23, 1965, *and that death occurred at* 10:00 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE: O'Malley Jr 3/5
(Degree or title): M.D.
23b. ADDRESS: Malad, Idaho
23c. DATE SIGNED: Nov. 24, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 26, 1965
24c. NAME OF CEMETERY OR CREMATORY: Malad City Cemetery
24d. LOCATION (City, town, or county) (State): Malad, Idaho

DATE REC'D BY LOCAL REG.: Nov. 30 - 1965
REGISTRAR'S SIGNATURE: Ruth G. Lunceford
25. EMBALMER: Raiford G. Benson
LICENSE NO.: E-351

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Benson Funeral Home

DEC 13 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5105
Local Reg. No. 392
Reg. Dist. No. Homedale Marsing

RECEIVED
NOV 22 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Owyhee 370
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Three Creek
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Three Creek (Home) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 370
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Three Creek
d. STREET ADDRESS (If rural, give location): Three Creek

3. NAME OF DECEASED (Type or Print)
a. (First): WALTER
b. (Middle): FRANK
c. (Last): PARSONS

4. DATE OF DEATH (Month) (Day) (Year): November 10, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: January 1, 1887
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cowboy 65
10b. KIND OF BUSINESS OR INDUSTRY: Ranch 16
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Walter F. Parsons — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: LOUISE Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-38-0006
17. INFORMANT'S OWN SIGNATURE: X Opal F. Dunn — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.0 Arteriosclerotic — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) heart disease — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 28, 1964, *to* Nov. 10, 1965, *that I last saw the deceased alive on* Oct 18, 1965, *and that death occurred at* 1:04 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean W. Affleck MD
23b. ADDRESS
23c. DATE SIGNED: 15 Nov 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 13, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county): Twin Falls — (State): Idaho

DATE REC'D BY LOCAL REG.: Nov. 17, 1965
REGISTRAR'S SIGNATURE: Mrs Bessie Barnes
25. EMBALMER: [signature]
LICENSE NO.: E-343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 1 3 1991

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5106
Local Reg. No. 392
Reg. Dist. No. Homedale Marsing

RECEIVED DEC 3 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Owyhee 370
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 000
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1½ Miles W. Walter's Ferry Bridge

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 38 Oregon 555
b. COUNTY: Harney
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Drewsey
d. STREET ADDRESS (If rural, give location): Box 75

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Henry 000
c. (Last): Palmer

4. DATE OF DEATH (Month) (Day) (Year): Nov 22 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov 23, 1888
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Stockman 51
10b. KIND OF BUSINESS OR INDUSTRY: Cattle 01
11. BIRTHPLACE (State or foreign country): Concdon, Oregon
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Palmer — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Phoebe Renner — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 540-40-9568
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Burns, Oregon

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crushing injury L Chest — INTERVAL BETWEEN ONSET AND DEATH: Immed

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

816.4

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 06
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 13
21c. (CITY, TOWN, OR TOWNSHIP) 370 (COUNTY) (STATE): Rural Marsing Owyhee Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 22 1965, 6p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Bide swiped another vehicle

22. *I hereby certify that I did not attend the deceased from on Nov 22, 1965, to Investigation only, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 583 Coroner 4
23b. ADDRESS: Homedale Ida
23c. DATE SIGNED: 11-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 26, 1965
24c. NAME OF CEMETERY OR CREMATORY: St Johns
24d. LOCATION (City, town, or county) (State): Ontario Oregon

DATE REC'D BY LOCAL REG.: Nov. 29-65
REGISTRAR'S SIGNATURE: Mrs Bessie Barnes
25. EMBALMER: Merville D Davis
LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5107
Local Reg. No. 54
Reg. Dist. No. 330

BIRTH NO.

RECEIVED NOV 15 1965 BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Payette (380)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Payette
c. LENGTH OF STAY (In this place): 5 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (38)
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Shari	Louise	Quantrill	Nov.	5,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never married	Apr. 8, 1965	0	6	27	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant (07)	Infant (00)	Denver Colorado	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gary Quantrill	Washington	Loretta Eby	Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		---	Gary Quantrill	Payette, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) VENTRICULAR SEPTAL DEFECT WITH PULMONARY HYPERTENSION (754.2)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. HAND & FOOT MALFORMATIONS. CONGENITAL ABSENCE, 1 KIDNEY

INTERVAL BETWEEN ONSET AND DEATH: CONGENITAL

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
---	---	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
---	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
--- m.		---

22. *I hereby certify that I attended the deceased from* 7-23-, 1965, *to* 11-5, 1965, *that I last saw the deceased alive on* 8-20, 1965, *and that death occurred at* 4:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
684 Sam Loring, M.D.	Ontario, Oregon	11-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 6, 1965	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-6-65	Roberta E. Shaffer	Gifford R. Shaffer	E-344

FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5108
Local Reg. No. 55
Reg. Dist. No. 330

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 15 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
c. LENGTH OF STAY (in this place): 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 202 - 3rd Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 380
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location): 202 - 3rd Street

3. NAME OF DECEASED (Type or Print)
a. (First): Lenard
b. (Middle): Lee
c. (Last): Evans

4. DATE OF DEATH (Month) (Day) (Year): Nov. 6, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: June 16, 1907

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months - Days -
IF UNDER 24 HRS.: Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocery business 35

10b. KIND OF BUSINESS OR INDUSTRY: Own store 01

11. BIRTHPLACE (State or foreign country): Plumerville, Arkansas

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Timothy L Evans — BIRTHPLACE: Ark.

14. MOTHER'S MAIDEN NAME: Arkie McCullough — BIRTHPLACE: Ark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - - - - - -

16. SOCIAL SECURITY NO.: 518-09-4464

17. INFORMANT'S OWN SIGNATURE: Wilma B Evans
ADDRESS: Fruitland, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: MINUTES

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ANGINA PECTORIS — 5 MO
DUE TO (c) CORONARY ATHEROSCLEROSIS — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - - -

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - - - - - - - - - - - - -

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - - - m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? -

22. *I hereby certify that I attended the deceased from* 8/13, 1965, *to* Nov. 6, 1965, *that I last saw the deceased alive on* 9/16, 1965, *and that death occurred at* 3:00 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James L Flanagan MD 695

23b. ADDRESS: Ontario, Oregon

23c. DATE SIGNED: 11-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 10, 65

24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery

24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: 11-10-65

REGISTRAR'S SIGNATURE: Roberta E Shaffer

25. EMBALMER: Gifford R. Shaffer

LICENSE NO.: E-344

FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 16 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 5109
Local Reg. No. 5
Reg. Dist. No. 336

BIRTH NO.

RECEIVED NOV 17 1965 STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Payette 381
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette Bureau of Township
c. LENGTH OF STAY (In this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 380
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): West Locust Street

3. NAME OF DECEASED (Type or Print)
a. (First): Peter
b. (Middle): Karl 243
c. (Last): Kreiter, Jr.

4. DATE OF DEATH: (Month) Nov. (Day) 7, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Oct. 22, 1880

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - retired

10b. KIND OF BUSINESS OR INDUSTRY: Farming 01

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Peter Karl Kreiter, Sr. 84
BIRTHPLACE: Russia

14. MOTHER'S MAIDEN NAME: No record
BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): — — — — — —

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S OWN SIGNATURE: Sarah S. Rabert
ADDRESS: New Plymouth Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic arteriosclerotic heart disease with decompensation — 10 yrs.

DUE TO (c) Generalized arteriosclerosis with edema. — 15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chronic Pyelonephritis and prostatitis — 6 yrs
Diabetes Mellitus chronic. — 10 yrs.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): — — — — —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): — — — — — — — — —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): — — — — — — — — — — — — — — —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — — — — — — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: — — — — — — — — — — — — — — —

22. *I hereby certify that I attended the deceased from* Oct. 13, 1965, *to* Nov. 7, 1965, *that I last saw the deceased alive on* Nov. 7, 1965, *and that death occurred at* 11:45 p *m., from the causes and on the date stated above.*

23a. SIGNATURE Geo. E. Davis, M.D. (Degree or title)

23b. ADDRESS: New Plymouth, Idaho

23c. DATE SIGNED: 11-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-12-65

24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery

24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: 11-10-65

REGISTRAR'S SIGNATURE: Roberta E. Shaffer

25. EMBALMER: Gifford L. Shaffer
LICENSE NO.: E-344
FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

NOV 18 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5110
Local Reg. No. 2
Reg. Dist. No. 330

RECEIVED
NOV 30 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - New Plymouth
LENGTH OF STAY (in this place): 60 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 1 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 388
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - New Plymouth
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) Ferne b. (Middle) Revae c. (Last) McCluer

4. DATE OF DEATH: (Month) Nov. (Day) 15, (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Aug. 8, 1905
9. AGE (In years last birthday): 60 IF UNDER 1 YEAR Months - Days - IF UNDER 24 HRS. Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home 01
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Hugh E. Wilfong BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Bertha Berkley BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): - - - - - - -
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S OWN SIGNATURE: Madora M Nelson ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic endocarditis — INTERVAL BETWEEN ONSET AND DEATH: 40 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Mitral & aortic stenosis
DUE TO (c) Left ventricular hypertrophy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-10, 19 64 to Nov. 15, 1965, that I last saw the deceased alive on 11-10, 1965, and that death occurred at 9:00 p m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: Caldwell, Idaho
23c. DATE SIGNED: 11-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-18-65
24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery
24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: 11-18-65
REGISTRAR'S SIGNATURE: Robert E. Shaffer
25. EMBALMER: Gifford R. Shaffer
LICENSE NO.: E-344

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Shaffer Memory Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5111
Local Reg. No. 57
Reg. Dist. No. 330

BIRTH NO.

RECEIVED
Bureau of Vital Statistics
NOV 30 1965

1. PLACE OF DEATH
a. COUNTY: Payette 381 1-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
LENGTH OF STAY (in this place): 51 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Sanatarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 02 b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Route
d. STREET ADDRESS (If rural, give location): R.F.D. Council

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	Nathaniel 243	McHargue	Nov. 17, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed 2	March 21, 1880	85 yrs	- -	- -	- -	- -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter 23	contractor 02	Waitsburg, Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James McHargue	Oregon	Emma Keeney	Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - - - - - - - -	Mrs. Irma L. Rice	Portland, Oregon

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

434.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized cachexia — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac decompensation — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- - - - -	- - - - - - - - - -	- - - - - - - - - - - - - - - - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
- - - - - - - - - - - - - - - - - - -

APR 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5112
Local Reg. No. 8
Reg. Dist. No. 330

BIRTH NO.

RECEIVED
Bureau of Vital Statistics
NOV 30 1965

1. PLACE OF DEATH
a. COUNTY: Payette 381
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (In this place): 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 380
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Payette
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)
a. (First): Cecelia
b. (Middle): Margaret 243
c. (Last): Boyer

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 19, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Dec. 10, 1880

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR — Months: — Days: —
IF UNDER 24 HRS. — Hours: — Min.: —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own home 01

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Patrick Hayden
BIRTHPLACE: Minnesota

14. MOTHER'S MAIDEN NAME: Margaret J. Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - - - - - -

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: Mrs. C. Boyer
ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Generalized atherosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

450.0

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - - -

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - - -

DUTIES:

DEC 1 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5113
Local Reg. No. 61
Reg. Dist. No. 330

RECEIVED DEC 9 1965

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Payette 38
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Bureau of Statistics): Payette
c. LENGTH OF STAY (in this place): 54 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 406- 3rd Avenue North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 38
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 406-- 3rd Avenue North

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Henry	Wesley	Weidner, Jr.	Nov.	29,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 2	Dec. 18, 1910	54 yrs	- -	- -	- -	- -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Honey producer 90	Bee raiser 12	Payette, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry W. Weidner, Sr.	Iowa	Hallie H. Cox	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - - - - - - - -	Mrs Henry Weidner Sr	Payette, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) gun-shot wound of head — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
- - -	- - -	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Suicide 01	at home 13	Payette	Payette	Idaho

21d. TIME OF INJURY (Month) (Day) (Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Nov. 29, 1965	6:20 A m.		self inflicted gun-shot wound

22. *I hereby certify that I* [redacted] made, [redacted] inquiry, [redacted] on Nov. 29, 1965, and that death occurred at 6:20 a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hardy H Parkeon 583	Coroner 4	Payette, Idaho	11-29-1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-2-1965	Rosedale Mem. Park	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-2-1965	Roberta E Shaffer	Gifford K. Shaffer	E-344

FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

JAN 17 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 23 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 22 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5114
Local Reg. No. 24
Reg. Dist. No. 500-602

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power 390 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Power County Memorial Hospt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Linda
b. (Middle): 137
c. (Last): Wright

4. DATE OF DEATH (Month) (Day) (Year): Nov. 7, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Oct. 26, 1942

9. AGE (In years last birthday): 23
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Tremonton, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Lee Anderson
BIRTHPLACE: Petersbro, Utah

14. MOTHER'S MAIDEN NAME: Jean Pickett,
BIRTHPLACE: Providence, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-48-8778

17. INFORMANT'S OWN SIGNATURE: A. Fern Wright
ADDRESS: Aberdeen, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration Pneumonitis 642.5
INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) "C" Section
DUE TO (c) Diabetes.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-29, 1965, *to* Nov. 7, 1965, *that I last saw the deceased alive on* Nov. 7, 1965, *and that death occurred at* 3:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: American Falls, Idaho
23c. DATE SIGNED: 11-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-10-65
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE: Frances Curtis
25. EMBALMER: John C. Sandberg
LICENSE NO.: E 280
FIRM NAME: Sandberg-Hill Funeral Home
Blackfoot, Idaho.

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5115
Local Reg. No. 23
Reg. Dist. No. 500-602

RECEIVED NOV 22 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power 390 0090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest city): American Falls
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Power County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 390
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location): 405 Adams St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	ALBERT	ANDREW	PERMANN	Nov.	13,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married 2	July 8, 1904	61	4	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farm 01	Tripp, South Dakota	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred Permann	Tripp, So. Dakota	Gottlieva Herr	Tripp, So. Dak.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-38-0579	x Mrs. Mary Permann	Am. Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute ventricular fibrillation	5 Minutes
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Chronic myocarditis	2 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Arteriolarsclerosis	5 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ------- 19__ *to* Nov. 13 1965, *that I last saw the deceased alive on* DOA 19__, *and that death occurred at* 3:30P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
S. L. Harris, M.D.	American Falls, Idaho	17 Nov. '65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-17-65	Fallsview Cemetery	American Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov 18, 1965	Frances Curtis	H. L. Davis	E-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 24 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 17 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 5 1969

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5116
Local Reg. No. 26
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED
NOV 22 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Power 390 3-15
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
LENGTH OF STAY (in this place) 15 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 631 b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Power County Mem. Hospital
d. STREET ADDRESS (If rural, give location) 134 S. Hayes

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	HELEN	D. 137	JONES	Nov. 15, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Mar. 13, 1892	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Secretary 25	Law Office 06	Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Louis C. Douglass	Unknown	Helen M. Quigley	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Mrs Claire Rudee	American Falls, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Kidney met

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastic Melanoma

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-14- *19*63, *to* 11-15-, *19*65, *that I last saw the deceased alive on* 11-5-65 *19*__ *and that death occurred at* 7:25P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	American Falls, Idaho	11-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11-15	Mountainview Cem.	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 20, 1965	Francis Curtis	John P. Downard	E-292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 10 1965

FEB 17 1966

APR 27 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to [illegible] the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5117
Local Reg. No. 27
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED NOV 29 1965 Bureau of Vital Statistics

1. PLACE OF DEATH

a. COUNTY: Power 390 2-02

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls

c. LENGTH OF STAY (in this place): 63 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 390

b. COUNTY: Power

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rockland

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ARTHUR		TAYSOM	Nov.	18,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	April 28, 1881	84	6	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer-Rancher 04	Farm - Cattle 01	Rockland, Idaho	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David J. Taysom	Salt Lake City, Utah	Martha A. Parker	Earlsville, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-42-8108	X Mrs Luella Taysom	Rockland Ida.

18. CAUSE OF DEATH

4427

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cardiovascular renal disease	8 mo
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Cardiac decompensation	1 year
DUE TO (c)	Chronic myocarditis	2 years
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Ankylosis of neck due to arthritis	6 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct. 1963, 19___ *to* Nov. 18, 1965, *that I last saw the deceased alive on* Nov. 18, 1965, *and that death occurred at* 10:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. L. Harris, 203 M.D.	American Falls, Idaho	19 Nov. '65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Re. & Burial 3	11-22-65	Valley View Cemetery	Rockland, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Nov. 23, 1965	Frances Curtis	Bud Kelly Bud Kelly	E-467

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

NOV 30 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. SEP 22 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 26 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5118
Local Reg. No. 71
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lucky Friday Mine
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mullan 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 400
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location) 415 Pine Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Richard	Alexius	Holmberg	11-1-65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	12-17-1902	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mill Operator 74	Mining 320	Sweden	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jon Holmberg		Eveline Jacobson	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		517-03-3875	Mrs. Anna Holmberg	Mullan

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull, Fractured Neck.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Multiple Contusions & abrasions of entire body, Multiple large

DUE TO (c) Lacerations of scalp, especially left. Fractured left tibia (upper 1/3)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Crushed upper chest

INTERVAL BETWEEN ONSET AND DEATH: few seconds

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Multiple lacerations, abrasions + contusions of both lower extremities	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Lucky Friday Mill & Mine	Mullan, Shoshone, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
11-1-65 about 9:00 A.m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Repairing inside of ball mill, which suddenly started operating

22. *I hereby certify that I attended the deceased from* 11-1- 1965, *to* 11-1- 1965, *that I last saw the deceased alive on* 11-1- 1965, *and that death occurred at* 9:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. M. Peterson M.D.	Wallace Idaho	11-4-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-4-65	Forest Cemetery	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-6-65	Dale Cornell	Dale L. Cornell	Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

NOV 29 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5119
Local Reg. No. 72
Reg. Dist. No. 140

BIRTH NO.

RECEIVED NOV 8 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lucky Friday Mill
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mullan, Idaho 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 400
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
d. STREET ADDRESS (If rural, give location): Box 43

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ivan	Clark	Cleveland	11-1-65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	9-13-1904	61		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mill Operator	Mining 30	Colorado	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clark Cleveland	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-01-3498	X Gladys Cleveland	Silverton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull, Crushed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) upper chest, Multiple Contusions & Abrasions of entire body, Multiple

DUE TO (c) Lacerations of Scalp & Forehead especially left, Multiple contusions & Abrasions of upper chest & Hands.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Minutes

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 400 (COUNTY) (STATE)
accident	Lucky Friday Mill Mine	13 Mullan, Shoshone, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
11-1-65 about 9:00 A.m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Repairing inside of ballmill which suddenly started operating

22. *I hereby certify that I attended the deceased from* 11-1- 1965, to 11-1- 1965, *that I last saw the deceased alive on* 11-1 1965, *and that death occurred at* about 9:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G. M. Peterson, M.D. 414	Wallace, Idaho	11-4-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-5-65	Forest Cemetery	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
116-65	Dale L. Cornell	Dale L. Cornell	Wallace, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES: NOV 9 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5120
Local Reg. No. 73
Reg. Dist. No. 140

RECEIVED DEC 13 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone 400
b. CITY OR TOWN Silverton 000
(If outside corporate limits, write RURAL and give township) | LENGTH OF STAY (in this place)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Shoshone Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 400
b. COUNTY Shoshone
c. CITY OR TOWN Mullan
d. STREET ADDRESS (If rural, give location) Box 643

3. NAME OF DECEASED (Type or Print)
a. (First) Anna Erica
b. (Middle) 322
c. (Last) Sampson

4. DATE OF DEATH (Month) (Day) (Year) 11-4-1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH March 14, 1886
9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY 01

11. BIRTHPLACE (State or foreign country) Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME | BIRTHPLACE
14. MOTHER'S MAIDEN NAME | BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-56-6697
17. INFORMANT'S SIGNATURE X Evelyn Rusch | ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 180X Carcinoma R. Kidney | INTERVAL BETWEEN ONSET AND DEATH 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION 11-21-65
19b. MAJOR FINDINGS OF OPERATION Ca. R. Kidney. Inoperable
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* March, 1965, *to* Nov 4, 1965, *that I last saw the deceased alive on* Nov 3, 1965, *and that death occurred at* 11:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE H. E. Bonnaka (Degree or title) M.D.
23b. ADDRESS Kellogg Idaho
23c. DATE SIGNED 11-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
24b. DATE 11-6-65
24c. NAME OF CEMETERY OR CREMATORY Smiths & Company
24d. LOCATION (City, town, or county) Spokane (State) Washington

DATE REC'D BY LOCAL REG. 11-8-65
REGISTRAR'S SIGNATURE Dale L. Cornell
25. FUNERAL DIRECTOR Dale L. Cornell
ADDRESS Wallace, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 17 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5121
Local Reg. No. 88
Reg. Dist. No. 142

RECEIVED DEC 13 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 40
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (In this place): few minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 10 McKinley avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 40
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): Kellogg, Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ROBERT	E.	FRANKLIN	Nov. 10, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	May 10, 1912	53		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unemployed 06	Refrigeration 03	Detroit, Mich.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Earl Franklin	Unknown	Hannah Kultz	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-01-7513	Mary Lou Franklin	Kingston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7766

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Gunshot Wound of Head — INTERVAL BETWEEN ONSET AND DEATH: Died Instantly

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide	Home	13 Kellogg, Shoshone, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
11-10-65 3:15 p.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Shot Himself

22. *I hereby certify that I attended the deceased from* 11-10, 1965, *to* 11-10, 1965, *that I last saw the deceased alive on* 11-10, 1965, *and that death occurred at* 3:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. M. Peterson, M. D.	Wallace, Idaho	11-18-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov 13 1965	Greenwood	Kellogg, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-29-65			452

FIRM NAME: MAISEL FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 1 6 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 1 6 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 2 9 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAY 2 6 1969

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

FEB 1 0 2006

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5122
Local Reg. No. 86
Reg. Dist. No. 142

RECEIVED
DEC 13 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 400 Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pinehurst
LENGTH OF STAY (in this place) 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home at Pinehurst, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 400 Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pinecreek
d. STREET ADDRESS (If rural, give location) Star Route Pinehurst, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First) George
b. (Middle) D
c. (Last) McLeod

4. DATE OF DEATH (Month) (Day) (Year) Nov. 13, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Jan. 12, 1878

9. AGE (In years last birthday) 87
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner

10b. KIND OF BUSINESS OR INDUSTRY Mining

11. BIRTHPLACE (State or foreign country) Nova Scotia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME No Record
BIRTHPLACE No Record

14. MOTHER'S MAIDEN NAME No Record
BIRTHPLACE No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 519-03-6120

17. INFORMANT'S OWN SIGNATURE Lee M. McLeod
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Failure
INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Found dead at home

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 0 , 19 — , *to* 0 , 19 — , *that I last saw the deceased alive on* 0 , 19 — , *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD

23b. ADDRESS Kellogg Idaho

23c. DATE SIGNED Nov 16, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Nov. 17, 1965

24c. NAME OF CEMETERY OR CREMATORY Greenwood

24d. LOCATION (City, town, or county) Kellogg (State) Idaho

DATE REC'D BY LOCAL REG. 11-29-65

REGISTRAR'S SIGNATURE [signature]

25. EMBALMER Donald Maisel

LICENSE NO. 45a

FIRM NAME: Maisel Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5123
Local Reg. No. 74
Reg. Dist. No. 140

RECEIVED DEC 13 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton 000
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Nursing Home 322

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 402
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 1137 Canyon Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Clara; b. (Middle) Elizabeth; c. (Last) Smith

4. DATE OF DEATH: (Month) Nov. (Day) 17, (Year) 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married 2	Jan. 18, 1908	57		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waitress 49	02	Minot, North Dakota	U.S.A.

13. FATHER'S NAME — BIRTHPLACE

14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 518-24-0518

17. INFORMANT'S OWN SIGNATURE: X Russell Smith — ADDRESS: Wallace, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Diabetes Mellitus, Coronary Sclerosis & Insufficiency — several years

DUE TO (c) ~~Cerebral Hemorrhage Old~~ Early Paralysis Left & Amputation Old of Right Lower Extremity 4 years ago on 8-9-60 — several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 26, 1961, *to* 11-17, 1965, *that I last saw the deceased alive on* 11-17, 1965, *and that death occurred at* 12:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G. M. Peterson	M.D.	Wallace, Idaho	11-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	11-20-65	Wallace Cemetery	Wallace Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Nov 23 1965	Dale Cornell	Dale L. Cornell	Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 4 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 8 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

State File No. 5124
Local Reg. No. 96
Reg. Dist. No. 142

Certificate of Death

STATE OF IDAHO

RECEIVED
DEC 16 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 401
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 26 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 401
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 206 East Portland

3. NAME OF DECEASED (Type or Print)
a. (First): ANNIE
b. (Middle): M. 141
c. (Last): LOWE

4. DATE OF DEATH (Month) (Day) (Year): Nov. 20, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 3, 1881
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Phillipsburg County, Kan.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jacob Smith — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Mary Brunner — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: E. A. Lowe — ADDRESS:

18. CAUSE OF DEATH 334X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Passive Congestion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Advanced Cerebral Sclerosis
DUE TO (c): Advanced Intracranial Blindness

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1964, 19__, *to* 11-20, 1965, *that I last saw the deceased alive on* 11-20, 1965, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 494 (Degree or title): Robert Staley M.D.
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 11-25-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 23 1965
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 12-7-65
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Donald Maisel
LICENSE NO.: 452

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 4 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED

State File No. 5125
Local Reg. No. 21
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone 40 1 DEC 13 1965 2-01
b. CITY OR TOWN Kellogg
Bureau of Vital Statistics
STAY (in this place) 27 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 40 1
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) 925 West Park

3. NAME OF DECEASED (Type or Print) a. (First) CAMILLO b. (Middle) 14 c. (Last) POSTERARO

4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2
8. DATE OF BIRTH July 29, 1894
9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner 07
10b. KIND OF BUSINESS OR INDUSTRY Mining 01
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME No Record BIRTHPLACE Italy
14. MOTHER'S MAIDEN NAME No Record BIRTHPLACE Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. 1 3
16. SOCIAL SECURITY NO. 518-03-8773
17. INFORMANT'S OWN SIGNATURE ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon — INTERVAL BETWEEN ONSET AND DEATH 2 mos?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uremia with Anuria — 7-8 days

19a. DATE OF OPERATION 10/28/65
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9, 1965, to Nov 21, 1965, that I last saw the deceased alive on Nov 21, 1965, and that death occurred at 12:45A m., from the causes and on the date stated above.

23a. SIGNATURE Orland B Smith MD (Degree or title)
23b. ADDRESS Kellogg Idaho
23c. DATE SIGNED 11/23/1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 24, 1965
24c. NAME OF CEMETERY OR CREMATORY Greenwood
24d. LOCATION (City, town, or county) (State) Kellogg, Idaho

DATE REC'D BY LOCAL REG. 11 29 65
REGISTRAR'S SIGNATURE Joe Delene
25. EMBALMER Robert H. Ross
LICENSE NO. 497

FIRM NAME: MAISEL FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 16 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5126
Local Reg. No. 89
Reg. Dist. No. 142

RECEIVED
DEC 16 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place): 1½ years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone Nursing Home 328

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 401
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 1631 McKinley Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): SAMUEL
b. (Middle): C.
c. (Last): BREAZEAL

4. DATE OF DEATH (Month) (Day) (Year): Nov. 23, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 16, 1875
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Millworker 09
10b. KIND OF BUSINESS OR INDUSTRY: Mining 00
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Breazeal — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-03-2472
17. INFORMANT'S OWN SIGNATURE: Pernile Breazeal, Sr — ADDRESS:

18. CAUSE OF DEATH 334X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Pelerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1964, *to* Nov 23, 1965, *that I last saw the deceased alive on* Nov 23, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert Beery 494 (Degree or title)
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 11-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 26 1965
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 12-7-65
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Donald Maisel
LICENSE NO.: 452

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5127
Local Reg. No. 92
Reg. Dist. No. 142

Certificate of Death

RECEIVED
DEC 16 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Kellogg
c. LENGTH OF STAY (In hospital): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home at Ross Ranch 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 401
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): Kellogg, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): CHRISTINE
b. (Middle): R.
c. (Last): CARROLL

4. DATE OF DEATH (Month) (Day) (Year): Nov. 28, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: June 30, 1965
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 4 Days 29; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY: None 00
11. BIRTHPLACE (State or foreign country): Salinas, California
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Carroll
BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Violet Kerekes
BIRTHPLACE: California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Robert L. Carroll
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

500X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Interstitial Pneumonitis Bilateral — INTERVAL BETWEEN ONSET AND DEATH: Several hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Acute + Chronic Bronchitis with granulomas formation — Several days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-28, 1965, *to* 11-28, 1965, *that I last saw the deceased alive on* 11-28, 1965, *and that death occurred at* about 5:00 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. M. Peterson, M.D. 414
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 12-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Nov. 30, 1965
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 12/10/65
REGISTRAR'S SIGNATURE: Joe Sabine
25. EMBALMER: Donald Maisel
LICENSE NO.: 452

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Maisel Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED

State File No. 5128
Local Reg. No. 91
Reg. Dist. No. 143

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 40 | DEC 16 1965 | 3-21
b. CITY OR TOWN: Kellogg | Bureau of Vital Statistics | STAY (in this place): 21 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 40
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst
d. STREET ADDRESS (If rural, give location): Box 402 Pinehurst, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): MAY
b. (Middle): 141
c. (Last): WILLIAMS

4. DATE OF DEATH: Nov. 28, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2

8. DATE OF BIRTH: Nov. 11, 1877

9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home 6

11. BIRTHPLACE (State or foreign country): Summerset, Kentucky

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jessie Taylor
BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: Mary Jackson
BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs. Helen Willoughby
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ca of Pancreas — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Metastasis — 1 year
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1964, *to* Nov 28, 1965, *that I last saw the deceased alive on* Nov 28, 1965, *and that death occurred at* 09 m., *from the causes and on the date stated above.*

23a. SIGNATURE 494 (Degree or title): Robert Alley MD

23b. ADDRESS: Kellogg Idaho

23c. DATE SIGNED: 12-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 2, 1965

24c. NAME OF CEMETERY OR CREMATORY: Greenwood

24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 12-7-65

REGISTRAR'S SIGNATURE

25. EMBALMER: Donald Maisel
LICENSE NO.: 452

FIRM NAME: Maisel Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
NOV 17 1965

Certificate of Death

STATE OF IDAHO

State File No. 5129
Local Reg. No. 5
Reg. Dist. No. 620

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Teton Rte 410 Teton 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Driggs
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Teton Valley Hospital 142

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 410 b. COUNTY Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Tetonia, Idaho
d. STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print) a. (First) OSCAR b. (Middle) TILTMAN c. (Last) FULLMER

4. DATE OF DEATH (Month) (Day) (Year) November 2, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH November 3, 1881
9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (retired) 04
10b. KIND OF BUSINESS OR INDUSTRY Farming 01
11. BIRTHPLACE (State or foreign country) Providence, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Almon Linis Fullmer BIRTHPLACE Navoo, Illinois
14. MOTHER'S MAIDEN NAME Jane Elenor Griffith BIRTHPLACE London, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-07-4177
17. INFORMANT'S OWN SIGNATURE Myron O. Fullmer ADDRESS Salt Lake City, Utah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4 2 0.0 Arteriosclerotic Heart Disease Failure — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uremia — 2 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jul, 1952, *to* Nov 2, 1965, *that I last saw the deceased alive on* Nov 2, 1965, *and that death occurred at* 8:12p m., *from the causes and on the date stated above.*

23a. SIGNATURE Edward C Lawson (Degree or title) M D
23b. ADDRESS Driggs Idaho
23c. DATE SIGNED 11-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov 6, 1965
24c. NAME OF CEMETERY OR CREMATORY Cache-Clawson Cemetery
24d. LOCATION (City, town, or county) (State) Tetonia, Teton Co., Idaho

DATE REC'D BY LOCAL REG. 11-10-65
REGISTRAR'S SIGNATURE Ella Greggs
25. EMBALMER Robert Beard Robert Beard
LICENSE NO. E-456
FIRM NAME:

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 5130
Local Reg. No. D-354
Reg. Dist. No. 460

Certificate of Death

RECEIVED
NOV 22 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (Hours and place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 617 12th Avenue North

3. NAME OF DECEASED (Type or Print)
a. (First): GERTRUDE
b. (Middle): R. 143
c. (Last): LINDSEY

4. DATE OF DEATH (Month) (Day) (Year): Nov. 2, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 24, 1884
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Covington, Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Knapp — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Emmaline Wilder — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: --
17. INFORMANT'S OWN SIGNATURE: Mary Noh — ADDRESS: RFD # 1 Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 410X Congestive Heart Failure from Mitral ~~Dis~~ stenosis — INTERVAL BETWEEN ONSET AND DEATH: sev. wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) + Hypertensive Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-30, 1960, *to* 11-2, 1965, *that I last saw the deceased alive on* 11-2, 1965, *and that death occurred at* 1:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern Henderson, MD
23b. ADDRESS: Buhl, Ida
23c. DATE SIGNED: 11-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/4/65
24c. NAME OF CEMETERY OR CREMATORY: Buhl
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 11-16-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Robert F. Dickard
LICENSE NO.: E-312

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 31 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5131
Local Reg. No. D-371
Reg. Dist. No. 460

RECEIVED NOV 5 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
STATISTICS OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 42
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 205 Larkspur

3. NAME OF DECEASED (Type or Print) a. (First) Alton b. (Middle) Jay 143 c. (Last) Young

4. DATE OF DEATH (Month) (Day) (Year) November 2, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH September 17, 1903
9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairy operator 96
10b. KIND OF BUSINESS OR INDUSTRY Dairy 01
11. BIRTHPLACE (State or foreign country) Johnson's Mill, Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Nathan Young BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Ella May Ferguson BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-30-7887
17. INFORMANT'S OWN SIGNATURE X Mrs Alton Young ADDRESS Twin Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis 420.1 — INTERVAL BETWEEN ONSET AND DEATH 1½ hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, *19* 58, *to* Nov. 2, *19* 65, *that I last saw the deceased alive on* Nov. 2, *19* 65, *and that death occurred at* 12:10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 578 [signature] M.D.
23b. ADDRESS 204 4th Ave. E., Twin Falls
23c. DATE SIGNED 11-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 4, 1965
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) Twin Falls, (State) Idaho

DATE REC'D BY LOCAL REG. 11-3-65
REGISTRAR'S SIGNATURE [signature]
25. EMBALMER [signature]
LICENSE NO. E-343
FIRM NAME White Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 9 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5132
Local Reg. No. D-348
Reg. Dist. No. 460

Certificate of Death

RECEIVED
NOV 12 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 421 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (If in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 420
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Filer
d. STREET ADDRESS (If rural, give location) Route # 2

3. NAME OF DECEASED (Type or Print)
a. (First) MAMIE
b. (Middle) 143
c. (Last) LESSELS

4. DATE OF DEATH (Month) (Day) (Year) November 2, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Oct. 15, 1882
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home 01
11. BIRTHPLACE (State or foreign country) Mansfield, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Martin L. Winegardner — BIRTHPLACE Penn.
14. MOTHER'S MAIDEN NAME Fianna Stauffer — BIRTHPLACE Stark County, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE William R Lessels — ADDRESS Filer, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 570.2 Mesenteric thrombosis — INTERVAL BETWEEN ONSET AND DEATH 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 4, 1965, *to* Nov 2, 1965, *that I last saw the deceased alive on* Nov 2, 1965 *and that death occurred at* 2 50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Max W Garver 083 (Degree or title) M.D.
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED Nov 5, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 5, 1965
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) Twin Falls (State) Idaho

DATE REC'D BY LOCAL REG. 11-9-65
REGISTRAR'S SIGNATURE Regina Grijalva
25. EMBALMER [signature]
LICENSE NO. E-343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 16 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 10 1977

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5133
Local Reg. No. 345
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Twin Falls 421 NOV 8 1965 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls — DURATION OF STAY (in this place): — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 420 — b. COUNTY: Twin Falls — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer — d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print) — a. (First): HOWARD — b. (Middle): 144 — c. (Last): LAPRAY

4. DATE OF DEATH — (Month) (Day) (Year): November 3, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Oct. 14, 1896

9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farm 01

11. BIRTHPLACE (State or foreign country): Weston, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: David Lapray — BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Elizabeth Alice Egbert — BIRTHPLACE: Kaysville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W.I 2

16. SOCIAL SECURITY NO.: 518-18-6954

17. INFORMANT'S OWN SIGNATURE: Velma B. Lapray — ADDRESS: Filer, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bleeding Duodenal Ulcer — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Duodenal Ulcer — 4 mos.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Diabetes Mellitus, Coronary Insufficiency Osteoarthritis Umbilical Hernia

549.0

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) — 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — 21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/3 1961, *to* Nov 3, 1965, *that I last saw the deceased alive on* Nov 3, 1965, *and that death occurred at* 905 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: 466 Roy O. Shaub M.D. (Degree or title) — 23b. ADDRESS: 111 6th Ave E. Twin Falls Idaho — 23c. DATE SIGNED: 11/4/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: 11/6/65 — 24c. NAME OF CEMETERY OR CREMATORY: Filer I.O.O.F. Cemetery — 24d. LOCATION (City, town, or county) (State): Filer Idaho

DATE REC'D BY LOCAL REG.: 11-5-65 — REGISTRAR'S SIGNATURE: Regina Shipalva — 25. EMBALMER: [signature] — LICENSE NO.: E-343

FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

NOV 9 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 2 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 21 1984

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5134
Local Reg. No. D-347
Reg. Dist. No. 460

Certificate of Death

RECEIVED
NOV 12 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write [illegible] and give township): Twin Falls
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: T. Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1871 4th Avenue East

3. NAME OF DECEASED (Type or Print)
a. (First): Dolores
b. (Middle): D.
c. (Last): Craner

4. DATE OF DEATH (Month) (Day) (Year): November 3, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: February 10, 1934
9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Robert Welch — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Hazel Satterwhite — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-30-8010
17. INFORMANT'S OWN SIGNATURE: X Jack B Craner — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH 705.4
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Lupus erythematosis — 2 yrs 3 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Gastric ulcer-1 wk.
Uremia 1 wk.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-15, 19 59, *to* 11/3/, 19 65, *that I last saw the deceased alive on* 11-3-65, 19__, *and that death occurred at* 7:55p. m., *from the causes and on the date stated above.*

23a. SIGNATURE Wetland H. Claus 092 (Degree or title): M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 11/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/6/65
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 11-9-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Paul L. Reynolds
LICENSE NO.: E-495

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Reynolds Funeral Chapel-Twin Falls, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5135
Local Reg. No. D-350
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED NOV 17 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rogerson
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 mi So. of Rogerson hiway 93

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California 05
b. COUNTY: Solano 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vacaville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Anthony
b. (Middle): P. 000
c. (Last): Narkin

4. DATE OF DEATH (Month) (Day) (Year): November 4, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): unknown 0
8. DATE OF BIRTH: August 18, 1923
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lab. Technician 92
10b. KIND OF BUSINESS OR INDUSTRY: Hospital 06
11. BIRTHPLACE (State or foreign country): Philadelphia, Penna.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: unknown — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. #2 4
16. SOCIAL SECURITY NO.: 085-30-3616
17. INFORMANT'S OWN SIGNATURE: James L. Reynolds — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH 824.4
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Extensive 3rd degree burns — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gasoline fire in automobile.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 06
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hiway 13
21c. (CITY, TOWN, OR TOWNSHIP) 421 (COUNTY) (STATE): Rogerson Twin Falls, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): November 4, 1965 12:50 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Gasoline tank exploded on car.

22. *I hereby certify that I attended the deceased from* DID NOT ATTEND, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* ? *m., from the causes and on the date stated above.*

23a. SIGNATURE 583 Claude Wiley 4 (Degree or title): Coroner
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 11/5/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/6/65
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls, Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 10-12-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Paul L. Reynolds — LICENSE NO.: E-495

FIRM NAME: Reynolds Funeral Chapel Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 18 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death 66

State File No. 5136
Local Reg. No. D-356
Reg. Dist. No. 460

BIRTH NO.

RECEIVED
STATE OF IDAHO

NOV 22 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls 421
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Skyview Manor, 640 Filer Ave. W.

3. NAME OF DECEASED (Type or Print)
a. (First): ELLA
b. (Middle): L. 143
c. (Last): GILLETTE

4. DATE OF DEATH (Month) (Day) (Year): November 5, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 27, 1880
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home 01
11. BIRTHPLACE (State or foreign country): Summerville, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John L. Lewis — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Sarah Marcus — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-20-8400
17. INFORMANT'S OWN SIGNATURE: x Mrs H. C. Rodger — ADDRESS: 253 Locust

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Dis.
DUE TO (c) Aging (Senility)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia 2-3 Days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/15/60, 19__, *to* 11/5/65, 19__, *that I last saw the deceased alive on* 11/5/65, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): V. V. Pelford, MD 525
23b. ADDRESS: 153 Blue Lakes Blv'd North, Twin
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 8, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 11-16-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: [signature]
LICENSE NO.: E-343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 27 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5137
Local Reg. No. D-349
Reg. Dist. No. 460

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

NOV 12 1965

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): Bureau
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1314 Elmwood Circle 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1314 Elmwood Circle

3. NAME OF DECEASED (Type or Print)
a. (First): MEGNILD
b. (Middle): B.
c. (Last): HARPER

4. DATE OF DEATH (Month) (Day) (Year): November 6, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 1, 1900
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Ellsworth, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Martin B. Bundlie — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Susanne Bauer — BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-36-5448B
17. INFORMANT'S OWN SIGNATURE: Howard H. Harper — ADDRESS: Twin Falls Ida

18. CAUSE OF DEATH 527.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia with chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Emphysema with secondary cardiac and kidney disease. — 8 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 23 *19* 65, *to* Nov. 6, *19* 65 *that I last saw the deceased alive on* Nov. 6, *19* 65, *and that death occurred at* 10:30 *pm., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 246
23b. ADDRESS: 1221 Lynwood Mall, Twin Falls, Ida.
23c. DATE SIGNED: Nov. 8, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 9, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county): Twin Falls — (State): Idaho

DATE REC'D BY LOCAL REG.: 11-9-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: [signature]
LICENSE NO.: E-343

Federal Security Agency
United States Public Health Service
Form DH-69021
FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 15 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5138
Local Reg. No. D-346
Reg. Dist. No. 460

RECEIVED NOV 12 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Twin Falls 420 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls (rural) — c. LENGTH OF STAY (in this place): 17 yrs — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route # 1 South Park

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 420 — b. COUNTY: Twin Falls — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls (rural) — d. STREET ADDRESS (If rural, give location): Route # 1 South Park

3. NAME OF DECEASED (Type or Print) — a. (First): EFFIE — b. (Middle): MAY — c. (Last): DAVIS

4. DATE OF DEATH (Month) (Day) (Year): Nov. 6, 1965

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: Feb. 23, 1893

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: own home 01

11. BIRTHPLACE (State or foreign country): White Oak, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alfred Graham — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): - - -

16. SOCIAL SECURITY NO.: 487-22-9005

17. INFORMANT'S OWN SIGNATURE: x James R Davis — ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 6/9/55-11/6/65

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Pulmonary Emphysema, Congestive Heart Failure Anemia 2° to Renal Disease Hiatus Hernia, Cholelithiasis

19a. DATE OF OPERATION: - - -

19b. MAJOR FINDINGS OF OPERATION: - - -

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): - - -

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - -

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - m.

21e. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: - - -

22. *I hereby certify that I attended the deceased from* 3/13, 1962, *to* Nov 6, 1965, *that I last saw the deceased alive on* 11/1, 1965, *and that death occurred at* 8:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy O. Shank M.D. — 23b. ADDRESS: Twin Falls, Idaho — 23c. DATE SIGNED: 11/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial — 24b. DATE: 11-10-65 — 24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park — 24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 11-9-65 — REGISTRAR'S SIGNATURE: Regina Grijalva — 25. EMBALMER: Hall Patterson — LICENSE NO.: E-451

FIRM NAME: TWIN FALLS MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 15 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 3 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5139
Local Reg. No. D-362
Reg. Dist. No. 460

BIRTH NO.

RECEIVED NOV 22 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls 47 3-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 208
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
d. STREET ADDRESS (If rural, give location): Glenns Ferry

3. NAME OF DECEASED (Type or Print): a. (First) MRS. b. (Middle) JULIA 144 ANN c. (Last) AHALT

4. DATE OF DEATH: (Month) November (Day) 8, (Year) 1965

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: Nov. 4, 1888

9. AGE (In years last birthday): 78 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: own home 01

11. BIRTHPLACE (State or foreign country): Avila, California

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Unknwon — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Arthur Smith — ADDRESS: Mtn. Home, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Mesenteric Thrombosis 570.2 — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus, Severe Arteriosclerosis Bilateral Cataracts Rheumatic Heart Disease with Mitral Insufficiency

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 7 *19* 65 *to* Nov 8 *19* 65 *; that I last saw the deceased alive on* Nov 7, 19 65 *, and that death occurred at* 7½ *A.* m., *from the causes and on the date stated above.*

23a. SIGNATURE: 466 Roy G Shaub M.D. (Degree or title)

23b. ADDRESS: 111 6th Ave E. Twin Falls Ida

23c. DATE SIGNED: 11/17/65.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/12/65

24c. NAME OF CEMETERY OR CREMATORY: Glenn Rest Cemetery

24d. LOCATION (City, town, or county) (State): Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.: 11-17-65

REGISTRAR'S SIGNATURE: Regina Arrijalva

25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: Smith Mortuary, Mtn. Home, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

Certificate of Death

STATE OF IDAHO

State File No. 5140
Local Reg. No. D-360
Reg. Dist. No. 460

BIRTH NO.

RECEIVED NOV 22 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mt. View Conval. Home 305

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): A Street East

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	GOLDIE	MAUDE	HOMAN	November 8, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	October 31, 1897	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00	00	Wablow, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Pete Butler	Missouri	Ellen Schannie	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Mrs T Homan	Murtaugh, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiomegalia, Auricular fibrillation — 2 yrs
DUE TO (c) Generalized Arteriosclerosis — several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cholelithiasis — 1½ yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9-6, 1949, *to* 11-8, 1965, *that I last saw the deceased alive on* 10-28, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D.A. McCluskey MD 338	Twin Falls Idaho	11-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/12/65	Sunset Memorial Park	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-17-65	Regina Strijalva		E-343

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 16 1997

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 5141
Local Reg. No. D-351
Reg. Dist. No. 460

BIRTH NO.

RECEIVED NOV 17 1965 Bureau of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Curry R.R. Crossing, Hwy. 30

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print): a. (First) TILLMAN b. (Middle) A. 000 c. (Last) LYTLE

4. DATE OF DEATH (Month) (Day) (Year): November 9, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 29, 1924
9. AGE (In years last birthday): 41 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver 13
10b. KIND OF BUSINESS OR INDUSTRY: Sumner Sand&Gravel 91
11. BIRTHPLACE (State or foreign country): Sulpula, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Valentine Lytle — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Georgia Woriek — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW II 4
16. SOCIAL SECURITY NO.: 551-38-6765
17. INFORMANT'S OWN SIGNATURE: X Dorothy Lytle — ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple fractures and Lacerations — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U.S. #30 Hwy 3
21c. (CITY, TOWN, OR TOWNSHIP) 421 (COUNTY): Twin Falls County (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 9, 1965 7:02 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Train - Truck Collision

22. I hereby certify that I attended the deceased from Did Not, 19 attend, 19, that I last saw the deceased alive on, 19, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE: Claude Wiley (Degree or title): Coroner 4
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: 11-11-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/13/65
24c. NAME OF CEMETERY OR CREMATORY: Buhl Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 11-12-65
REGISTRAR'S SIGNATURE: Virginia Strijelva
25. EMBALMER: [signature]
LICENSE NO.: E-343

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 18 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 13 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5142
Local Reg. No. D-352
Reg. Dist. No. 460

RECEIVED NOV 22 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 420 Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 3 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 808 11th Ave. North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 420 Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 808 11th Ave. North

3. NAME OF DECEASED (Type or Print): a. (First) CHARLOTTE b. (Middle) MAE c. (Last) HUGHES

4. DATE OF DEATH: (Month) Nov. (Day) 10, (Year) 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	March 9, 1905	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home 01	Eagle, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Richard E. Ward	Wisconsin	Mamie Shanahan	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Charlotte S. Holden ADDRESS: 375 Martin Twin Falls Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Cervix — INTERVAL BETWEEN ONSET AND DEATH: years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 6, 1965, *to* Nov. 10, 1965, *that I last saw the deceased alive on* Nov. 9, 1965, *and that death occurred at* 5:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.C. Kelly MD	122 9th Ave No Buhl	11-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/13/65	Buhl	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-15-65	Regina Krajalva	Robert F. Dickard	E-312

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 5143
Local Reg. No. B-353
Reg. Dist. No. 460

STATE OF IDAHO

BIRTH NO.

RECEIVED NOV 22 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 904 Blue Lakes Blvd. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 904 Blue Lakes Blvd.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mary	B.	White	November 10,1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	August 24,1903	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	01	Kaysville,Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
R.W.French	North Carolina	Lucie Gray	Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-52-4400	Mrs M. I. Cutler	Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 150X Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1959, *to* 11/10/, 1965, *that I last saw the deceased alive on* 10-29, 1965, *and that death occurred at* 1:00p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
460 M.D.	Twin Falls, Idaho	11-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/13/65	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-16-65	Regina Loizaga	Paul D. Reynolds	E-495

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 24 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5144
Local Reg. No. D-355
Reg. Dist. No. 460

BIRTH NO.

RECEIVED NOV 22 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN Twin Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION 1936 Osterloh Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Washington
b. COUNTY Benton
c. CITY OR TOWN Benton City
d. STREET ADDRESS

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	FRANCIS	MARION	RUMLEY	November 11, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	September 21, 1887	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
A.E.C.	Government	Appanoose County, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Francis Anthony Rumley	Unknown	Martha Symantha Stoner	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-05-1250	Edmond G. Dickinson	Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerosis — INTERVAL BETWEEN ONSET AND DEATH: unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* —, 19—, *to* —, 19—, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* 9:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. W. Winston M.D.	204 4th Ave. E., Twin Falls	11-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Nov. 15, 1965	Parma Cemetery	Parma	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-16-65	Regina Strijdra		E-343

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 26 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5145
Local Reg. No. D-358
Reg. Dist. No. 760

BIRTH NO.

RECEIVED NOV 22 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls (42) 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY IN THIS PLACE:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hazeldel Manor 285

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (42)
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 141 Blue Lakes Blvd. North

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) ARTHUR c. (Last) SWENSON

4. DATE OF DEATH (Month) (Day) (Year): November 11, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Nov. 12, 1885

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Building Contractor

10b. KIND OF BUSINESS OR INDUSTRY: 0 Contracting

11. BIRTHPLACE (State or foreign country): Smithfield, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Peter Swenson 73
BIRTHPLACE: Stockholm, Sweden

14. MOTHER'S MAIDEN NAME: Mary Ann Mack
BIRTHPLACE: Smithfield, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-22-2558

17. INFORMANT'S OWN SIGNATURE: X Mrs. J. A. Swenson
ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): C.V.A (Hemorrhage). — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Generalized arteriosclerosis — 10 years

DUE TO (c): Previous C.V.A. — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: D.B disease

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY Ooccur?:

22. *I hereby certify that I attended the deceased from* June 60 *to* Nov. 11, 1965, *that I last saw the deceased alive on* Nov. 8, 1965, *and that death occurred at* 11:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold C. Luke, M.D.

23b. ADDRESS: Twin Falls Idaho

23c. DATE SIGNED: 11-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 15, 1965

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 11-16-65

REGISTRAR'S SIGNATURE: Regina Shinjaleris

25. EMBALMER: [signature]
LICENSE NO.: E-343

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 12 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. FEB 12 1981

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 5146
Local Reg. No. D-359
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 420 NOV 22 1965 800
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kimberly
c. LENGTH OF STAY (In this place) Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home in Kimberly, Idaho 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 420 b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kimberly
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	GERTRUDE	S.	SWAN	November 13, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	May 30, 1869	96				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 0	Home 0	Creston, Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Theodore M. Wheeler	Unknown	Rheua C. Beardsley	Conn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-54-0108	Mark L. Swan	Twin Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage 331X — INTERVAL BETWEEN ONSET AND DEATH: 3d - 5hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterio Sclerotic Cerebro Vascular Disease — 5 yr +

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

Arterio Sclerotic Heart Disease — 10 yr +

Congestive Heart Failure — 10 yr +

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1 Aug, 1962, *to* 13 Nov, 1965, *that I last saw the deceased alive on* 13 Nov, 1965, *and that death occurred at* 11:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James H. Gifford M.D. 489	Twin Falls, Idaho	11/13/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 16, 1965	Twin Falls Cemetery	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-16-65	Regina Grijalva		E-343

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 1 1 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5147
Local Reg. No. D-357
Reg. Dist. No. 460

RECEIVED NOV 22 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 610 Sparks

3. NAME OF DECEASED (Type or Print)
a. (First): VIOLET
b. (Middle): J. 143
c. (Last): WAGGONER

4. DATE OF DEATH (Month) (Day) (Year): November 14, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 20, 1910
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Lamoni, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas Currie — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Leona Fowler — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-24-3884
17. INFORMANT'S OWN SIGNATURE: H F Waggoner — ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumococcal Meningitis 340.1 — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Unconsc, *19* 57 *to* Nov. 14, *19* 65, *that I last saw the deceased alive on* Nov. 13, *19* 65 *and that death occurred at* 4:05A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B.L. Kreilkamp M.D. 296
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: Mar 15 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 16, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 11-16-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: [signature]
LICENSE NO.: E-343

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 2 9 1996

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5148
Local Reg. No. D-363
Reg. Dist. No. 460

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

NOV 29 1965

Bureau of Vital Statistics

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (If not in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Grace
b. (Middle): 144
c. (Last): Sellers

4. DATE OF DEATH (Month) (Day) (Year): November 14, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 11, 1904
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cafe Operator 24
10b. KIND OF BUSINESS OR INDUSTRY: 11
11. BIRTHPLACE (State or foreign country): Ballinger, Texas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Commodore Pullin — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-10-0756
17. INFORMANT'S OWN SIGNATURE: Marion Downs — ADDRESS: R.R. #2 Paul, Idaho

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes Mellitus c̄ Kimmelstiel-Wilson Disease
Chronic G.U. Infection Hypertensive
Arteriosclerotic Heart Disease c̄ Heart Failure

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/6, 1961, *to* 11/14/, 1965, *that I last saw the deceased alive on* 11/13, 1965, *and that death occurred at* 12:45p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 466 Roy O. Shaub M.D. M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 11/16/65.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/17/65
24c. NAME OF CEMETERY OR CREMATORY: Hazelton, Cemetery
24d. LOCATION (City, town, or county) (State): Hazelton, Idaho

DATE REC'D BY LOCAL REG.: 11-18-65
REGISTRAR'S SIGNATURE: Regina Shijalva
25. EMBALMER: Paul D. Reynolds — Twin Falls, Idaho
LICENSE NO.: E-495

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Reynolds Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED NOV 22 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5149
Local Reg. No. D-367
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 420 000
b. CITY OR TOWN (If outside corporate limits, write township): NE of Murtaugh
DURATION OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ½ Mi. County Rd. NE of Mur.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murtaugh
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LAURA	BEATRICE 000	REED	November 15, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	May 26, 1917	48				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00	00	Oregon	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	Laura Reed	Murtaugh, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive Heart Failure — Hours
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

434.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Did not attend 19__, *to* 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 7:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Claude Wiley, Coroner	Twin Falls, Idaho.	11-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 20, 1965	Twin Falls Cem	Twin Falls Ida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-17-65	Regina Grigalava	[signature]	E-343

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: White Mortuary

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5150
Local Reg. No. D369
Reg. Dist. No. 460

RECEIVED NOV 29 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Twin Falls 421 000 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls — c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley Nursing Home 250

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 43 — b. COUNTY: Twin Falls — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton — d. STREET ADDRESS (If rural, give location): Route # 2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MINNIE	J.	HOWARD	November 17, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married 3	September 15, 1892	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home 01	Shenandoah, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Nelson	Sweden	Matilda Cederstrom	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Charles S. Howard	Hazelton, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH: undetermined

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Addison's Disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 15, 1965, *to* Nov 17, 1965, *that I last saw the deceased alive on* Nov 16, 1965, *and that death occurred at* 5:35 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Kenneth Boyes 056	M.D.	1132 Locust St. Twin Falls	19 Nov. 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Nov. 20, 1965	Hazelton Cemetery	Hazelton Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-22-65	Regina Grijalva		E-343

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 9 1966

JUL 24 1970

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5151
Local Reg. No. D-365
Reg. Dist. No. 460

BIRTH NO.

NOV 29 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls 421 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Twin Falls Clinic 144

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 421 b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 215 4th ave north

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Grace		Carlsom	11-17-1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	May 22 1881	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife 81
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ira Titus BIRTHPLACE Wisconson
14. MOTHER'S MAIDEN NAME Agatha E Crook BIRTHPLACE Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE x A L Carlson ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC HEART DISEASE & TERMINAL FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 4 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) SEVERE GASTRIC HEMORRHAGE COMPLICATING HIATAL HERNIA - AGGRAVATED BY A FALL. — 1 wk
DUE TO (c) SEVERE TRAUMATIC BACK INJURY COMPLICATING - SPONDYLOLITHESIS L5 ON L7 - 5 WKS — 5 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
COMPLICATING METASTATIC CANCER 25 + LT 6 MOS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	→ RADICAL BREAST AMPUTATION RIGHT BREAST 1944 - CANCER	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* SEPT 9-1959, 19___, *to* 11-17-65, 19___, *that I last saw the deceased alive on* 11-17-65, 19___, *and that death occurred at* 1:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph W. Marshall 330	M.D	Twin Falls IDAHO	11-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	11-19-65	Mountain View Crematory	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-22-65	Regina Grijalva	Robert C Walk.	E 294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JAN 1 1 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

NOV 29 1965

Certificate of Death

STATE OF IDAHO

State File No. 5152
Local Reg. No. D-366
Reg. Dist. No. 460

BIRTH NO. Bureau of Vital Statistics 421

1. PLACE OF DEATH
a. COUNTY: Twin Falls 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 1 Month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Harral Nursing Home 205

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 217 7th Avenue South

3. NAME OF DECEASED (Type or Print)
a. (First): BECKIE
b. (Middle): ANN
c. (Last): BIRKHOLZ

4. DATE OF DEATH (Month) (Day) (Year): Nov. 19, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 15, 1885
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Christine County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jacob Roberts — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Lundy Garrison — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-24-5686
17. INFORMANT'S OWN SIGNATURE: Hattie Yates — ADDRESS: 2107 N. 32ND Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of lung — INTERVAL BETWEEN ONSET AND DEATH: months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Arteriosclerosis — Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 29, 1964, *to* Nov. 18, 1965, *that I last saw the deceased alive on* Nov. 16, 1965, *and that death occurred at* 3:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C A Cullings MD 118
23b. ADDRESS: 122 9th Ave. North Buhl
23c. DATE SIGNED: 11-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/22/65
24c. NAME OF CEMETERY OR CREMATORY: Buhl
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 11-23-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Robert F. Dickard
LICENSE NO.: E-312

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5153
Local Reg. No. D-375
Reg. Dist. No. 460

RECEIVED
DEC 9 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 4-16
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls, Idaho
c. LENGTH OF STAY (in this place): 16 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic & Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 320
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dietrich, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Jean
b. (Middle): Talbut 144
c. (Last): Stoddard

4. DATE OF DEATH (Month) (Day) (Year): Nov. 22 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 10, 1925
9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Lewiston, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Daniel Talbut — BIRTHPLACE: Lewiston, Utah
14. MOTHER'S MAIDEN NAME: Corilla Egbert — BIRTHPLACE: Fairview, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Roger Wilson Stoddard — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

260 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Toxic Nephrosis — INTERVAL BETWEEN ONSET AND DEATH: 4½ days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes Mellitus — 4 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Partial YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-19, 1965, *to* 11-22, 1965, *that I last saw the deceased alive on* 11-21, 1965, *and that death occurred at* 3:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 386
23b. ADDRESS: Box 68 Shoshone Idaho
23c. DATE SIGNED: 11-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Nov. 24, 1965
24c. NAME OF CEMETERY OR CREMATORY: Georgetown Cemetery
24d. LOCATION (City, town, or county) (State): Georgetown Idaho

DATE REC'D BY LOCAL REG.: 12-3-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Francis M. Bergin — LICENSE NO.: C-463

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5154
Local Reg. No. D-367
Reg. Dist. No. 760

BIRTH NO.

RECEIVED
DEC 6 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls (421)
b. CITY OR TOWN: Twin Falls (000)
c. LENGTH OF STAY in this place:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (430)
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)
a. (First): RALPH
b. (Middle): RAYMOND (144)
c. (Last): BENDER

4. DATE OF DEATH (Month) (Day) (Year): November 23, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Sept. 27, 1888

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (04)

10b. KIND OF BUSINESS OR INDUSTRY: Farm (01)

11. BIRTHPLACE (State or foreign country): Wappello Highland Center- Co., Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Bender
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Elizabeth McCormick
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-16-3032

17. INFORMANT'S OWN SIGNATURE: Sammy Warner
ADDRESS: Hansen, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Gastrointestinal hemorrhage (541.0) — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Duodenal ulcer — 2 mo -
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-24, 1959, *to* 11-23, 1965, *that I last saw the deceased alive on* 11-23, 1965, *and that death occurred at* 9:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Doyle W. Warner MD
23b. ADDRESS: 111 6th Ave E. Twin Falls
23c. DATE SIGNED: 11-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 26, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 11-24-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER:
LICENSE NO.: E-343

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 24 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 24 1992

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5155
Local Reg. No. B-368
Reg. Dist. No. 760

BIRTH NO.

RECEIVED DEC 6 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
LENGTH OF STAY (in this place): 10 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. # 1 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): R.F.D. # 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ANTON	J.	FOUKAL	Nov. 24, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married 3	May 27, 1889	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant 35	Retail 01	Rakvice, Czechoslovakia	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Foukal	Czechoslovakia	No Record	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	390-32-8213	Mary Foukal	RFD # 1 Filer, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	INTERVAL BETWEEN ONSET AND DEATH
	Carcinoma of Prostate	8 mons
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Diabetes Mellitus	3 yrs.
	DUE TO (c)	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia & Dehydration	Few months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov 1, 1965 *to* Nov 24, 1965, *that I last saw the deceased alive on* Nov 24, 1965, *and that death occurred at* 10:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Vern H. Anderson M.D	Buhl, Ida	11-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/27/65	Buhl	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-3-65	Regina Grigsby	Robert F. Dickard	E-312

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

APR 1 6 2013

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5156
Local Reg. No. P-369
Reg. Dist. No. 460

Certificate of Death

RECEIVED
DEC 6 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO. 421

1. PLACE OF DEATH
a. COUNTY: Twin Falls 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 428
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 509 7th Avenue North

3. NAME OF DECEASED (Type or Print)
a. (First): MELFORD
b. (Middle): G. 143
c. (Last): DALOS

4. DATE OF DEATH (Month) (Day) (Year): Nov. 25, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 17, 1918
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fieldman 06
10b. KIND OF BUSINESS OR INDUSTRY: Dairy Association 19
11. BIRTHPLACE (State or foreign country): McCluskey, N. D.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Martin Dalos — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Gina Egge — BIRTHPLACE: North Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 501-03-4983
17. INFORMANT'S OWN SIGNATURE: Bertha Dalos — ADDRESS: 509 7th Ave. N. Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypernephroma, Bilat, c̄ metastases to mediastinum + liver — INTERVAL BETWEEN ONSET AND DEATH: 5 whs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) + liver
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 20, 1965, *to* Nov 25, 1965, *that I last saw the deceased alive on* Nov. 24, 1965 *and that death occurred at* 6:55 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H Anderson MD
23b. ADDRESS: Buhl, Idaho
23c. DATE SIGNED: 11-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/29/65
24c. NAME OF CEMETERY OR CREMATORY: Buhl
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 12-3-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Robert F. Dickard
LICENSE NO.: E-312

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC. 8 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5157
Local Reg. No. D-373
Reg. Dist. No. 460

Certificate of Death

RECEIVED
DEC 6 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF [illegible] (If [illegible] place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 257 Walnut St.-Twin Falls

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 257 Walnut Street

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGIA
b. (Middle): 000
c. (Last): MATHERS

4. DATE OF DEATH (Month) (Day) (Year): November 26, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 28, 1884
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Douglas Co., Elkhorn, Nebr.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Telemachus Blayney — BIRTHPLACE: Gazette Co., Ohio
14. MOTHER'S MAIDEN NAME: Edith Jane Unknown — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-24-4782
17. INFORMANT'S OWN SIGNATURE: Lee Mathers — ADDRESS: Kimberly, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized arteriosclerosis & Senile Dementia — 7 yrs.
DUE TO (c) Bilateral Intertrochanteric fractures c̄ Extra-articular hip nailing — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-4, 1958, *to* 11-26, 1965, *that I last saw the deceased alive on* 11-26, 1965, *and that death occurred at* 10:45 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D 933 McCrusky MD
23b. ADDRESS: Twin Falls Ida
23c. DATE SIGNED: 11/29/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Dec. 1, 1965
24c. NAME OF CEMETERY OR CREMATORY: Eaton Cemetery
24d. LOCATION (City, town, or county) (State): Heartwell Nebraska

DATE REC'D BY LOCAL REG.: 12-3-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: [signature]
LICENSE NO.: E-343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 20 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5158
Local Reg. No. D-371
Reg. Dist. No. 460

Certificate of Death

RECEIVED
DEC 6 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 240
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ARNAULD
b. (Middle): 144
c. (Last): ARRETCHE

4. DATE OF DEATH (Month) (Day) (Year): November 26, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 6
8. DATE OF BIRTH: Jan. 15, 1906
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operated lounge 24
10b. KIND OF BUSINESS OR INDUSTRY: Miramar Lounge 11
11. BIRTHPLACE (State or foreign country): Bussunaritz, France
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-20-1276
17. INFORMANT'S OWN SIGNATURE: Mrs. A. Bengoechea — ADDRESS:

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 16 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Cerebrovascular Disease — 5 yr +
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypertension — 8 yr +

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6 Dec, 1962, *to* 26 Nov, 1965, *that I last saw the deceased alive on* 26 Nov, 1965, *and that death occurred at* 1:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE 489 (Degree or title): James H. Spafford M.D.
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: 11/29/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 30, 1965
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 12-3-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: [signature]
LICENSE NO.: E-343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 8 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 4 1975

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 5159
Local Reg. No. D-372
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls — DEC 6 1965 — Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho — b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) HAZEL — b. (Middle) ALMA — c. (Last) WETHERBEE

4. DATE OF DEATH (Month) (Day) (Year): November 27, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	March 25, 1901	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Dayton, Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alfred C. McCubbins	Salem, Oregon	Mary F. Mead	Red Cloud, Nebr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-26-4244	[signature]	Twin Falls

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Myocardial Infarction	9 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic Heart Disease	5 yr +
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Paralytic Ileus Congestive Heart Failure	8 days 6 mos +

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 27 Oct, 1965, *to* 27 Nov, 1965, *that I last saw the deceased alive on* 27 Nov 1965, *and that death occurred at* 6:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James A. Stafford, M.D.	Twin Falls Idaho	11/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial		Sunset Memorial Park	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-3-65	Regina Grigalva	[signature]	E-343

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: White Mortuary

DUTIES:

FEB 2 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

OCT 16 1974

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5160
Local Reg. No. D-374
Reg. Dist. No. 460

RECEIVED DEC 6 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 421
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 228 DuBois Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) WILMA
b. (Middle) JEAN 143
c. (Last) SMITH

4. DATE OF DEATH (Month) (Day) (Year) November 27, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH June 19, 1932
9. AGE (In years last birthday) 33 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home 01
11. BIRTHPLACE (State or foreign country) Lewellen, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Roy Deshazer
BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Mable King
BIRTHPLACE Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-32-3489
17. INFORMANT'S OWN SIGNATURE Delbert L. Smith
ADDRESS Twin Falls

18. CAUSE OF DEATH 410X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Stenosis — INTERVAL BETWEEN ONSET AND DEATH 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic endocarditis — not known.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 9/28/65
19b. MAJOR FINDINGS OF OPERATION Mitral surgery, valves excised, prothesis placed. Death due to clots blocking this valve.
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-22-, 19 65, *to* 11-24-, 19 65, *that I last saw the deceased alive on* 11-24-, 19 65, *and that death occurred at* 11:50A *m., from the causes and on the date stated above.*

23a. SIGNATURE George 06 B. Brown (Degree or title) MS
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 11-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 29, 1965
24c. NAME OF CEMETERY OR CREMATORY Rosedale Memorial Park
24d. LOCATION (City, town, or county) Payette (State) Idaho

DATE REC'D BY LOCAL REG. 12-3-65
REGISTRAR'S SIGNATURE Regina Grijalva
25. EMBALMER [signature]
LICENSE NO. E-343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 14 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5161
Local Reg. No. D-370
Reg. Dist. No. 460

RECEIVED
DEC 6 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
DURATION OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 194 Quincy Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 194 Quincy Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	EUGENE	HARRISON	ROUSSEAU	November 28, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Divorced	Oct. 27, 1923	42		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Douglas County, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elmer Rousseau	Missouri	Hazel Craig	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	519-10-7614		

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cirrhosis of the liver
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* did not attend —, 19—, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Claude Wiley Coroner	Twin Falls, Ida	11-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 2, 1965	Twin Falls Cemetery	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-3-65	Regina Grigalva		E-343

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 10 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 9 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5162
Local Reg. No. D-376
Reg. Dist. No. 700

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42/ 3-13
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 13 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 42/
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1719 Eldridge Avenue

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) V. 43 c. (Last) FURNISS
4. DATE OF DEATH: (Month) Nov. (Day) 29, (Year) 1965
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb. 14, 1884
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 01
11. BIRTHPLACE (State or foreign country): Matlock, England
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: William Furniss — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: England
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
16. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Celestia Dennis — ADDRESS: 1719 Eldridge Ave. Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis of coronary
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1963, *to* Nov 29, 1965, *that I last saw the deceased alive on* Nov 29, 1965, *and that death occurred at* 10:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H. Officer MD
23b. ADDRESS: 231 4th Ave North Twin Falls Idaho
23c. DATE SIGNED: 12-2-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/1/65
24c. NAME OF CEMETERY OR CREMATORY: Buhl
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 12-6-65
REGISTRAR'S SIGNATURE: Regina Shipton
25. EMBALMER: Robert F. Dickard
LICENSE NO.: E-312
FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5163
Local Reg. No. D-378
Reg. Dist. No. 460

BIRTH NO.

RECEIVED DEC 9 1965 Bureau of Vital Statistics

421

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley Nursing Home 250

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding 240
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) c. (Last) MOBERG

4. DATE OF DEATH (Month) (Day) (Year): November 30, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Nov. 19, 1891

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 84

10b. KIND OF BUSINESS OR INDUSTRY: Farmer 01

11. BIRTHPLACE (State or foreign country): Cottonwood, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Olaf Moberg — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Caroline Nyberg — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I 33 1X

16. SOCIAL SECURITY NO.: 519-26-8460

17. INFORMANT'S OWN SIGNATURE: X Mrs. Anton Almberg — ADDRESS: Wendell, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebro Vascular Hemorrhagia — 72 hrs

DUE TO (c) Arteriosclerosis-generalized — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabitis Millitus — 5 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1965 *to* Nov 30, 1965, *that I last saw the deceased alive on* Nov 30, 1965, *and that death occurred at* 10:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Ellis Knight M.D. — **23b. ADDRESS**: Kimberly, Idaho — **23c. DATE SIGNED**: 12-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Dec. 4, 1965 — **24c. NAME OF CEMETERY OR CREMATORY**: Twin Falls Cemetery — **24d. LOCATION** (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 12-7-65 — **REGISTRAR'S SIGNATURE**: Regina Gonzales — **25. EMBALMER**: [signature] — **LICENSE NO.**: E-343

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Physician, coroner, or other official in charge of cal Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 10 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 5164
Local Reg. No. D-377
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls — DEC 9 1965 — Bureau of Vital Statistics
b. CITY OR TOWN Kimberly
c. LENGTH OF STAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mt. View Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho — b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kimberly
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ROSA	M.	SPENCE	November 30, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Jan. 19, 1871	94				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home 01	Macon County, Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hugh Procter	Lankenshire, England	Unknown Smith	St. Clair Co., Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	R. P. Spence	Kimberly, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4280

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclertic Heart Disease

DUE TO (c) Generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* August, 1965, *to* 30 Nov, 1965, *that I last saw the deceased alive on* 30 Nov, 1965 *and that death occurred at* 8:30 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
V. Ellis Knight MD	Kimberly Idaho	12/3/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 3, 1965	Sunset Memorial Park	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-7-65	Regina Knight		E-343

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 22 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 5165
Local Reg. No. 78
Reg. Dist. No. 910

BIRTH NO.

RECEIVED DEC 16 1965 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Cascade (Bureau of Vital Statistics)
c. LENGTH OF STAY (in this place): few min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Warm Lake Summit 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 38
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 604 N. 10th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Dwight	Wade	Ellis	Nov. 24, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married 3	Aug. 10, 1910	55	- -	- -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lineman 45	Idaho Power Co.	Bartlett, Kansas	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles E. Ellis	Illinois	Ellen McCully	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - - - - - - -	519-09-6740	Dorothy Ellis	Payette, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* NEVER *19*____, *to* _____, *19*____, *that I last saw the deceased alive on* NEVER *19*____, *and that death occurred at* 11 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John J. Thoen M.D	CASCADE IDA	11-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	11-24-65	Cloverdale Mem. Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 2 1965	Myrtle M. Gardner	Gifford L. Shaffer	E-344

FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service
Form DH-69021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 16 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5168
Local Reg. No. 79
Reg. Dist. No. 310

RECEIVED
DEC 20 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
c. LENGTH OF STAY (In this place): 3½ wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCall Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 430
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location): Brundage Drive

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): HART 209
c. (Last): FOGG

4. DATE OF DEATH (Month) (Day) (Year): Nov. 25, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 7

8. DATE OF BIRTH: May 8, 1945

9. AGE (In years last birthday): 20
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77

10b. KIND OF BUSINESS OR INDUSTRY: 03

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Bob H. Fogg
BIRTHPLACE: St. Anthony, Ida.

14. MOTHER'S MAIDEN NAME: Margaret Hart
BIRTHPLACE: Boston, Mass.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-50-5852

17. INFORMANT'S OWN SIGNATURE: Bob H. Fogg
ADDRESS: McCall, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

456X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Massive pulmonary artery thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pulmonary embolism — unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Acute schizophrenic reaction — 3 weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-31-, 1965, *to* 11-25-, 1965, *that I last saw the deceased alive on* 11-25-, 1965, *and that death occurred at* 4:45 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE: Wayne F. [illegible] 006 (Degree or title): M.D.

23b. ADDRESS: McCall Idaho

23c. DATE SIGNED: 12-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 27, 1965

24c. NAME OF CEMETERY OR CREMATORY: McCall Cemetery

24d. LOCATION (City, town, or county) (State): McCall Idaho

DATE REC'D BY LOCAL REG.: Dec 15 1965

REGISTRAR'S SIGNATURE: Myrtle R. Sardner

25. EMBALMER: Burton E. Walker

LICENSE NO.: E-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5167
Local Reg. No. 29
Reg. Dist. No. 320

RECEIVED DEC 7 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington (41)
b. CITY OR TOWN: Weiser
c. LENGTH OF STAY IN THIS PLACE: 1½ years
d. FULL NAME OF HOSPITAL OR INSTITUTION: Park Haven Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (38) b. COUNTY: Payette
c. CITY OR TOWN: Payette
d. STREET ADDRESS: 311 N. 9th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Elsie b. (Middle): M. (298) c. (Last): Hurd

4. DATE OF DEATH: Nov. 5, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed (2)
8. DATE OF BIRTH: Apr. 27, 1884
9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife (01)
10b. KIND OF BUSINESS OR INDUSTRY: Own home (01)
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Elias S. Herrington — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Jennie Mitchell — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): — — — — — —
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Robert Emmons — ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Sen Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): — — — — —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): — — — — — — — — — —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): — — — — — — — — — — — — — — — — — —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — — — — — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: — — — — — — — — — — — — — — — —

22. *I hereby certify that I attended the deceased from* 11-2-, 1965, *to* Nov. 5, 1965, *that I last saw the deceased alive on* 11-5-, 1965, *and that death occurred at* 1:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. S. McLuckie MD
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 11-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 2
24b. DATE: 11-5-65
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 11-5-65
REGISTRAR'S SIGNATURE: D. Dee Thomason
25. EMBALMER: Gifford R. Shaffer
LICENSE NO.: E-344
FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 8 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

D.Coats

Certificate of Death

STATE OF IDAHO

State File No. 5168
Local Reg. No. 28
Reg. Dist. No. 322

RECEIVED DEC 7 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Washington 441 000
b. CITY OR TOWN Weiser
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Memorial Hosp. 153

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 441
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) 729 West 3rd.

3. NAME OF DECEASED (Type or Print)
a. (First) LUCINA
b. (Middle) WILLIAMS
c. (Last) COULTER

4. DATE OF DEATH (Month) (Day) (Year) Nov. 10, 1965

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH 10-1-1880
9. AGE (In years last birthday) 85
IF UNDER 1 YEAR Months 1 Days 9
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY own home 01
11. BIRTHPLACE (State or foreign country) Blakely, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Rev. D.J. Williams
BIRTHPLACE
14. MOTHER'S MAIDEN NAME Emma Bowen
BIRTHPLACE Penna.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Elizabeth Coulter
ADDRESS Weiser, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 9 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

792X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-3-65, 19__, *to* 11-10-65, 19__, *that I last saw the deceased alive on* 11-10-65, 19__, *and that death occurred at* 8:40 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] M.D.
23b. ADDRESS Weiser, Idaho
23c. DATE SIGNED 11-11-65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 11-13-65
24c. NAME OF CEMETERY OR CREMATORY Hillcrest
24d. LOCATION (City, town, or county) (State) Weiser, Idaho

DATE REC'D BY LOCAL REG. 11-13-65
REGISTRAR'S SIGNATURE L. Dale Thomason
25. EMBALMER D. Dale Thomason
LICENSE NO. E-388

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Northam-Jones Funeral Home

DUTIES:

DEC 9 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 4 1976

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. McDonald.

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 5169
Local Reg. No. 34
Reg. Dist. No. 320

BIRTH NO.

DEC 22 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Washington 441
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. IN THIS STATE (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 020
b. COUNTY Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Council
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) FRANCIS
b. (Middle) 153
c. (Last) WIFF

4. DATE OF DEATH (Month) (Day) (Year) Nov. 12, 1965

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH 2-2-1902
9. AGE (In years last birthday) 63
IF UNDER 1 YEAR Months --- Days ---
IF UNDER 24 HRS. Hours --- Min. ---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY mining 04
11. BIRTHPLACE (State or foreign country) Easton, Penna.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frank Wiff
BIRTHPLACE -------
14. MOTHER'S MAIDEN NAME Mary Wendell
BIRTHPLACE ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 155 01 4537
17. INFORMANT'S OWN SIGNATURE R.W. Wiff (Via Tel)
ADDRESS 94 Lydia Ave. Churchville, Penn.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Diabetes Mellitus

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1, 1965, *to* Nov 12, 1965, *that I last saw the deceased alive on* Nov 12, 1965, *and that death occurred at* 12:01 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Thomas R. McDonnell MD 667
23b. ADDRESS Weiser, Idaho
23c. DATE SIGNED 11-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 11-18-65
24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.
24d. LOCATION (City, town, or county) (State) Council, Idaho

DATE REC'D BY LOCAL REG. 11-18-65
REGISTRAR'S SIGNATURE R. Dale Thomason
25. EMBALMER R. Dale Thomason
LICENSE NO. E-388

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: DEC 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. McGrath

Certificate of Death

STATE OF IDAHO

State File No. 5170
Local Reg. No. 32
Reg. Dist. No. 320

BIRTH NO.

RECEIVED DEC 7 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 44 Washington 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Memorial Hosp. 153

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 44 b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	NELLIE	MYRTLE	FOX	Nov. 13, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed 2	1-25-1881	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	own home 01	Dayton, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Bratcher	----	Dora Long	----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	----------		x Thelma A. Yantes	Weiser, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 9049 Hypostatic Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Fract Left Hip

DUE TO (c) C.V.A.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11-4- *, 1965, to* 11-13- *, 1965, that I last saw the deceased alive on* 11-13 *, 1965, and that death occurred at* 12:07 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. D. McGrath MD	Weiser, Idaho	11-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	11-16-65	Hillcrest	Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-13-65	D. Dale Thomason	D. Dale Thomason	E-388

FIRM NAME: Northam-Jones Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: DEC 27 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5171
Local Reg. No. 37
Reg. Dist. No. 321

RECEIVED DEC 7 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Washington 44
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (If not in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Washington 44
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) 651 W. Butterfield

3. NAME OF DECEASED (Type or Print) a. (First) MAXINE b. (Middle) SHELTON 153 c. (Last) BEYER

4. DATE OF DEATH (Month) 11 (Day) 14 (Year) 65

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH May 22, 1912

9. AGE (In years last birthday) 53 IF UNDER 1 YEAR Months 5 Days 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher 12

10b. KIND OF BUSINESS OR INDUSTRY Teaching 01

11. BIRTHPLACE (State or foreign country) Dayton, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Oliver S. Pierron BIRTHPLACE ----

14. MOTHER'S MAIDEN NAME Amy Shelton BIRTHPLACE ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE + Rosa Beyer ADDRESS Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage 331X

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-14-, 1965, *to* 11-14-, 1965, *that I last saw the deceased alive on* 11-14-, 1965, *and that death occurred at* 8:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE 340 W. McGrath MD (Degree or title)

23b. ADDRESS Weiser, Idaho

23c. DATE SIGNED 11/14/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11/17/65

24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery

24d. LOCATION (City, town, or county) Weiser (State) Idaho

DATE REC'D BY LOCAL REG. 11-14-65

REGISTRAR'S SIGNATURE T. Dee Thomason

25. EMBALMER T. Dee Thomason

LICENSE NO. E-388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 8 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 28 1976

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5172
Local Reg. No. 32
Reg. Dist. No. 320

Certificate of Death

RECEIVED
DEC 7 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington 441
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Park Haven Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 441
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MARTHA
b. (Middle): ELLEN 298
c. (Last): LoREE

4. DATE OF DEATH (Month) (Day) (Year): Nov. 18, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: 12-12-1878
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home 01
11. BIRTHPLACE (State or foreign country): Newton Co., Arkansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: K. A. Thomas — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Elizabeth Carlton — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: ----------
17. INFORMANT'S OWN SIGNATURE: Thelma Hauck — ADDRESS: Klamath Falls Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gen. Arteriosclerosis
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-18-, 1965, *to* 11-18, 1965, *that I last saw the deceased alive on* 11-18, 1965, *and that death occurred at* 7:15p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 344 W. H. McLeath MW
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 11-18-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 11-22-65
24c. NAME OF CEMETERY OR CREMATORY: Fairview
24d. LOCATION (City, town, or county) (State): Weiser Annex Oregon Side

DATE REC'D BY LOCAL REG.: 11-18-65
REGISTRAR'S SIGNATURE: R. Dale Thomason
25. EMBALMER: R. Dale Thomason
LICENSE NO.: E-388

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

65-6289

Certificate of Death

STATE OF IDAHO

State File No. 5173
Local Reg. No. 612
Reg. Dist. No. 370

BIRTH NO.

RECEIVED DEC 24 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 3511 Alpine St.
d. STREET ADDRESS (If rural, give location): Boise, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): David
c. (Last): Erskine

4. DATE OF DEATH (Month) 6 (Day) 18 (Year) 65

5. SEX: Male
6. COLOR OR RACE: Cau.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 6/17/65
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 1; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY: None 00
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Jack Erskine — BIRTHPLACE: Mill Creek, Ut.
14. MOTHER'S MAIDEN NAME: Helen Bates — BIRTHPLACE: Rigby, Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Russell A. Relyea — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Birth — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-17, 1965 *to* 6-18, 1965 *that I last saw the deceased alive on* 6-18, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 519 (Degree or title) MD
23b. ADDRESS: 200 E Bannock St
23c. DATE SIGNED: 12-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/20/65
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-23-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

65-9818
BIRTH NO.

RECEIVED
DEC 23 1965
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5174
Local Reg. No. 609
Reg. Dist. No. 370

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 5 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6917 Sunnybrook

3. NAME OF DECEASED (Type or Print): a. (First) Baby b. (Middle) Boy c. (Last) Rica

4. DATE OF DEATH: (Month) Oct. (Day) 1 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Oct. 1, 1965

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): Boise Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Gerald M. Rica
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Margery Montague
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Russell C. Relyea
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 7571 Polycystic kidneys

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) + Multiple congenital

DUE TO (c) Anomalies

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1, 1965, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: 310 Idaho - Boise

23c. DATE SIGNED: 12-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial

24b. DATE: Oct. 4, 1965

24c. NAME OF CEMETERY OR CREMATORY: Redwood Estates

24d. LOCATION (City, town, or county) (State): Salt Lake City Utah

DATE REC'D BY LOCAL REG.: 12-22-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature]

LICENSE NO.: E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED DEC 30 1965 Bureau of Vital Statistics STATE OF IDAHO

State File No. 5175
Local Reg. No. 620
Reg. Dist. No. 390

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): residence 512 Shoshone Boise

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 03
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 840 Park Ave.

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) W c. (Last) FEWENS

4. DATE OF DEATH: (Month) Nov. (Day) 25 (Year) 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: June 13, 1894

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): sign painter 23

10b. KIND OF BUSINESS OR INDUSTRY: contracting 04

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George F. Fewens — BIRTHPLACE: Salt Lake City

14. MOTHER'S MAIDEN NAME: Emma Ann Holder — BIRTHPLACE: Burnham, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): XXXX

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: George W. Fewens — ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Short

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Occlusion

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) — **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m. — **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD — **23b. ADDRESS**: 401 N. Orchard Boise — **23c. DATE SIGNED**: 12/22/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Nov. 29, 1965 — **24c. NAME OF CEMETERY OR CREMATORY**: Rest Lawn Memorial — **24d. LOCATION** (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 12-27-65 — REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature] — LICENSE NO.: E-460

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DEC 31 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5176
Local Reg. No. 650
Reg. Dist. No. 270

BIRTH NO.

RECEIVED JAN 2 1 1966 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 01 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Nursing Home 300

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Myrtle	B	Carrey	November 27, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Feb. 18, 1887	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home 01	Wallowa County, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Isaac Bore	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	none	Paul L. Hosken	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1992 Pelvic carcinoma — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/23/65 *19*__, *to* 11/27/65 *19*__, *that I last saw the deceased alive on* 11/27, 19 65, *and that death occurred at* 6 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] 654	M.D.	Boise Idaho	1/16/66

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-1-65	Joplin Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-17-66	Myrtle Palmer	Paul Waggoner	E 422

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician: This Certificate was held from 11-29-65 to 1-17-66 by Doctor Rex Borup.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 5177
Local Reg. No. 584
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01 DEC 6 1965 3-06
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (If hospital or institution): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1403 Broadway Avenue

3. NAME OF DECEASED (Type or Print): a. (First) BERLE b. (Middle) E. c. (Last) KELLEY

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 2, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Sept. 18, 1897
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baliff 62
10b. KIND OF BUSINESS OR INDUSTRY: 00 District Court
11. BIRTHPLACE (State or foreign country): Emmett, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Milton E. Kelley — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Laura Frances Womack — BIRTHPLACE: Emmett, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW #1
16. SOCIAL SECURITY NO.: 519-10-3025
17. INFORMANT'S OWN SIGNATURE: Mrs Olive M Kelley — ADDRESS: 1403 Broadway Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhagic Depression of Bowel — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebrosclerosis - Severe
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.): Severe Coronary Arteriosclerosis

450.0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 25, 1965, *to* Dec 2, 1965, *that I last saw the deceased alive on* Dec 1, 1965, *and that death occurred at* 2:20 AM *from the causes and on the date stated above.*

23a. SIGNATURE: C C Johnson 261 — (Degree or title): MD — 23b. ADDRESS: Boise Ida — 23c. DATE SIGNED: 12-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-6-65
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-6-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] — LICENSE NO.: E-410
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

DEC 6 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 17 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 24 1980

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5178
Local Reg. No. 588
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
DEC 10 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 502 Avenue E

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 502 Avenue E

3. NAME OF DECEASED (Type or Print): a. (First) MARGUERITE b. (Middle) SEFTON c. (Last) BACHELDER

4. DATE OF DEATH (Month) (Day) (Year): Dec. 2, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 1, 1889

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: At home 01

11. BIRTHPLACE (State or foreign country): Cedar Rapids, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Emery M. Sefton
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Stella Garrett
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 485-16-5163

17. INFORMANT'S OWN SIGNATURE: Mrs Estelle B Cantrell ADDRESS: 502 Ave E Boise, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertensive Cardiovascular Dis

DUE TO (c): Hypertension, Essential

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4437

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1964, *to* Dec, 1965, *that I last saw the deceased alive on* 11-30, 1965, *and that death occurred at* 11:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE: George R Baker (Degree or title): M.D.

23b. ADDRESS: 121 E. Idaho, Boise

23c. DATE SIGNED: Dec. 7, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: Dec. 7, 1965

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Memorial

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-10-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature] LICENSE NO.: 410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: DEC 10 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 216.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Coroner's

RECEIVED DEC 9 1965 Bureau of V...

Certificate of Death

STATE OF IDAHO

State File No. 5179
Local Reg. No. 587
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5113 Fairmont 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5113 Fairmont

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Donald	James	Mapes	December 2, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Jan. 4, 1938	27				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
U.S. Navy 47	Same 01	Denver, Colorado	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Mapes	Detroit, Mich.	Esther Wallace	Singer, Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	0	444-36-4694	× Linda L. Mapes	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Trauma and shock	Instant
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Gunshot wound in chest	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Despondant & drinking.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* DID NOT SEE ALIVE, 19..., *that I last saw the deceased alive on* ..., 19..., *and that death occurred at* 1030P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
583 Clarin Coroner	3720 Meadow Drive, Boise	12/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 6, 1965	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-9-65	Myrtle Palmer	John L. Wilkerson	E 435

FIRM NAME: McBratney-Aiden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DEC 9 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 24 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 15 2011

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5180
Local Reg. No. 279
Reg. Dist. No. 371

BIRTH NO.

RECEIVED DEC 22 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 66 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16
b. COUNTY: 038
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Samuel	W	YOUNG	12	2	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	6-20-91	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber, Retired 44
10b. KIND OF BUSINESS OR INDUSTRY: Same 03
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: S.D. Young — BIRTHPLACE: Pa.
14. MOTHER'S MAIDEN NAME: Cora Moore — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I 2
16. SOCIAL SECURITY NO.: 519 03 0069
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: VA Records, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic carcinoma with metastases — INTERVAL BETWEEN ONSET AND DEATH: 8 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

162.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. [redacted] attended the deceased from 9-27, 19 65, to 12-2, 19 65, [redacted], and that death occurred at 11:20PM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. F. SWINDELL, M.D. 597	VA Center, Boise, Idaho	12-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	12/3/65		Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-16-65	Myrtle Palmer	[signature]	E-460

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 14 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Dale Patterson

Certificate of Death

STATE OF IDAHO

State File No. 5181
Local Reg. No. 605
Reg. Dist. No. 370

BIRTH NO.

RECEIVED DEC 2 1 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 011 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and township) Boise
c. LENGTH OF STAY (in this place) 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1110 N. 19th 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 430
b. COUNTY Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McCall
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) LORA b. (Middle) AVIS c. (Last) BIGGS

4. DATE OF DEATH (Month) (Day) (Year) Dec. 3, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH April 29, 1906
9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Adams County, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Grant Wilcox BIRTHPLACE Wisconsin
14. MOTHER'S MAIDEN NAME Gertie Grace Getchell BIRTHPLACE Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 541-32-9334
17. INFORMANT'S OWN SIGNATURE Martha Calvert Eld ADDRESS Moscow, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

434.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Emboli & infarcts — INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac decompensation — 6 wks.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary occlusion — 3 mos.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* OCT. *, 1965, to* DEC 3 *, 1965, that I last saw the deceased alive on* 12-1 *, 1965, and that death occurred at* 3P *m., from the causes and on the date stated above.*

23a. SIGNATURE W. B. Patterson M.D. (Degree or title)
23b. ADDRESS Boise
23c. DATE SIGNED 12-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 6, 1965
24c. NAME OF CEMETERY OR CREMATORY McCall Cemetery
24d. LOCATION (City, town, or county) McCall, (State) Idaho

DATE REC'D BY LOCAL REG. 12-17-65
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Dale McMurtrey
LICENSE NO. E-410

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: WALKER FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 20 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5182
Local Reg. No. 264
Reg. Dist. No. 271

BIRTH NO.

RECEIVED DEC 8 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN: Boise 000
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Valley View Nursing Home 208

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. #2

3. NAME OF DECEASED (Type or Print): a. (First) Jennie b. (Middle) H. c. (Last) McCool

4. DATE OF DEATH: (Month) (Day) (Year) December 3, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Sept. 15, 1873

9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Same 01

11. BIRTHPLACE (State or foreign country): Florence, Georgia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Orr — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE ADDRESS: x Harriet H. McCool

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 4221 Sclerotic cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. senility — years

19a. DATE OF OPERATION: 6/21/62

19b. MAJOR FINDINGS OF OPERATION: Intertrochanteric fracture l. hip

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): acc.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 01 home

21c. (CITY, TOWN, OR TOWNSHIP) 011 Boise 13 — (COUNTY) Ada — (STATE) Idaho

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) 6/24/62 m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: slipped and fell

22. *I hereby certify that I attended the deceased from* Jan. *, 1960, to* Dec. *, 1965, that I last saw the deceased alive on* 12/1 *, 1965, and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harriet H. McCool M.D.

23b. ADDRESS: 209 Main

23c. DATE SIGNED: 12-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 0

24b. DATE: 12/6/65

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Crematory

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-8-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: John F. Wilkerson — LICENSE NO.: E-435

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 10 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 5183
Local Reg. No. 269
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada 011 DEC 17 1965 2-02
Bureau of Vital Statistics
b. CITY OR TOWN Boise, Idaho
c. LENGTH OF STAY (In this place) 54 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY 011
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise,
d. STREET ADDRESS (If rural, give location) 442 Thatcher Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	T	CAMPBELL	12	4	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	5-10-11	54				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Boiler Maker 07	Same 01	Okla	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elmer Campbell	Okla	Mary Smith	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE
Yes	WW II 272 4	440 12 0348	VA Records, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Petechial hemorrhages left pons — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) post craniotomy Acidophilic adenoma pituitary c acromegaly. — 20 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11-29-65	Arachnoiditis	YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
VA m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. [redacted] attended the deceased from 10-11, 1965, to 12-4, 1965, [redacted] and that death occurred at 10:45 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm. W. Laxson W. W. LAXSON, M.D. 597	VA Center, Boise, Idaho	12-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	12/7/65	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-13-65	Myrtle Palmer	Richard L. Mann	E-443

MOUNTAIN VIEW FUNERAL HOME, BOISE, IDA.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

DEC 17 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 20 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 4 1979

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

AUG 30 1984

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of disposition of the deceased.

MAR 23 2005

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (Items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 2 1 1965 Bureau of Vital Statistics

State File No. 5184
Local Reg. No. 273
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5709 Fairview

3. NAME OF DECEASED (Type or Print): a. (First) Vida b. (Middle) Mae 302 c. (Last) Brevig

4. DATE OF DEATH: (Month) (Day) (Year) December 4, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 27, 1909
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Same 01
11. BIRTHPLACE (State or foreign country): Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Smith — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: x [signature] ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerosis
DUE TO (c) Diabetes mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1960, *to* 12/4/65, 19____, *that I last saw the deceased alive on* 12/3, 1965, *and that death occurred at* 7 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 054 (Degree or title) M.D
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 12/9/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-8-65
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 12-15-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John L Wilkerson
LICENSE NO.: E 435
FIRM NAME: McBratney-Alden-Waggoner Chap.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

S/65-11948

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 5185
Local Reg. No. 594
Reg. Dist. No. 370

BIRTH NO.

DEC 13 1965 4-04

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): Few Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1116 Hays St.

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle): Joseph
c. (Last): Weygand

4. DATE OF DEATH (Month) (Day) (Year): 12-4-1965

5. SEX: Male
6. COLOR OR RACE: Cau.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 12-4-1965
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 3 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY: None 00
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Harry W. Weygand
BIRTHPLACE: Delhi New York
14. MOTHER'S MAIDEN NAME: Mary L. Standley
BIRTHPLACE: Perrigo, Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: + Harry W. Weygand
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity
ANTECEDENT CAUSES: Lived only a few minutes
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Premature Labor
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Birth Wt 1# 12 Oz

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Birth, 19__, *to* Death, 19__, *that I last saw the deceased alive on* 12-4, 1965 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jay T Swinehart MD 519
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 12-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-7-1965
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-9-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5186
Local Reg. No. 263
Reg. Dist. No. 371

BIRTH NO.

RECEIVED
Bureau of Vital Statistics
DEC 8 1965

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 38 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 604

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16
b. COUNTY: 01
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ray	H	JANES	12	4	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	12-6-94	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Painter 23	Same 01	Washington. (Spokane)	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harry Janes	Ohio	Sally Hunter	Mont.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I 332X	555 28 1861	[signature]	VA Records, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease — 3 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
VA m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. [redacted] attended the deceased from 10-27, 19 65, to 12-4, 19 65, [redacted] and that death occurred at 12:10PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Glenn Q Voyles, M.D. 597	VA Center, Boise, Idaho	12-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	12-8-65	Mtn. View Memorial	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-8-65	Myrtle Palmer	[signature]	E-440

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 10 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 23 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 24 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAR 11 1970

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Poindexter

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 5187
Local Reg. No. 641
Reg. Dist. No. 370

BIRTH NO.

JAN 1 1 1966
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hosp. 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011
b. COUNTY ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1602 N. 14th Boise, Idaho.

3. NAME OF DECEASED (Type or Print)
a. (First) Frances
b. (Middle) Rachel
c. (Last) Barker

4. DATE OF DEATH (Month) (Day) (Year) Dec. 5 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Jan 21, 1897
9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home 01
11. BIRTHPLACE (State or foreign country) Lehi, Utah
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Frank H. Morris — BIRTHPLACE Illinois
14. MOTHER'S MAIDEN NAME Johanna Marie Sorensen — BIRTHPLACE Poet Sogn Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Lowell Meyer — ADDRESS Thompson Chapel Records

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Ventricular Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Heart disease and atrial Fibrillation — 2 years

DUE TO (c) Coronary Sclerosis — 48 hours

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Probable Cerebral embolus — 12 hours

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Diabetes Mellitus - 9 years
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 12/10, 1956, *to* 12/5, 1965, *that I last saw the deceased alive on* 12/5, 1965, *and that death occurred at* 9:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE 421 [signature], MD (Degree or title)
23b. ADDRESS Boise
23c. DATE SIGNED 12/2 of 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-8-1965
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
24d. LOCATION (City, town, or county) (State) Gooding Gooding, Idaho.

DATE REC'D BY LOCAL REG. 1-7-66
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER John F. Wilkerson — LICENSE NO. E 435
FIRM NAME: McBraney-Alden--Waggoner

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under it AUG 30 1966 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. DEC 18 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 30 1976

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5188
Local Reg. No. 585
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 6 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 Week 3-07
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2609 Ponderosa Road

3. NAME OF DECEASED (Type or Print)
a. (First): RHODA
b. (Middle): H. 003
c. (Last): ALBERTSON

4. DATE OF DEATH (Month) (Day) (Year): Dec. 5, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Aug. 26, 1881
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At home 01
11. BIRTHPLACE (State or foreign country): Moonesville, Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Calvin Harvey — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Martha Hutton — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 519-40-1387
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: 1101 Owyhee Boise, Idaho

18. CAUSE OF DEATH 490X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bilateral upper lobe pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Possible pulmonary embolism — 8 days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Arteriosclerotic heart disease — 4 mos.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1960, *to* 5 Dec., 1965, *that I last saw the deceased alive on* 4 Dec., 1965, *and that death occurred at* 7.55 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 046 C. R. Blackburn MD
23b. ADDRESS: 1320 Vista Boise Ida
23c. DATE SIGNED: 5 Dec. 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-7-65
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 12-6-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] — LICENSE NO.: E-410

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 24 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 28 1982

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5189
Local Reg. No. 276
Reg. Dist. No. 371

RECEIVED
DEC 20 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY IN THIS PLACE: 54 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: 2402
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
d. STREET ADDRESS (If rural, give location): 1907 Nth 11th Street

3. NAME OF DECEASED (Type or Print): a. (First) George; b. (Middle) H; c. (Last) JONES

4. DATE OF DEATH: (Month) 12 (Day) 5 (Year) 65

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: 12-7-95

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mechanic 10

10b. KIND OF BUSINESS OR INDUSTRY: Same 01

11. BIRTHPLACE (State or foreign country): Mo.

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: William R Jones
BIRTHPLACE: Tenn

14. MOTHER'S MAIDEN NAME: Mary Seman
BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I 2

16. SOCIAL SECURITY NO.: 519 18 1897

17. INFORMANT'S OWN SIGNATURE: John D Stark
ADDRESS: VA Records, Boise, Idaho

162.1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic carcinoma. — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic myelogenous leukemia. — Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22 [redacted] attended the deceased from 10-12, 1965, to 12-5, 1965, [redacted] and that death occurred at 9:25 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): M. G. STROMBERG, M.D. 597

23b. ADDRESS: VA Center, Boise, Idaho

23c. DATE SIGNED: 12-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/8/65

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-20-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: John F Wilkerson

LICENSE NO.: E 435

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 20 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Mason

BIRTH NO.

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 5190
Local Reg. No. 586
Reg. Dist. No. 270

1. PLACE OF DEATH
a. COUNTY: Ada 011 DEC 8 1965 000
b. CITY OR TOWN: Boise
Bureau of Vital Statistics
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hosp. 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 10120 Overland Rd.

3. NAME OF DECEASED (Type or Print): a. (First) Vyrna b. (Middle) Louise c. (Last) England

4. DATE OF DEATH: (Month) 12 (Day) 6 (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: 10-22-1920

9. AGE (In years last birthday): 45
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home 01

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Claude Vallette
BIRTHPLACE: Pennsylvania

14. MOTHER'S MAIDEN NAME: Wilma Silvers
BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Carol England
ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

970.8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Glutethimide Intoxication — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Acute Mental Depression

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1959, *to* Dec 6, 1965, *that I last saw the deceased alive on* Dec 6, 1965, *and that death occurred at* 10:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 333 Fitt Mason MD

23b. ADDRESS: 1320 Vista Ave Boise

23c. DATE SIGNED: Dec 8 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-10-1965

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 12-8-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Daniel G. Gibson
LICENSE NO.: E - 400

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Gibson Funeral Home

DUTIES:

DEC 10 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 6 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5191
Local Reg. No. 274
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

RECEIVED
DEC 2 1 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): Imo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 23
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunset Manor 235
d. STREET ADDRESS (If rural, give location): 1001 East 1st St

3. NAME OF DECEASED (Type or Print)
a. (First): Ralph
b. (Middle): Benning
c. (Last): Wentworth

4. DATE OF DEATH (Month) (Day) (Year): Dec. 6, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Sept. 29, 1881
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): clerk 62
10b. KIND OF BUSINESS OR INDUSTRY: city government 02
11. BIRTHPLACE (State or foreign country): Irving, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nathan D. Wentworth — BIRTHPLACE: Rhode Island
14. MOTHER'S MAIDEN NAME: Jean Reid — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 091 22 8306
17. INFORMANT'S OWN SIGNATURE: X Jean W. Heger — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic cardiac

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): vascular renal disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Amputation l. leg.

INTERVAL BETWEEN ONSET AND DEATH: ≥10 y

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-13, 1957, *to* 12-6, 1965, *that I last saw the deceased alive on* 11-11, 1965, *and that death occurred at* 5:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. Lewcombe 387 (Degree or title) M.D.
23b. ADDRESS: 572 N. 16 Boise, Idaho
23c. DATE SIGNED: 12.11.65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 8, 1965
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 12-17-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Glenn W Beatty
LICENSE NO.: E392

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: The Beatty Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 16 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5192
Local Reg. No. 598
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7867 Camas Street 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 011
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 7867 Camas Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LESLIE	WILLIAM	WORRELL	Dec. 6, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Dec. 15, 1915	49				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Operator 74	Service Station 04	Ahtanum, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Preston Worrell	no record	Maggie Lusby	no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW #2 4	538-09-0520	Dellard Worrell	7867 Camas Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Arterioslerotic, Aortic Stenosis.	Mins;
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Mild Cardio Insufficiency.	3 Yrs.
DUE TO (c)	Cardiomagely.	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* INVESTIGATION ONLY, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* app 8a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Coroner	3720 Meadow Drive, Boise.	12-10-65.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 9, 1965	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-15-65	Myrtle Palmer	Howard Reed	E-440

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

DEC 17 1965

JAN 21 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5193
Local Reg. No. 596
Reg. Dist. No. 370

65-11947
BIRTH NO.

RECEIVED
DEC 13 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 01
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 417 Avenue C Apt. #3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Gerald	Lloyd	McLean	12-6-1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Cau.	Never Married	12-4-1965			2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None 02	None 60	Boise, Idaho	USA

13. FATHER'S NAME — BIRTHPLACE	14. MOTHER'S MAIDEN NAME — BIRTHPLACE
Charles E. McLean Wendell, Idaho	Jacqueline Walton Wendell, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE — ADDRESS
No	None	Charles E McLean

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	340.3 Meningitis + pneumonia	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	prematurity	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [X]	

22. *I hereby certify that I attended the deceased from* 12/6, 1965, *to* 12/6, 19___, *that I last saw the deceased alive on* 12/6, 19___, *and that death occurred at* 1604 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
384 Robert Myers MD	200 E Bannock St	12/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-9-65	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-9-65	Myrtle Palmer	Earl Relyea	E-460

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 16 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 16 1998

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5194
Local Reg. No. 595
Reg. Dist. No. 370

RECEIVED
Bureau of Vital Statistics
DEC 13 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 4 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 620 N. Stanley

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 620 North Stanley St.

3. NAME OF DECEASED (Type or Print): a. (First) Marcia b. (Middle) Lynn c. (Last) Eldredge

4. DATE OF DEATH: (Month) (Day) (Year) 12-6-1965

5. SEX: Female
6. COLOR OR RACE: Cau.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 6-20-1947
9. AGE (In years last birthday): 18 — IF UNDER 1 YEAR: Months 5, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 00
10b. KIND OF BUSINESS OR INDUSTRY: None 00
11. BIRTHPLACE (State or foreign country): Carey, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Kenneth Eldredge — BIRTHPLACE: Carey, Idaho
14. MOTHER'S MAIDEN NAME: Zella K. Baldwin Gannett — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Kenneth Eldredge — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Lupus Nephritis 795.4	8 mos.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Systemic Lupus Erythematosus	8 mos.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 18, 1965, *to* Dec 6, 1965, *that I last saw the deceased alive on* Dec 7, 1965, *and that death occurred at* 3:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter M. Weir, M.D.
23b. ADDRESS: 303 N 5th Boise, Ida.
23c. DATE SIGNED: 12/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-9-1965
24c. NAME OF CEMETERY OR CREMATORY: Carey Cemetery
24d. LOCATION (City, town, or county) (State): Carey, Idaho

DATE REC'D BY LOCAL REG.: 12-9-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Clark D. Dean
LICENSE NO.: E-460
FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Hoopeyer

RECEIVED

DEC 13 1965

Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5195
Local Reg. No. 597
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 20 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1203 N. 13th. St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1203 N. 13th. St.

3. NAME OF DECEASED (Type or Print)
a. (First): Caroline
b. (Middle): Martha
c. (Last): Palmer

4. DATE OF DEATH (Month) (Day) (Year): 12 7 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 6-23-1883
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Apartment House Owner
10b. KIND OF BUSINESS OR INDUSTRY: 05
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Andrew Maysonholder — BIRTHPLACE: Germany 74
14. MOTHER'S MAIDEN NAME: Josephine McIntyre — BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Bert C. Palmer — ADDRESS: Spokane

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Coronary Artery Disease, 420.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Arrythmia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1958, *to* 12-7, 1965, *that I last saw the deceased alive on* 12-7, 1965, *and that death occurred at* 1:05 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James S. Rapinyarn MD 242
23b. ADDRESS: 104 N Latah Boise Idaho
23c. DATE SIGNED: 12-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 12-9-1965
24c. NAME OF CEMETERY OR CREMATORY: Jordan Valley Cem.
24d. LOCATION (City, town, or county) (State): Jordan Valley Oregon

DATE REC'D BY LOCAL REG.: 12-9-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Daniel G. Gibson — LICENSE NO.: E - 400

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5196
Local Reg. No. 271
Reg. Dist. No. 371

RECEIVED Certificate of Death

STATE OF IDAHO

BIRTH NO. DEC 20 1965

1. PLACE OF DEATH 011
a. COUNTY: Ada Bur... 3-09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 9 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 05 Calif 555
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Redding
d. STREET ADDRESS (If rural, give location): 1754 Verda Street

3. NAME OF DECEASED (Type or Print)
a. (First): Rufus
b. (Middle): R
c. (Last): BLISS

4. DATE OF DEATH (Month) 12 (Day) 7 (Year) 65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 10-27-95
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Motion Picture Operator.
10b. KIND OF BUSINESS OR INDUSTRY: Same 06
11. BIRTHPLACE (State or foreign country): Wisc
12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Myron Bliss 24
BIRTHPLACE: Wisc
14. MOTHER'S MAIDEN NAME: Amna Twaugh
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW 1 3
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE ADDRESS: John D. Stark
VA Records, Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

162.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Alveolar Cell Carcinoma.
INTERVAL BETWEEN ONSET AND DEATH: 6 months.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. [redacted] attended the deceased from 11-29, 1965, to 12-7-, 1965, [redacted] and that death occurred at 6:45PM m., from the causes and on the date stated above.

23a. SIGNATURE M G Stromberg (Degree or title): M. G. STROMBERG, M.D. 597
23b. ADDRESS: VA Center, Boise, Idaho
23c. DATE SIGNED: 12-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 12-8-65
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Burns, Oregon

DATE REC'D BY LOCAL REG.: 12-15-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: F. Richard Reed
LICENSE NO.: E-440
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 20 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 24 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5197
Local Reg. No. 603
Reg. Dist. No. 370

RECEIVED
DEC 21 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 100 Village Lane

3. NAME OF DECEASED (Type or Print)
a. (First): HELEN
b. (Middle): F. 292
c. (Last): CRAIG

4. DATE OF DEATH (Month) (Day) (Year): Dec. 7, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 14, 1883
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pathologist 93
10b. KIND OF BUSINESS OR INDUSTRY: Medical 12
11. BIRTHPLACE (State or foreign country): Viroqua, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 518-54-2086
17. INFORMANT'S OWN SIGNATURE: Albert A. Walther — ADDRESS: 2227 Mtn View Dr. Boise, Idaho

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease with atrial Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 18 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized arteriosclerosis — ?
DUE TO (c) Gangrene of left leg.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/24, 1964, *to* 12/7, 1965, *that I last saw the deceased alive on* 12/6, 1965, *and that death occurred at* 6:30 AM *from the causes and on the date stated above.*

23a. SIGNATURE 421 [signature] (Degree or title)
23b. ADDRESS: Boise
23c. DATE SIGNED: 12/9/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 12-10-65
24c. NAME OF CEMETERY OR CREMATORY: Mtn View Memorial
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-13-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] — LICENSE NO.: E-410

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5198
Local Reg. No. 599
Reg. Dist. No. 370

RECEIVED DEC 16 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01 — 1-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 21 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Treasure Valley Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1709 Idaho Street

3. NAME OF DECEASED (Type or Print): a. (First) AMANDA b. (Middle) E. 293 c. (Last) McBRIDE

4. DATE OF DEATH (Month) (Day) (Year): Dec. 8, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Jan. 27, 1873

9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress 43

10b. KIND OF BUSINESS OR INDUSTRY: Sewing 00

11. BIRTHPLACE (State or foreign country): Carver, Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Anderson — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Christina Magnuson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Marguerita Canfield — ADDRESS: 1709 Idaho Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 7 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Bronchitis & Cerebral — > 20 yrs

DUE TO (c) Osteosarcoma.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arthritis of spine — 7 10 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19 55 *to* 12-8, 19 65, *that I last saw the deceased alive on* 12-3, 19 65, *and that death occurred at* 12:30 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. L. Newcombe M.D. — **23b. ADDRESS**: 5 12 N. 16 Boise Idaho — **23c. DATE SIGNED**: 12-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 12-10-65 — **24c. NAME OF CEMETERY OR CREMATORY**: Morris Hill Cemetery — **24d. LOCATION** (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-15-65 — **REGISTRAR'S SIGNATURE**: Myrtle Palmer — **25. EMBALMER**: J. Richard Reed — **LICENSE NO.**: E-440

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 20 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Yount

Certificate of Death

STATE OF IDAHO

State File No. 5199
Local Reg. No. 604
Reg. Dist. No. 370

RECEIVED
DEC 21 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 5 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 4511 Fairmont

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Residence 4511 Fairmont Place.

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Franklin 000
c. (Last): Yount

4. DATE OF DEATH (Month) (Day) (Year): 12 9 65

5. SEX: Male
6. COLOR OR RACE: Cau.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 1/19/1877
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months 10, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Patton, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Yount — BIRTHPLACE: Patton, Missouri
14. MOTHER'S MAIDEN NAME: Barbara E. Slinkard — BIRTHPLACE: Patton, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Herbert L. Reynolds — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable cardiac asystole

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) complete heart block
DUE TO (c) arteriosclerotic cardiovascular disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Benign prostatic hypertrophy.

INTERVAL BETWEEN ONSET AND DEATH: over 1 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/16, 1964, *to* 12/8, 1965, *that I last saw the deceased alive on* 12/8, 1965, *and that death occurred at* 1:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Allohessy 095 M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 12/14/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/11/65
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-14-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: E. Cash [signature]
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 24 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 21 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5200
Local Reg. No. 275
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 142
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 911 Canyon Street

3. NAME OF DECEASED (Type or Print): a. (First) Leonard; b. (Middle) G; c. (Last) HOISINGTON

4. DATE OF DEATH: (Month) 12 (Day) 10 (Year) 65

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: 3-23-92

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chiropractic Physician 14

10b. KIND OF BUSINESS OR INDUSTRY: Same 03

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: George A Hoisington
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Ruth E Burcham
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I 3

16. SOCIAL SECURITY NO.: 542 1633 43

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: John O Storb
VA Records, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute myocardial infarction. — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease. — Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. [redacted] attended the deceased from 12-7, 1965, to 12-10, 1965 [redacted] and that death occurred at 11:10 AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): F. B. HINE, MD. 26-597 1110

23b. ADDRESS: VA Center, Boise, Idaho

23c. DATE SIGNED: 12-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 2

24b. DATE: 12/12/65

24c. NAME OF CEMETERY OR CREMATORY: Lincoln Memorial Cemetery

24d. LOCATION (City, town, or county) (State): Portland Oregon

DATE REC'D BY LOCAL REG.: 12-20-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Jerry J. Grouch

LICENSE NO.: E-447

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

DEC 30 1965

JAN 20 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5201
Local Reg. No. 270
Reg. Dist. No. 371

RECEIVED DEC 17 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada (11) 311
b. CITY OR TOWN: Boise, Idaho
c. LENGTH OF STAY IN (this place): 11 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 011
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 1213 East State

3. NAME OF DECEASED (Type or Print): a. (First) Jack; b. (Middle) (NMI); c. (Last) COLLINS

4. DATE OF DEATH: (Month) 12; (Day) 11; (Year) 65

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: 5-7-94

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Cement Finisher

10b. KIND OF BUSINESS OR INDUSTRY: Same 20

11. BIRTHPLACE (State or foreign country): Ind.

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Findley Collins
BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Martha Pigg
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW 1

16. SOCIAL SECURITY NO.: 518 12 9203

17. INFORMANT'S OWN SIGNATURE: VA Records, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease — 10 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES XX NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-30, 1965, to 12-11, 1965, and that death occurred at 11:20 AM, from the causes and on the date stated above.

23a. SIGNATURE: Glenn Q Voyles
GLENN Q VOYLES, M.D. 397 (Degree or title)

23b. ADDRESS: VA center, Boise, Idaho

23c. DATE SIGNED: 12-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 14'65

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 12-17-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Gay [illegible]

LICENSE NO.: E-419

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 17 1965

APR 5 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5202
Local Reg. No. 606
Reg. Dist. No. 370

RECEIVED DEC 21 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKES HOSPITAL 602

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 011
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE,
d. STREET ADDRESS (If rural, give location): 552 VICTORIA

3. NAME OF DECEASED (Type or Print)
a. (First): J. SIDNEY
b. (Middle): WATERHOUSE
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): DEC. 11, 1965

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 3
8. DATE OF BIRTH: APRIL 10, 1902
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GROUNDS SUPT. 42
10b. KIND OF BUSINESS OR INDUSTRY: BOISE COLLEGE 80
11. BIRTHPLACE (State or foreign country): BRUNEAU, IDAHO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JEFFERSON WATERHOUSE — BIRTHPLACE: MAINE
14. MOTHER'S MAIDEN NAME: MAUDE PENCE — BIRTHPLACE: IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-09-0587
17. INFORMANT'S OWN SIGNATURE: Alvin S Waterhouse — ADDRESS: BOISE, ID

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — Unknown
DUE TO (c): Diabetes Mellitus — 8 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1965, *to* Dec 11, 1965, *that I last saw the deceased alive on* Nov 11, 1965, *and that death occurred at* 8:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 654 Walter W. Hair, MD.
23b. ADDRESS: 303 N. 5th, BOISE, IDAHO
23c. DATE SIGNED: 12/14/65

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-14-65
24c. NAME OF CEMETERY OR CREMATORY: KOHLERLAWN CEMETERY
24d. LOCATION (City, town, or county) (State): NAMPA, IDAHO

DATE REC'D BY LOCAL REG.: 12-20-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: M. B. Shepherd
LICENSE NO.: 473

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SHEPHERD MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 15 1970

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5203
Local Reg. No. 280
Reg. Dist. No. 370

RECEIVED DEC 23 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
LENGTH OF STAY (in this place): 143 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): V. A. Hospital 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 260
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lorenzo
d. STREET ADDRESS (If rural, give location): Box 24

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) W c. (Last) FYFE

4. DATE OF DEATH: (Month) 12 (Day) 11 (Year) 65

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: 1-20-86

9. AGE (In years last birthday): 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer 06

10b. KIND OF BUSINESS OR INDUSTRY: Same 00

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: William Fyfe — BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Christina Wylie — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 1 3

16. SOCIAL SECURITY NO.: 519 28 4512

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: John Stark
VA Records, Boise, Idaho

13-4X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of rectum — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY occur?

22. I hereby certify that I attended the deceased from 7-21, 1965, to 12-11, 1965, that I last saw the deceased alive on [illegible], and that death occurred at 6:50PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Glenn Q Voyles GLENN Q VOYLES, M.D. 597

23b. ADDRESS: VA Center, Boise, Idaho

23c. DATE SIGNED: 12-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 2

24b. DATE: 12-13-65

24c. NAME OF CEMETERY OR CREMATORY: Rigby

24d. LOCATION (City, town, or county) (State): Rigby, Jefferson, Idaho

DATE REC'D BY LOCAL REG.: 12-22-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Gay [illegible]

LICENSE NO.: E-419

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended January 7, 1966

Certificate of Death

STATE OF IDAHO

State File No. 5204
Local Reg. No. 600
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 720 Fort Street

3. NAME OF DECEASED (Type or Print): a. (First) Virginia; b. (Middle) O.; c. (Last) Baird

4. DATE OF DEATH: (Month) (Day) (Year): December 11, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Dec 3, 1886

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: at home 01

11. BIRTHPLACE (State or foreign country): Farmville, Virginia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joe Turner
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Mary Gartside
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: 519-54-5284

17. INFORMANT'S OWN SIGNATURE: E. D. Baird,
ADDRESS: 702 Fort St., Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 1748 Carcinoma of the Uterus with metastasis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb 1965

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the Uterus

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 19 64, *to* Dec 11, 19 65, *that I last saw the deceased alive on* Dec 10, 19 65 *and that death occurred at* 8:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Quentin E. Howard, M.D. 240
(Degree or title)

23b. ADDRESS: 401 Idaho St., Boise, Idaho

23c. DATE SIGNED: Dec 13, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec 14, 1965

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-17-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: A. Dale McMurtrey

LICENSE NO.: E-410

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. .....

County of ..... } Date Filed Dec. 17, 1965

RECEIVED JAN 5 1966 Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)

for Virginia O. Baird (Name on Original Certificate) who died (Was Born or Died) on Dec. 11, 1965 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Item 11 Birthplace	Barmville	Farmville

Subscribed and sworn to before me this 5th day of January, 1966

Benevive Creswell

Notary Public, residing at Boise

My commission expires 9-10-66

(Seal)

Signed A. Dale McMurtrey

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1205 Bannock St - Boise Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of January, 1966

Benevive Creswell

Notary Public, residing at Boise

My commission expires 9-10-66

(Seal)

Signed F. Richard Reed

(Signature of Any Credible Person)

1205 Bannock St - Boise Idaho

(Street Address, City, State)

FORM DH 60-155

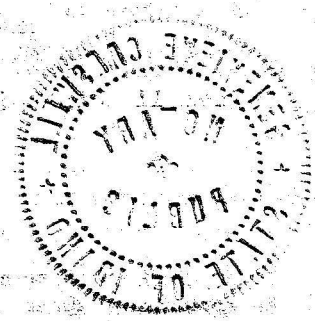
SECRETARY OF STATE
PUBLIC

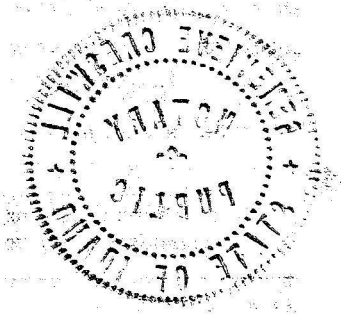
SECRETARY OF STATE
PUBLIC

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 17 1965 Bureau of Vital

State File No.
Local Reg. No. 600
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 720 Fort Street

3. NAME OF DECEASED (Type or Print)
a. (First): VIRGINIA
b. (Middle): O.
c. (Last): BAIRD

4. DATE OF DEATH (Month) (Day) (Year): December 11, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 3, 1886
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Barmville, Virginia
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joe Turner — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Mary Gartside — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: 519-54-5284
17. INFORMANT'S OWN SIGNATURE: E. D. Baird — ADDRESS: 702 Fort St. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the uterus with metastases — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: Feb 1965
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the uterus
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Dec, 1964, *to* Dec 11, 1965, *that I last saw the deceased alive on* Dec 10, 1965, *and that death occurred at* 8:30am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quentin E. Howard MD
23b. ADDRESS: 401 Idaho St, Boise, Idaho
23c. DATE SIGNED: Dec 13, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Dec. 14'65
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county): Boise — (State): Idaho

DATE REC'D BY LOCAL REG.: 12-17-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] — LICENSE NO.: E-410

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: SUMMERS FUNERAL HOME

DUTIES:

DEC 17 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 24 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5205
Local Reg. No. 610
Reg. Dist. No. 370

RECEIVED
DEC 23 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 011 ADA 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home-2820 Fry Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011 b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2820 Fry Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WILLIAM	DAROLD	WITHERS	December 12, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	March 16, 1921	44				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Implement Dealer 5	Implement 31	Boise Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William N. Withers	Texas	Maude M. Willis	Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W.II 4	519 16 6664	Mrs Claire M. Withers	Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Myocardial Infarction 420.1	10 min
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Chronic Coronary Insufficiency	6 mos.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-29-65 19____, *to* 12-12-65 19____, *that I last saw the deceased alive on* 12-8, 1965, *and that death occurred at* 1:20A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Maurice M. Burkholder, MD	848 La Cassia Boise, Idaho	12/16/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 15, 1965	Cloverdale Cemetery	Ada County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-22-65	Myrtle Palmer	Larry J. Franch	E-447

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 23 1965

DEC 27 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5206
Local Reg. No. 277
Reg. Dist. No. 371

Blank

RECEIVED DEC 20 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 2-03
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place): 101 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Veteran's Admin. Hospital 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 38 Oregon 555 b. COUNTY: Baker
c. CITY OR TOWN: Baker
d. STREET ADDRESS (If rural, give location): 2125 East Baker

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	JOHN	H.	KNOWLES		12	13	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	3/31/20	45				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Handy man 06	00	Lund, Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
W. J. Knowles	Wyoming	Alice Welch	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	5/24/40-11/7/45	518-18-1793	John D Stork	

18. CAUSE OF DEATH 153.2
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Adenocarcinoma of descending colon — 1 Year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10-7-65	Adeno /Carcinoma of descending colon.	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I VAC attended the deceased from 9/21, 1965, to 12/13, 1965, that I last saw the deceased alive on [illegible] and that death occurred at 4:05p m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. J. BUNGARD R J Bungard	M.D.	VAC, Boise, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/18/65	Mt. Hope Cemetery	Baker, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-20-65	Myrtle Palmer	John L Wilkerson	E-435

FIRM NAME: Beatty-West Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 22 1965

JAN 20 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 17 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5207
Local Reg. No. 601
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01 — 3-11
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 02

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01 — b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6533 Robertson Drive

3. NAME OF DECEASED (Type or Print): a. (First) HENRY — b. (Middle) ARNOLD — c. (Last) SCHEIDEMAN

4. DATE OF DEATH (Month) (Day) (Year): December 13, 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2

8. DATE OF BIRTH: August 10, 1905

9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): administrative ass't.

10b. KIND OF BUSINESS OR INDUSTRY: gov. office 02

11. BIRTHPLACE (State or foreign country): Portland, Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: 62 — BIRTHPLACE: no record

14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: 518-03-2305

17. INFORMANT'S OWN SIGNATURE: Beulah C Scheideman — ADDRESS: Boise, I

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION 1637 metastatic

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ca Carcinoma of lung — 6 mo
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1965, *to* Dec, 1965, *that I last saw the deceased alive on* Dec 12, 1965, *and that death occurred at* ____ a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: George R Baker (Degree or title): MD — **23b. ADDRESS**: 121 E. Idaho, Boise — **23c. DATE SIGNED**: 12/15/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial — **24b. DATE**: Dec. 16 '65 — **24c. NAME OF CEMETERY OR CREMATORY**: Morris Hill Cemetery — **24d. LOCATION** (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 12-17-65 — **REGISTRAR'S SIGNATURE**: Myrtle Palmer

25. EMBALMER: Dale McMurtrey — **LICENSE NO.**: E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DEC 17 1965

Certificate of Death

STATE OF IDAHO

State File No. 5208
Local Reg. No. 278
Reg. Dist. No. 371

BIRTH NO.

RECEIVED DEC 20 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: 011 Ada 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 624 E. Ave C, Jerome, Idaho

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Ralph	H	VANDEHEI	12	14	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	3-8-94	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer 04	Same 01	Wisc.	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Vandehei	Unknown	Emma Palmer	Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE AND ADDRESS
Yes	WW 1	712 07 7175	John D. Thomas VA RECORDS, BOISE, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
VA m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. I last attended the deceased from 12-11, 1965, to 12-14, 1965, and that death occurred at 11:45 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. F. SWINDELL, M.D.	VA Center, Boise, Idaho	12-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	12/14/65		Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-20-65	Myrtle Palmer	John L. Wilkerson	E 485

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

DEC 20 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 31 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 17 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

APR 13 1966

JUN 21 1995

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5209
Local Reg. No. 607
Reg. Dist. No. 370

RECEIVED
DEC 22 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
LENGTH OF STAY (in this place) 14 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Restful Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011 b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 6603 Northview Street

3. NAME OF DECEASED (Type or Print) a. (First) H. b. (Middle) KENNETH 292 c. (Last) BARKER

4. DATE OF DEATH (Month) (Day) (Year) December 14, 1965

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3

8. DATE OF BIRTH March 3, 1893

9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) engineer, stat. 41

10b. KIND OF BUSINESS OR INDUSTRY national guard

11. BIRTHPLACE (State or foreign country) Plattsmouth, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Samuel Lewis Barker BIRTHPLACE unknown

14. MOTHER'S MAIDEN NAME Emma Elnora Jeffers BIRTHPLACE no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. 519-20-1701

17. INFORMANT'S OWN SIGNATURE Effie Barker ADDRESS 6603 Northview, Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Terminal pneumonia	5 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Leukemia, chronic myelogenous	5 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Hypertensive cardiovascular disease	10 years

204.1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1961, *to* 14 Dec, 1965, *that I last saw the deceased alive on* 11 Dec, 1965, *and that death occurred at* 2:10p m., *from the causes and on the date stated above.*

23a. SIGNATURE Clayton C. Morgan 370 (Degree or title) M.D.

23b. ADDRESS Boise Idaho

23c. DATE SIGNED 16 Dec 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec. 17 '65

24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery

24d. LOCATION (City, town, or county) Boise (State) Idaho

DATE REC'D BY LOCAL REG. 12-20-65

REGISTRAR'S SIGNATURE Myrtle Palmer

25. EMBALMER Dale McMurtrey LICENSE NO. E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

Male	White	Married	March 3, 1893	72
Engineer, Stec.	National Guard	Flattsmouth, Nebraska	USA
Daniel Lewis Barker	Unknown	Emma Ellora Coffeys	

State File No. 5210
Local Reg. No. 281
Reg. Dist. No. 371

RECEIVED Certificate of Death

STATE OF IDAHO

BIRTH NO.

DEC 23 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veteran's Admin. Hospital 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 414 No. 12th St.

3. NAME OF DECEASED (Type or Print)
a. (First): RALPH
b. (Middle): C.
c. (Last): PALMER

4. DATE OF DEATH (Month) 12 (Day) 14 (Year) 65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 5/30/89
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Colburn, Colorado
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Henry Palmer — BIRTHPLACE: Colorado
14. MOTHER'S MAIDEN NAME: Ella Shattuck — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 8/29/18-1/21/193
16. SOCIAL SECURITY NO.: 519-01-9065
17. INFORMANT'S OWN SIGNATURE: John D Stork — ADDRESS:

18. CAUSE OF DEATH 527.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary emphysema — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: VAC
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that I~~ attended the deceased from 11/30, 1965, to 12/14, 1965, ~~that I last saw the deceased alive on XXXXXXXXXXXX, 19XXX~~, and that death occurred at 1:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE: O. F. SWINDELL O. F. Swindell 597 (Degree or title) M.D.
23b. ADDRESS: VAC, Boise, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3 12/15/65
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 12-22-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] — LICENSE NO. E-466

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5211
Local Reg. No. 621
Reg. Dist. No. 370

Certificate of Death

RECEIVED
DEC 30 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 2-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 7 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor-Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 370
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bruneau
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): LUCINDA
b. (Middle): GRAY 292
c. (Last): JONES

4. DATE OF DEATH (Month) (Day) (Year): December 15, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: January 12, 1897
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Tarkio, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Perry Harmon Gray — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Catherine Bell Hensleigh — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-32-3816
17. INFORMANT'S OWN SIGNATURE: Dave M Jones — ADDRESS: BRUNEAU, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Left Ventricular Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Parkinsonism — years

420.0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1965, *to* Dec 15, 1965, *that I last saw the deceased alive on* Dec 15, 1965, *and that death occurred at* 9:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 333 — **23b. ADDRESS**: 1320 Vista Ave Boise — **23c. DATE SIGNED**: Dec 21 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 18, 1965
24c. NAME OF CEMETERY OR CREMATORY: Bruneau Cemetery
24d. LOCATION (City, town, or county) (State): Bruneau Idaho

DATE REC'D BY LOCAL REG.: 12-27-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: E-403 Mtn. Home, Idaho
Smith Mortuary

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JAN 27 1966

FEB 2 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the ~~primary cause, and also~~ the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

Certificate of Death

STATE OF IDAHO

State File No. 5212
Local Reg. No. 613
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
DEC 27 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 2-11 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Restful Manor 316 N. Washington

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 13
b. COUNTY Camas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fairfield
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Laura b. (Middle) C. 292 c. (Last) Peck

4. DATE OF DEATH (Month) Dec. (Day) 15 (Year) 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH April 10, 1892
9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Homemaker 01
11. BIRTHPLACE (State or foreign country) Gooding, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME John Franklin Lambeth BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Rebecca Ann Prisco BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-34-2252
17. INFORMANT'S OWN SIGNATURE 1815 Pries ADDRESS. Margaret Johnson Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Metastatic Malignancy

INTERVAL BETWEEN ONSET AND DEATH: 5 hours

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 15, 1965, *to* _____, 19____, *that I last saw the deceased alive on* Dec-20, 1965, *and that death occurred at* ____ P m., *from the causes and on the date stated above.*

23a. SIGNATURE C. C. Johnson 261 (Degree or title) MD
23b. ADDRESS Boise Ida
23c. DATE SIGNED 12-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 18, 1965
24c. NAME OF CEMETERY OR CREMATORY Cloverdale
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 12-27-65
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Guy C. Hirbkila
LICENSE NO. E-419
FIRM NAME:

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 30 1965

JAN 21 1966

MAR 15 1981

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to obtain the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5213
Local Reg. No. 283
Reg. Dist. No. 371

RECEIVED DEC 30 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada 011 2-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise, Idaho
c. LENGTH OF STAY (in this place) 306 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 23
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location) Box 21

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VA Center, Boise, Idaho 004

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) J c. (Last) DAVIS

4. DATE OF DEATH (Month) 12 (Day) 15 (Year) 65

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH 10-16-96
9. AGE (In years last birthday) 69
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Same 01
11. BIRTHPLACE (State or foreign country) Idaho
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Unknown BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Elizabeth Parks BIRTHPLACE Ark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I 3
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE John D. Smith ADDRESS VA Records, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary emphysema.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 12 years

527.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I last attended the deceased from 2-12, 1965, to 12-15, 1965, and that death occurred at 12:25 PM., from the causes and on the date stated above.

23a. SIGNATURE 597 O. F. SWINDELL, M.D. (Degree or title) O F Swindell
23b. ADDRESS VA Center, Boise, Idaho
23c. DATE SIGNED 12-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Dec. 18, 1965
24c. NAME OF CEMETERY OR CREMATORY Emmett
24d. LOCATION (City, town, or county) (State) Emmett, Idaho

DATE REC'D BY LOCAL REG. 12-27-65
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Glenn Beatty
LICENSE NO. E-392
FIRM NAME: THE BEATTY CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5214
Local Reg. No. 614
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED DEC 27 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 011 Ada 3-09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 9 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2823 Pond Street

3. NAME OF DECEASED (Type or Print)
a. (First): CLYDE
b. (Middle): WILLIAM
c. (Last): OSLER

4. DATE OF DEATH (Month) (Day) (Year): Dec. 17, 1965

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 31, 1907
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver 13
10b. KIND OF BUSINESS OR INDUSTRY: Moving & Storage 01
11. BIRTHPLACE (State or foreign country): Neosho, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lewis Osler — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Chenoweth — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 518-09-9104
17. INFORMANT'S OWN SIGNATURE: Caroline Osler — ADDRESS: 2823 Pond Street, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Larynx — INTERVAL BETWEEN ONSET AND DEATH: 7 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10/6/65
19b. MAJOR FINDINGS OF OPERATION: Ca of larynx with metastases and local invasion
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 17, 1965, *to* Dec. 17, 1965, *that I last saw the deceased alive on* Dec. 17, 1965, *and that death occurred at* 9:15 PM *from the causes and on the date stated above.*

23a. SIGNATURE: Robert [illegible] Peterson MD 410 (Degree or title)
23b. ADDRESS: 201 E. Bannock, Boise, Idaho
23c. DATE SIGNED: 12/22/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-21-65
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-27-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: F. Richard Reed — LICENSE NO.: E-440

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 27 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 28 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 5 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

DEC 30 1965

State File No. 5215
Local Reg. No. 623
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. #1 Caldwell
d. STREET ADDRESS (If rural, give location): Rt. #1

3. NAME OF DECEASED (Type or Print): a. (First) Alta b. (Middle) Jane c. (Last) Johnson

4. DATE OF DEATH: (Month) Dec. (Day) 17, (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Nov. 28, 1898

9. AGE (In years last birthday): 67 IF UNDER 1 YEAR Months: 0 Days: 19 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: self 01

11. BIRTHPLACE (State or foreign country): Chautauqua Co. Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Alva A. Johnson BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Ruemma Tisdale BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-32-8414

17. INFORMANT'S SIGNATURE x [signature] ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

2377

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain tumor — INTERVAL BETWEEN ONSET AND DEATH: known 4 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-1-65, 19___, *to* 12-17-65, 19___, *that I last saw the deceased alive on* 12-17-65, 19___, *and that death occurred at* 8:35 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: 848 La Cassia Boise, Idaho

23c. DATE SIGNED: 12-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 21, 1965

24c. NAME OF CEMETERY OR CREMATORY: Middleton Cemetery

24d. LOCATION (City, town, or county) (State): Middleton, Idaho

DATE REC'D BY LOCAL REG.: 12-28-65

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature]

LICENSE NO.: E-481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5216
Local Reg. No. 615
Reg. Dist. No. 370

BIRTH NO.

RECEIVED DEC 27 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN: Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN: Boise
d. STREET ADDRESS: 607 Reserve Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mary	Patterson	Swift	Dec. 17, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	March 14, 1910	55				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	at home 01	Dunkirk, New York	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John K. Patterson	New York	Helen Morse	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	227-30-5448	Mary Patterson Swift	607 Reserve Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Rheumatic Heart Disease — 40 years

DUE TO (c) Rheumatic Condition with 40 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Mitral Stenosis

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
—	—	—

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
— m.		—

22. *I hereby certify that I attended the deceased from* 7/4, 1960, *to* 12/17, 1965, *that I last saw the deceased alive on* 12/17, 1965, *and that death occurred at* 8:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Boise	12/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremated	12/19/65	Mountain View Crematory	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-27-65	Myrtle Palmer	Not embalmed	

FIRM NAME: Mountain View Funeral Home, Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 3 1966

APR 4 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5217
Local Reg. No. 643
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 12 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 04 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2720 Regan St.

3. NAME OF DECEASED (Type or Print)
a. (First): Helen
b. (Middle):
c. (Last): Mortensen

4. DATE OF DEATH (Month) 12 (Day) 18 (Year) 65

5. SEX: Female
6. COLOR OR RACE: Cau.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 11/28/1879
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 0, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: None 01
11. BIRTHPLACE (State or foreign country): Riverdale, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Russell — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Ellen Paterson — BIRTHPLACE: Odgen, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Maryan Shirley — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardiovascular disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 402

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1965, *to* 12-18, 1965, *that I last saw the deceased alive on* 12-17, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Stewart Merrill 357 (Degree or title) MD
23b. ADDRESS: 401 S. Orchard Boise
23c. DATE SIGNED: 12-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/21/65
24c. NAME OF CEMETERY OR CREMATORY: Emmett Cemetery
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 1-10-66
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Elad Y. Sears
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5218
Local Reg. No. 284
Reg. Dist. No. 371

BIRTH NO.

RECEIVED DEC 30 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 011 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise, Idaho
c. LENGTH OF STAY (in this place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 011 Idaho
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise,
d. STREET ADDRESS (If rural, give location) 1712 Michigan Ave

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	James	E	BURROWS		12	18	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	12-16-16	49				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Custodian 11
10b. KIND OF BUSINESS OR INDUSTRY Same 01
11. BIRTHPLACE (State or foreign country) Okla
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Thomas Burrows
BIRTHPLACE Okla
14. MOTHER'S MAIDEN NAME Anna Leach
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 444 05 7685
17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS VA Records, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES XXX NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-18, 1965, to 12-18, 1965, and that death occurred at 10 AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
547 F. B. HINE, M.D.	VA Center, Boise, Idaho	12-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	12/22/65	Morris Hill	Boise	Ada Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-27-65	Myrtle Palmer	[signature]	E-460

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 30 1965

JAN 31 1966

MAR 30 2004

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can Issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK Ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 5219
Local Reg. No. 622
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 01 Ada — DEC 30 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 20 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 404 North 21st Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 01 Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 404 North 21st Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ALMA	--	WILLIAMS	Dec. 18, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 7	Oct. 14, 1871	94				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	At home 01	Wadebridge Cornwall England	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Trembath	England	Elizabeth Cole	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	518-54-0217	Dora Mae Williams	Boise, Idaho 404 N. 21st

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dehydration, Acidosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Extreme weakness and Age — 1 wk
DUE TO (c) Arterio sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Pernicious Anemia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec 10, 1965 *to* Dec. 18, 1965 *that I last saw the deceased alive on* Dec 17, 1965, *and that death occurred at* 1:45 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert M. Frazier, M.D.	2010 N Cole Rd Boise	12 21 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-21-65	Rupert Cemetery	Rupert, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-27-65	Myrtle Palmer	[illegible] McMaster	E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

MAY 5 1967
JUN 13 1969
JUN 8 1981

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 30 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5220
Local Reg. No. 285
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 011 Ada 2-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise, Idaho
c. LENGTH OF STAY (in this place) 110 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 38 Oregon b. COUNTY 55
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ironside
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	W	FARBER	12	18	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	6-7-02	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Construction Work 00	Same 20	Oregon	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Preston L Farber	Ark	Anna Bahna	Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE AND ADDRESS
Yes	WW II	541 10 0574	VA Records, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epidermoid bronchogenic carcinoma, left. — INTERVAL BETWEEN ONSET AND DEATH: 14 months.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VA m.		

22. I attended the deceased from 8-30, 1965, to 12-18, 1965 and that death occurred at 1:15 PM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. G. STROMBERG, M.D. 597	VA CENTER, BOISE, Idaho	12-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	12-18-65		Ontario, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-27-65	Myrtle Palmer		E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

JAN 28 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 30 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5221
Local Reg. No. 286
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 6
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunset Nursing Home 238

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2318 Jefferson

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Emilie	K. ~~Ganz~~	Ganz	Dec. 18, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Dec. 4, 1874	91				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 0	Home 0	Oberkirkheim, Germany	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gus Fischer	Germany	Unknown	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	[signature]	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 years
DUE TO (c) Senility — 15 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan 1 *,* 1964 *, to* Dec 18 *,* 1965 *, that I last saw the deceased alive on* Dec 17 *,* 1965 *, and that death occurred at* 1:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Boise Idaho	12-22-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12--20-65	Cloverdale Memorial Park	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-29-65	Myrtle Palmer	G. W. Waters [signature]	E-461

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Cloverdale Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5222
Local Reg. No. 617
Reg. Dist. No. 370

RECEIVED
DEC 30 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 008
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Treasure Valley Manor

3. NAME OF DECEASED (Type or Print)
a. (First): Celesta
b. (Middle): H.
c. (Last): Briggs

4. DATE OF DEATH (Month) (Day) (Year): December 18, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 13, 1881
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Flora, Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Lesh — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Carolyn L. Musselman — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-09-9189
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Boise

18. CAUSE OF DEATH 260X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyopglycemia — INTERVAL BETWEEN ONSET AND DEATH: 12 days

ANTECEDENT CAUSES — DUE TO (b) Diabetes — 25 years

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-29-58, 19__, *to* 12-18-65 19__, *that I last saw the deceased alive on* 12-18-65 19__, *and that death occurred at* 12:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. Rudolph Alden
23b. ADDRESS: 848 La Cassia Boise, Idaho
23c. DATE SIGNED: 12-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-21-65
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-24-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John F. Wilkerson
LICENSE NO.: E435

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME McBratney-Alden-Waggoner

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5223
Local Reg. No. 618
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
DEC 30 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN: Boise 000
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 742 E. Jefferson St. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 742 E. Jefferson St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Georgina	Dunne	Merrill	December 18, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	March 16, 1883	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home 01	Greeley, Colorado	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George R. Dunne			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-34-9908	x E. O'Merrill	Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(a)	Arteriosclerotic Heart Disease 420.0	3 yr
	ANTECEDENT CAUSES	
(b)	Generalized arteriosclerosis	10 yr
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	
(c)	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov 65, to Nov 65, *that I last saw the deceased alive on* Nov 65, 1965, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] MD		Boise Idaho	12/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/31/65	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-24-65	Myrtle Palmer	John F. Wilkerson	E435

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5224
Local Reg. No. 611
Reg. Dist. No. 370

BIRTH NO.

RECEIVED DEC 23 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1202 No. 20th. St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alida	Anna	Stein	12	18	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	3-24-1891	74		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Minnisota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
T. J. Waneck	Massachusetts	Eliza Jane Kirby	Vermont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		X [signature]	Boise

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac decompensation — 4 Months
DUE TO (c) Bronchiectasis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arthritis — 15 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12-4-65, 19__ *to* 12-18-65, 19__, *that I last saw the deceased alive on* 12-18-65, 19__, *and that death occurred at* 5:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. D. Spencer	MD	Boise, Idaho	12-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-20-1965	Morris Hill Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-22-65	Myrtle Palmer	Daniel G. Gibson	E-400

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 6 1973

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 8 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5225
Local Reg. No. 608
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
DEC 23 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-26
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 20
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): 621 Crestline Dr.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Leo	D	Cram	Dec. 18, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	May 18, 1898	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Artist 22	same 01	Albany, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Cram	unknown	Ella White	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518 03 6566	Mrs. L. D. Cram	621 Crestline Drive, Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CVA — INTERVAL BETWEEN ONSET AND DEATH: 30 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Thrombosis — 30 days

DUE TO (c) arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Plasma cell Myeloma — 2 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 1965, *to* 12-18, 1965, *that I last saw the deceased alive on* 12-18, 1965, *and that death occurred at* 3 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. B. Patterson MD.	Boise Ida	12-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	12/21/65	Mountain View Cremartory	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-22-65	Myrtle Palmer	Richard L. Maus	E-443

FIRM NAME: Mountain View Funeral Home, Boise

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 30 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5226
Local Reg. No. 629
Reg. Dist. No. 370

BIRTH NO.

RECEIVED DEC 31 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 01
b. CITY OR TOWN Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 44
b. COUNTY Washington 080
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Midvale
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	HOWARD	EVANS	KEITHLEY		12	18	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	April 4, 1892	73	8	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming 04	Farmer 0	Midvale, Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Keithley	----	Sepie Evans	----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			x Howard Keithley Jr.	Midvale

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction 420.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary artery Heart Disease

DUE TO (c) Coronary artherosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Congestive Heart Failure

INTERVAL BETWEEN ONSET AND DEATH: See.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Coronary A-V block	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11-8, 1965, *to* 12-18, 1965, *that I last saw the deceased alive on* 12-17, 1965, *and that death occurred at* 2:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E. Caylor 094	MD	311 - Idaho Bldg.	12/18/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/21/1965	Keithley Creek Cem.	Midvale Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12/18/65	12-30-65 Myrtle Palmer	K. Dave Thomson	E-388

Federal Security Agency
United States Public Health Service

Form DH-65021

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 31 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 5 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 9 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5227
Local Reg. No. 282
Reg. Dist. No. 371

Certificate of Death

RECEIVED
DEC 30 1965
Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (In this place): 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 231
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 709 S. Washington Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Roy
b. (Middle): D
c. (Last): BLAKE

4. DATE OF DEATH (Month) 12 (Day) 20 (Year) 65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 9-20-95
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Fire Service
10b. KIND OF BUSINESS OR INDUSTRY: Same 00
11. BIRTHPLACE (State or foreign country): Vermont
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Henry E Blake 31 — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Stella Dwyer — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW 1 2
16. SOCIAL SECURITY NO.: 554 05 6559
17. INFORMANT'S OWN SIGNATURE: John D. Stark — ADDRESS: VA Records, Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

177X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma prostate c cerebral metastases — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that I~~ attended the deceased from 12-13, 1965, to 12-20, 1965, ~~[illegible]~~ and that death occurred at 8 AM m., from the causes and on the date stated above.

23a. SIGNATURE: W. W. Laxson (Degree or title): W. W. LAXSON, M.D. 597
23b. ADDRESS: VA center, Boise, Idaho
23c. DATE SIGNED: 12-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 12/21/65
24c. NAME OF CEMETERY OR CREMATORY: San Jose, Calif.
24d. LOCATION (City, town, or county) (State): San Jose, Calif.

DATE REC'D BY LOCAL REG.: 12-23-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] — LICENSE NO. E-460
FIRM NAME: Relyea-Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 7 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law; it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5228
Local Reg. No. 637
Reg. Dist. No. 370

BIRTH NO. 65-10986

RECEIVED JAN 5 1966 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1415 Franklin St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1415 Franklin St.

3. NAME OF DECEASED (Type or Print)
a. (First): Todd
b. (Middle): Anthony
c. (Last): Leighton

4. DATE OF DEATH: (Month) Dec. (Day) 21, (Year) 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Nov. 16, 1965
9. AGE (In years last birthday): -0-
IF UNDER 1 YEAR: Months 1, Days 5
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: 02 ---
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Timothy A. Leighton — BIRTHPLACE: Boise, Idaho
14. MOTHER'S MAIDEN NAME: Diana Bunce — BIRTHPLACE: Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x Diana L. Leighton — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4988

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Anoxia — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pneumonitis — Unknown
DUE TO (c): Bacteria - Unknown type — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 16, 1965, *to* Dec 21, 1965, *that I last saw the deceased alive on* Dec 21, 1965, *and that death occurred at* 8 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: B. W. Lamb 102 (Degree or title): MD
23b. ADDRESS: 703 Fort Boise Blvd
23c. DATE SIGNED: 12/27/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/24/1965
24c. NAME OF CEMETERY OR CREMATORY: Joplin Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-5-66
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Ford Waggoner
LICENSE NO.: E-422

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

SEP 13 1971

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5229
Local Reg. No. 290
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 12 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (If hospital or place): 3 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunset Rest Home 235

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): Route #1 Boise, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Celia
b. (Middle): Ann
c. (Last): Moreland

4. DATE OF DEATH (Month) 12 (Day) 21 (Year) 65

5. SEX: Female
6. COLOR OR RACE: Cau.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 6/7/1891
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 6 Days 15 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: None 01
11. BIRTHPLACE (State or foreign country): Grampian, Penn.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David Mahaffey — BIRTHPLACE: Newport, Penn.
14. MOTHER'S MAIDEN NAME: Edith Lucinda Gensler — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Alice Petersen — ADDRESS:

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral vascular accident

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1964, *to* 12/21, 1965, *that I last saw the deceased alive on* 12/18, 1965, *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

23a. SIGNATURE 054 (Degree or title): Roy Berry M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 12/27/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/28/65
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-10-66
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Elach M. Sears
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5230
Local Reg. No. 634
Reg. Dist. No. 370

BIRTH NO. RECEIVED JAN 7 1966

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 01 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise Bureau of Vital Statistics
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1708 N. 25th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Nelson	C.	Fish	Dec. 22, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	June 4, 1877	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher 04	Ranch 01	Adel, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wilson Fish	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-01-8209	Edward Simmons	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hemiparesis & Dysphagia — ca 2 mos.
DUE TO (c) Cerebral arteriosclerosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Pneumonia — 2 wks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10/12, 1965, *to* 12/22, 1965, *that I last saw the deceased alive on* 12/22/65, 1965, *and that death occurred at* 5:00 Am., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Walter R. Waters 654 (Degree or title) M.D.	303 N 5th Boise, Idaho	1/3/66

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 27, 1965	Cloverdale	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-4-66	Myrtle Palmer	G. W. Waters G. W. Waters	E-461

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Cloverdale Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5231
Local Reg. No. 630
Reg. Dist. No. 370

RECEIVED DEC 31 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada (01) 2-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 2½ Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (01)
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1019 North 10th Street

3. NAME OF DECEASED (Type or Print): a. (First) DELIA b. (Middle) R. c. (Last) MANSFIELD

4. DATE OF DEATH: (Month) (Day) (Year): Dec. 23, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Sept. 4, 1895

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife (01)

10b. KIND OF BUSINESS OR INDUSTRY: At home (01)

11. BIRTHPLACE (State or foreign country): Hancock County, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Nelson G. Reeves BIRTHPLACE: Benton Co., Iowa

14. MOTHER'S MAIDEN NAME: Jessie Rose BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 480-09-1091

17. INFORMANT'S OWN SIGNATURE: Edward L. Mansfield ADDRESS: 1019 N. 10th Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

576X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Peritonitis with fecal fistula formation — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): none
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 13, 1965
19b. MAJOR FINDINGS OF OPERATION: Peritonitis and adhesions
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 1965, 19___, *to* Dec. 23, 1965, *that I last saw the deceased alive on* Dec. 23, 1965, *and that death occurred at* 11 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quentin E. Howard M.D. 247
23b. ADDRESS: 401 Idaho St. Boise, Idaho
23c. DATE SIGNED: Dec. 27, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-27-65
24c. NAME OF CEMETERY OR CREMATORY: Terrace Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-30-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: C. Dale McVeigh
LICENSE NO.: E-410
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Ada — b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise — c. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institutional resident, give residence before admission) — a. STATE: Idaho — b. COUNTY: Ada — c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise — d. STREET ADDRESS (If rural, give location): 1019 North 10th Street

3. NAME OF DECEASED (Type or Print): DELIA — 4. DATE OF DEATH (Month) (Day) (Year): Dec. 23, 1965

5. SEX: Female — 6. COLOR OR RACE: White — 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: Sept. 4, 1895 — 9. AGE (In years last birthday): 70

10a. USUAL OCCUPATION (Give kind of work done in this occupation, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: At home — 11. BIRTHPLACE (State or foreign country): Hancock County, Iowa — 12. CITIZEN OF WHAT COUNTRY: [illegible]

13. FATHER'S NAME: Nelson S. Reeves, Benton Co., Iowa — 14. MOTHER'S MAIDEN NAME: Jessie Rose, Indiana

15. WAS DECEASED EVER IN THE ARMED FORCES? (Yes, no, or unless it is not given for the record): No — 16. SOCIAL SECURITY NO.: 480-09-1091 — 17. INFORMANT'S OWN SIGNATURE: 1019 N. 10th Street, Boise, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause): [illegible]

19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Pericarditis with [illegible]

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): [illegible]

DUE TO (c):

20. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

21a. DATE OF OPERATION: [illegible] — 21b. MAJOR FINDINGS OF OPERATION: Pericarditis and [illegible] — 22. AUTOPSY: Yes [illegible] No [illegible]

23a. ACCIDENT SUICIDE HOMICIDE (Specify) — 23b. PLACE OF INJURY (Specify) — 23c. (CITY) (TOWN OR TOWNSHIP) (COUNTY) (STATE)

24a. TIME OF INJURY (Month) (Day) (Year) (Hour) — 24b. INJURY OCCURRED WHILE AT WORK / NOT WHILE AT WORK — 24c. HOW DID INJURY OCCUR?

25. I hereby certify that I attended the deceased from [illegible] to Dec. 23, 1965, that I last saw the deceased [illegible] and that death occurred at 11 P.M. from the causes and to the date stated.

26a. DIAGNOSTIC NO. — 26b. ADDRESS: 401 Idaho St., Boise, Idaho — 27. DATE FILED: Dec. 23, 1965

28a. BURIAL CREMATION REMOVAL (Specify): Burial — 28b. DATE: 12-27-65 — 28c. NAME OF CEMETERY OR CREMATORY: Terrace Lawn Cemetery — 28d. LOCATION (Cemetery, Crematory): Boise, Idaho

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 29. EMBALMER — LICENSE NO.: E-410

Form DH-63021

FIRM NAME: SUMMERS FUNERAL HOME

State File No. 5232
Local Reg. No. 626
Reg. Dist. No. 370

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

DEC 30 1965 3-08

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 8 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3528 Mountain View Drive

3. NAME OF DECEASED (Type or Print)
a. (First): HELEN
b. (Middle): ELIZABETH
c. (Last): SAWYER

4. DATE OF DEATH (Month) (Day) (Year): Dec. 24, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 27, 1906
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At home 01
11. BIRTHPLACE (State or foreign country): Payette, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Albert Bartlett Moss, Payette, Ida.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Grace Zeller, Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Arthur I. Sawyer, 3528 Mtn. View Dr. Boise, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

175.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinomaof ovary — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-16-65, 19__, *to* 12-24-65, 19__, *that I last saw the deceased alive on* 12-24-65, 19__, *and that death occurred at* 5:00 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. [illegible], MD
23b. ADDRESS: 848 La Cassia Boise, Idaho
23c. DATE SIGNED: 12-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-27-65
24c. NAME OF CEMETERY OR CREMATORY: Terrace Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-29-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [illegible]
LICENSE NO.: E-410

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED DEC 30 1965 STATE OF IDAHO

Bureau of Vital Statistics

State File No. 5233
Local Reg. No. 625
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2101 Hervey Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2101 Hervey Street

3. NAME OF DECEASED (Type or Print): a. (First) SEVERIN b. (Middle) O. c. (Last) KVALE (SR)

4. DATE OF DEATH (Month) (Day) (Year): Dec. 24, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	Sept. 29, 1892	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Flooring Contractor
10b. KIND OF BUSINESS OR INDUSTRY: (Retired)
11. BIRTHPLACE (State or foreign country): Eiken, Norway
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Ole Nelson — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Josephine (Unknown) — BIRTHPLACE: Norway
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 127-05-5142
17. INFORMANT'S OWN SIGNATURE: Severin O. Kvale Jr. — ADDRESS: 2101 Hervey Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coromary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Had Heart Attack 1957. has been haveing chest pains recently. — 8 Yrs / weeks.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 2:00 PM *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Coroner	3720 Meadow Drive, Boise.	12-28-65.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-28-65	Cloverdale Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-29-65	Myrtle Palmer	[signature]	E-419

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

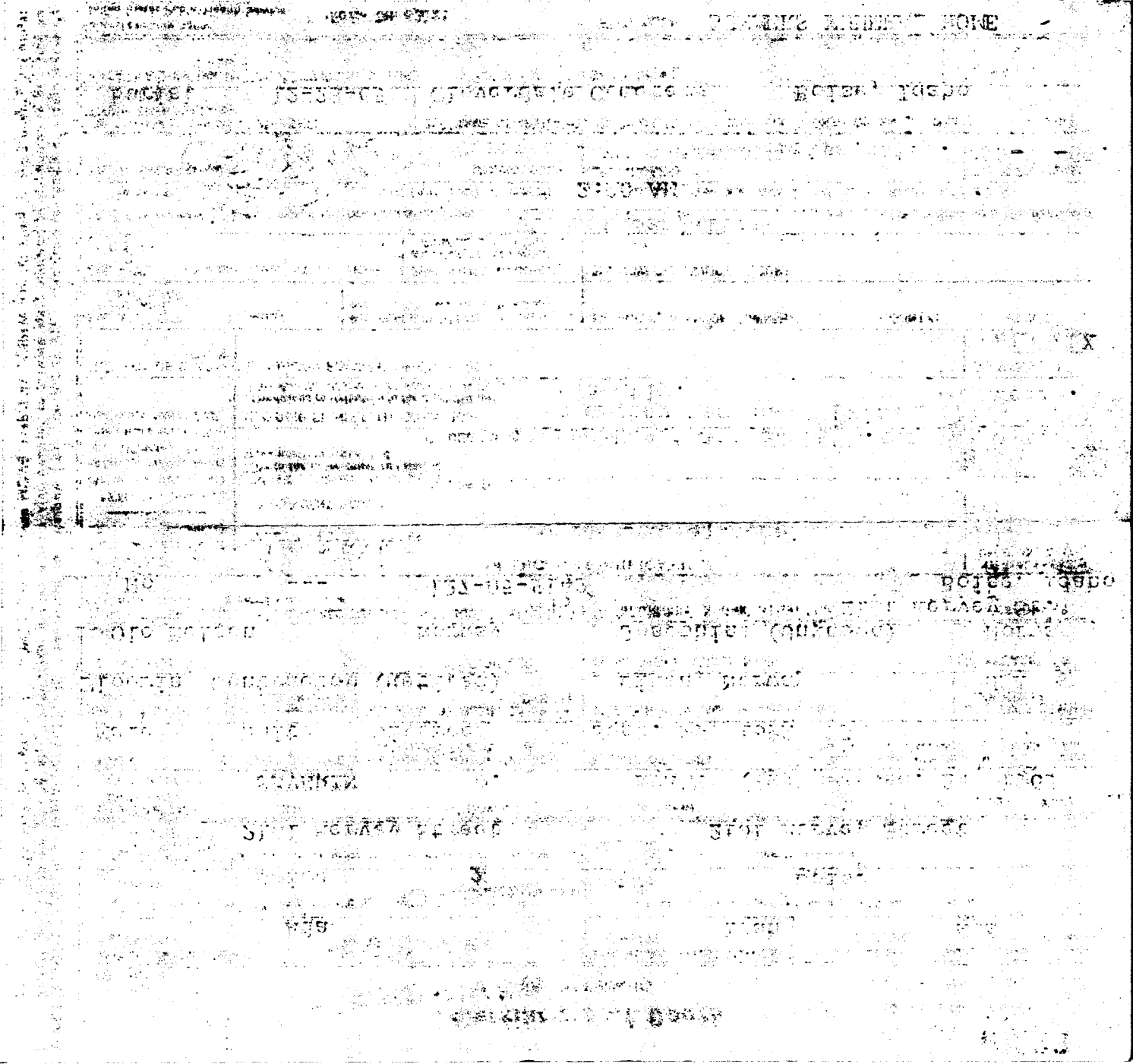

Certificate of Death

STATE OF IDAHO

State File No. 5234
Local Reg. No. 287
Reg. Dist. No. 371

BIRTH NO.

RECEIVED
DEC 30 1965
Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 107 West 38th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 107 West 38th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	EDITH	W.	GRAY	Dec. 24, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	April 2, 1899	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic worker	Domestic	Versailles, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Abraham Mariott	Missouri	Effie Andus	No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	518-16-4835	Maurine Allyn	915 N. Curtis Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

#28.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion. — INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Severe Asthmatic Condition — Months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19—, *to* —, 19—, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* 4:00 PM, *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. Paris 583	Coroner 4	3720 Meadow Drive, Boise,	12-28-65.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-29-65	Meridian Cemetery	Meridian, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-29-65	Myrtle Palmer	[illegible]	E-440

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DEC 31 1965
AUG 24 1966

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 30 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5235
Local Reg. No. 631
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 61
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 7801 Wesley Drive

3. NAME OF DECEASED (Type or Print): a. (First) HEATH; b. (Middle) ---; c. (Last) SEBERN

4. DATE OF DEATH: (Month) Dec. (Day) 25, (Year) 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Feb. 24, 1891	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Commissioner(Ret.)
10b. KIND OF BUSINESS OR INDUSTRY: Ada County 62
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Milton Henry Sebern, BIRTHPLACE: Indianapolis Indiana
14. MOTHER'S MAIDEN NAME: Sarah M. Heath, BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW #1
16. SOCIAL SECURITY NO.: 518 36-1051
17. INFORMANT'S OWN SIGNATURE: Clare S. Muskelson, ADDRESS: 7801 Wesley Drive Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Retroperitoneal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 16 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured abdominal aortic aneurysm — 2 yrs (?)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary fibrosis + emphysema — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1962, to ____, 19____, *that I last saw the deceased alive on* 25 Dec, 1965, *and that death occurred at* 4:15 PM *from the causes and on the date stated above.*

23a. SIGNATURE: Clayton C. Morgan 370 (Degree or title): M.D. 23b. ADDRESS: Boise Idaho 23c. DATE SIGNED: 30 Dec 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-28-65
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-30-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] LICENSE NO.: E-410
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

DEC 30 1965

MEDICAL CERTIFICATION

Dr. Grazier

BIRTH NO.

RECEIVED JAN 12 1966 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5236
Local Reg. No. 644
Reg. Dist. No. 370

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes' Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6222 Post Street

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle):
c. (Last): McCarty

4. DATE OF DEATH (Month) (Day) (Year): Dec. 26, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: 3-4-1890
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 9, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R. nurse 15
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Burns, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Sylvanus Dix — BIRTHPLACE: Lansing, Mich.
14. MOTHER'S MAIDEN NAME: Sylvia Kenfield — BIRTHPLACE: Columbus, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Gaugh O Dix — ADDRESS: Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

164 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Metastatic Sarcoma — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): —
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Tumor removed from mediastinum
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1965, *to* Dec 26, 1965, *that I last saw the deceased alive on* Dec 26, 1965 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert M. Grazier, M.D. 76
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: Jan. 7, 66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-30-65
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 1-10-66
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Frank M. Sears — LICENSE NO. E460
FIRM NAME: Felipe Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JAN 24 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5237
Local Reg. No. 638
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 10 1966 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 741 Warm Springs Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 741 Warm Springs Avenue

3. NAME OF DECEASED (Type or Print): a. (First) NANCY ANN b. (Middle) FONVILLE c. (Last) BRICE

4. DATE OF DEATH (Month) (Day) (Year): Dec. 26, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Oct. 12, 1874	91				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At home	Bell County, Texas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Richard Fonville	Texas	Elizabeth Hickox	Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	---	Thelma Powell	741 Warm Springs Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	444X Arteriosclerosis · Heart failure	Yrs.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Senility	10 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Hypertension	25 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 19 59, *to* 12. 26, 19 65, *that I last saw the deceased alive on* 12. 25, 19 65, *and that death occurred at* 6:20 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard A. Forney, M.D.	105 North 8th St. Boise, Idaho	12/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	12-27-65		Winters, Texas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-6-66	Myrtle Palmer	Gary C. Heckler	E-419

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

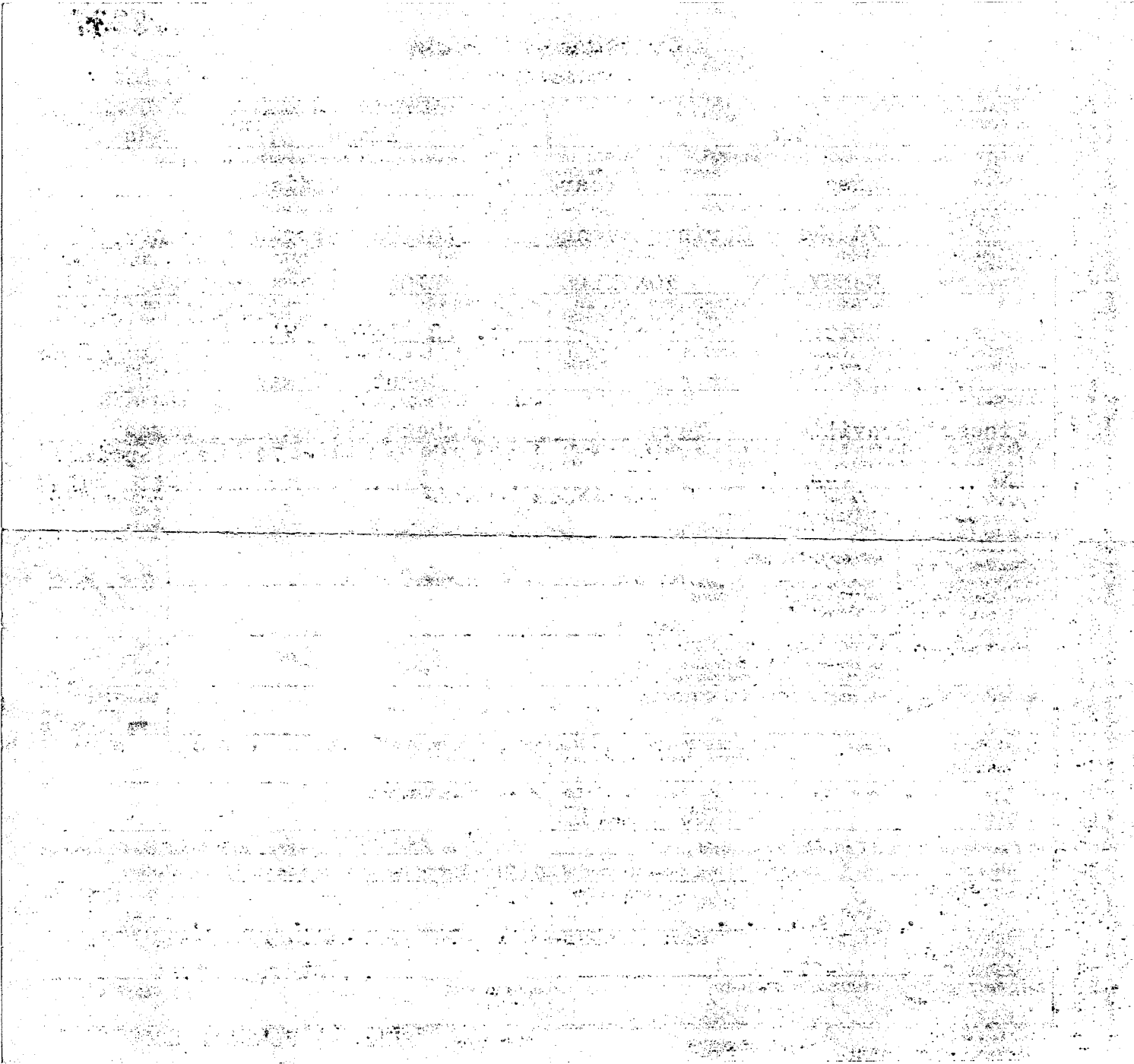

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Succession in Washington

RECEIVED JAN 12 1966 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5238
Local Reg. No. 645
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise 000
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Restful Manor, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1839 So. Roosevelt

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Gertrude	Almeda 292	Swendsen		12	27	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	never married	10-2-1882	83	2	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00	00	Richmond, Ut.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lewis Peter Swendsen	Denmark	Ellen Maria Gibbs	So. Pembershire, So. Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Mrs Anna Herrick	Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.0 Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — 3 yr

DUE TO (c) Generalized Arteriosclerosis — 10 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12-23-65 *to* 12-27-65, *that I last saw the deceased alive on* 12-27-65, *and that death occurred at* 6 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Boise Idaho	1/4/66

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	12-30-65	Morris Hill Cem.	Boise, Ada, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-10-66	Myrtle Palmer	[signature]	E460

FIRM NAME: Kellys Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5239
Local Reg. No. 642
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
JAN 1 1 1966
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada (Canyon)
b. CITY OR TOWN (If outside co. limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3-05 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital (St. Lukes Hospital) 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa, Idaho
d. STREET ADDRESS (If rural, give location): 323 Almond

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EARL (Earl)	William	Kimbrough	Dec.	27	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Oct. 10, 1896	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
07	00	Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Sterling Kimbrough	Missouri	Margaret Ricks	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W.I	519 07 2168	X Esther M. Kimbrough	Nampa

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Leukopenia — 2 days
DUE TO (c) Chemotherapy — 1 wk.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Metastatic Carcinoma of Larynx. — 1 1/2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12-23-65, 19__, *to* 12-27, 1965, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* 2:50 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George R. Baber, MD	121 E. Idaho, Boise	1/2/66

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 30, 1965	Kohlerlawn Cemetery	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-7-66	Myrtle Palmer	Larry J. Kronk	E-447

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

JAN 12 1966

MAY 9 1966

SEP 21 1966

MAY 4 1983

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5240
Local Reg. No. 616
Reg. Dist. No. 370

BIRTH NO.

RECEIVED DEC 28 1965

1. PLACE OF DEATH
a. COUNTY Ada 011 3-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise Bureau of Vital Statistics
LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Ada 011
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 2607 Helen Street

3. NAME OF DECEASED (Type or Print) a. (First) Albertine b. (Middle) BLANCHE A c. (Last) CARDOSO AYRES

4. DATE OF DEATH (Month) (Day) (Year) December 27, 1965

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2

8. DATE OF BIRTH August 8, 1887

9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01

10b. KIND OF BUSINESS OR INDUSTRY at home 0

11. BIRTHPLACE (State or foreign country) Arras, France

12. CITIZEN OF WHAT COUNTRY? France

13. FATHER'S NAME Gules Lafay BIRTHPLACE France

14. MOTHER'S MAIDEN NAME Augusta BIRTHPLACE France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ----

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE Mrs. Nicole Rudd ADDRESS 2607 Helen Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

903.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fx hip - Rt — INTERVAL BETWEEN ONSET AND DEATH 1 wk

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pulmon Emphysema

DUE TO (c) Cor Pulmonale

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 12/24/65

19b. MAJOR FINDINGS OF OPERATION Fx hip

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident 01

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home - fall

21c. (CITY, TOWN, OR TOWNSHIP) 01 Boise (COUNTY) Ada (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) 12/23/65 (Hour) (10:00) A.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Fell - at home

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* 12/27, 1965, *that I last saw the deceased alive on* 12/27, 1965, *and that death occurred at* 9:10p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) MD

23b. ADDRESS 1015 N 8th St

23c. DATE SIGNED 12/28/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal/burial

24b. DATE Dec. 31 '65

24c. NAME OF CEMETERY OR CREMATORY Vallauris Cemetery

24d. LOCATION (City, town, or county) Vallauris (State) France

DATE REC'D BY LOCAL REG. 12-28-65

REGISTRAR'S SIGNATURE Myrtle Palmer

25. EMBALMER J. Willard Reed

LICENSE NO. E-440

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 29 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 4 1966

JUN 29 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

SEP 30 1966

OCT 4 1966

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

10-31-66

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
NOV 3 1966
Bureau of Vital Statistics

State of .....
County of ..... } ss.

Certificate No. 65-5240

Date Filed .....

The undersigned does solemnly swear that certain facts in the certificate of Death
(Birth or Death)
for Blanche Cardosa Ayres (Name on Original Certificate) who died (Was Born or Died) on Dec. 27, 1965 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Deceased	Blanche Cardoso Ayres	Blanche Albertine Cardoso Ayres

Subscribed and sworn to before me this 31 day of October, 1966

Notary Public, residing at Eagle, Idaho

My commission expires Sept. 28, 1968

(Seal)

Signed Mrs. G. R. Rudd
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2507 Helen St. Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of November 1966

Notary Public, residing at Boise, Idaho

My commission expires 3-22-69

(Seal)

Signed Gerald R Rudd
(Signature of Any Credible Person)

2607 Helen ST, Boise Idaho
(Street Address, City, State)

FORM DH 60-155

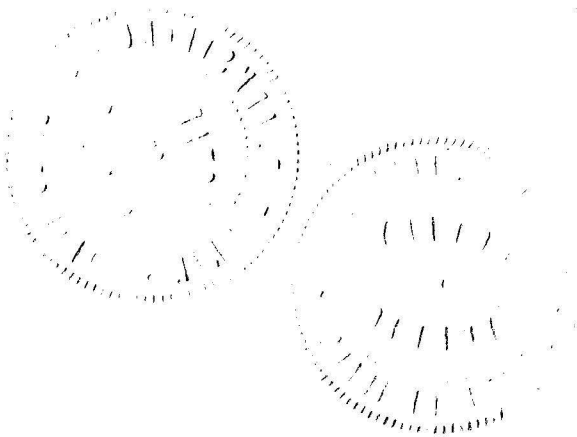

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Dr. Firor

RECEIVED DEC 30 1965

Certificate of Death

STATE OF IDAHO

State File No. 5241
Local Reg. No. 627
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada. 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hosp. 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 011
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6410 Randolph Dr.

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): Martha
c. (Last): Schmidt

4. DATE OF DEATH (Month) 12 (Day) 27 (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 3-29-1873
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Milliner 78
10b. KIND OF BUSINESS OR INDUSTRY: Clothing 70
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY?: U.S

13. FATHER'S NAME: Philip Schmidt — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Augusta Kroeger — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs Harold Quinn — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 541.0 Bleeding Duodenal Ulcer — INTERVAL BETWEEN ONSET AND DEATH: 15 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-13, 1965, *to* 12-27, 1965, *that I last saw the deceased alive on* 12-26, 1965, *and that death occurred at* 6AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 167 Hugh Firor MD
23b. ADDRESS: 123 E. Idaho St
23c. DATE SIGNED: 12-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-29-1965
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cem.
24d. LOCATION (City, town, or county): Boise — (State): Idaho

DATE REC'D BY LOCAL REG.: 12-29-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Daniel G. Gibson — LICENSE NO.: E-400

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Gibson Funeral Home

DUTIES: JAN 3 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
DEC 30 1965
Bureau of V

Certificate of Death

STATE OF IDAHO

State File No. 5242
Local Reg. No. 628
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4860 Blaser Circle

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 11
b. COUNTY: ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4860 Blaser Circle

3. NAME OF DECEASED (Type or Print): a. (First) CYRUS b. (Middle) CARL c. (Last) HINKSON

4. DATE OF DEATH (Month) (Day) (Year): December 27, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: September 5, 1885
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 19
10b. KIND OF BUSINESS OR INDUSTRY: Meat Packers 000
11. BIRTHPLACE (State or foreign country): Halstead, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Cyrus Hinkson — BIRTHPLACE: New Castle, Pa.
14. MOTHER'S MAIDEN NAME: Melissa Gittings — BIRTHPLACE: Zanesville, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 536-03-9178
17. INFORMANT'S OWN SIGNATURE: x Ellen Trumblood — ADDRESS: Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure 420.1 — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — 3
DUE TO (c) Generalized Arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Paralysis Agitans; Senility — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/28, 1956, *to* 12/27, 1965, *that I last saw the deceased alive on* 12/27, 1965 *and that death occurred at* 12:45 m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 421 MD (Degree or title)
23b. ADDRESS: Boise
23c. DATE SIGNED: 12/28/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 29, 1965
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-30-65
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John L. Wilkerson
LICENSE NO.: E 435
FIRM NAME: McBratney-Alden-Waggoner

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 30 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP3 0 1996

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5243
Local Reg. No. 649
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 17 1966 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN: Boise
c. LENGTH OF STAY IN (This place): 2½ Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Restful Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 011
c. CITY OR TOWN: Boise
d. STREET ADDRESS (If rural, give location): 1212 North 11th Street

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) F. c. (Last) HEBBEL

4. DATE OF DEATH (Month) (Day) (Year): Dec. 27, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: Sept. 9, 1879
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Retired) 54
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Des Moines, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Detlef Hebbel — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Caroline Mills — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 538-10-4772
17. INFORMANT'S OWN SIGNATURE: Edna J. Hebbel — ADDRESS: 1212 N. 11th Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma 200.1 — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Severe secondary anemia — 1 yr

19a. DATE OF OPERATION: 9/22/65
19b. MAJOR FINDINGS OF OPERATION: Enlarged lymph nodes
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/16, 1965, to 12/27/1965, that I last saw the deceased alive on 12/27/1965, and that death occurred 2 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): 306 [signature]
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 1/18/66

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12-29-65
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Omaha, Nebraska

DATE REC'D BY LOCAL REG.: 1-14-66
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-410
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

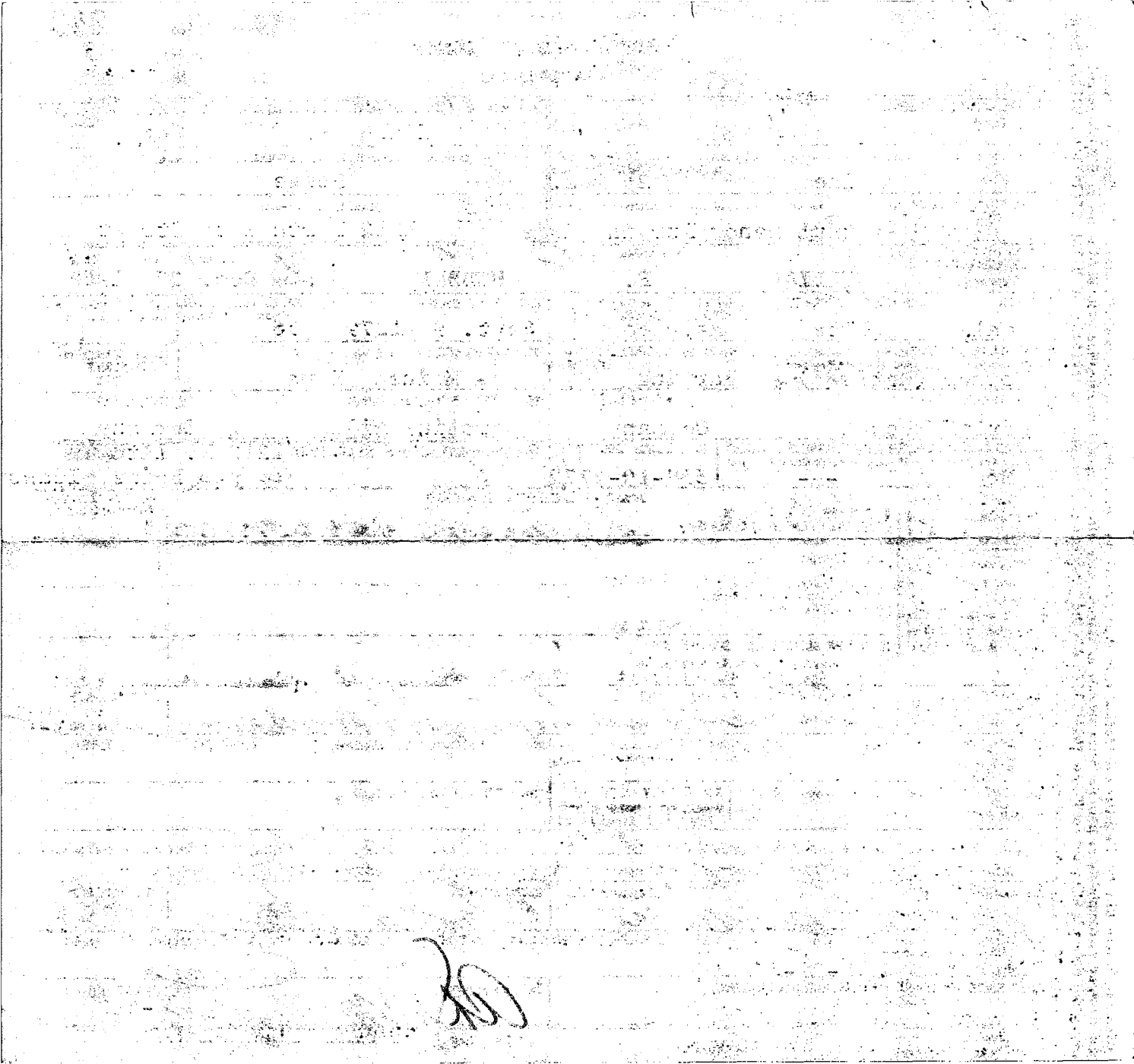

Certificate of Death

STATE OF IDAHO

State File No. 5244
Local Reg. No. 239
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 10 1966 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 011 Ada
b. CITY OR TOWN: Boise
c. LENGTH OF STAY IN THIS PLACE: 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 011 Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1119 Lee Street

3. NAME OF DECEASED (Type or Print)
a. (First): RALPH
b. (Middle): E.
c. (Last): OAKES

4. DATE OF DEATH: (Month) (Day) (Year): Dec. 28, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: Dec. 7, 187

9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto mechanic 10

10b. KIND OF BUSINESS OR INDUSTRY: Same 01

11. BIRTHPLACE (State or foreign country): Warren County, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Neal Oakes, Newberry, Ohio

14. MOTHER'S MAIDEN NAME: Laura L. Baker, Torch, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 519-54-0806

17. INFORMANT'S OWN SIGNATURE: Laurel E Elam
ADDRESS: 1415 Harrison Blvd Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHOPNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) –

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.): GRAM NEGATIVE SEPTICEMIA NEPHROSCLEROSIC & UREMIA

491X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 18, 1965, *to* Dec 28, 1965, *that I last saw the deceased alive on* Dec 27, 1965, *and that death occurred at* 1:44 AM, *from the causes and on the date stated above.*

23a. SIGNATURE: C C Johnson 26 (Degree or title): MD
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 12-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-31-65
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-6-66
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature]
LICENSE NO.: E-410
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JAN 21 1966

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5245
Local Reg. No. 633
Reg. Dist. No. 370

RECEIVED JAN 7 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Ada — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise — LENGTH OF STAY (in this place): 14 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho — b. COUNTY: Ada — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Treasure Valley Manor

d. STREET ADDRESS (If rural, give location): 1000 So. Owyhee St.

3. NAME OF DECEASED (Type or Print) — a. (First): Alice — b. (Middle): Bell — c. (Last): Ferguson

4. DATE OF DEATH — (Month): 12 — (Day): 28 — (Year): 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 9-7-1882

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY? Canada

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Richard D. Smith — ADDRESS: Boise

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lesion, Fundus of Stomach, Probable Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: Undetermined

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Malnutrition Secondary to Gastric Lesion

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerotic Hypertensive Cardiovascular Disease

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) Boise — (COUNTY) Ada — (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 15, 1958 *to* 12-29, 1965, *that I last saw the deceased alive on* 12-28, 1965, *and that death occurred at* 12-29-65 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 2/6 — 23b. ADDRESS: 850 S Latah — 23c. DATE SIGNED: 12-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — 24b. DATE: 12-29-1965 — 24c. NAME OF CEMETERY OR CREMATORY: Calgary Cemetery — 24d. LOCATION (City, town, or county) Calgary (State) Canada

DATE REC'D BY LOCAL REG.: 1-3-66 — REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Daniel G. Gibson — LICENSE NO.: E -400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

FEB 9 - 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Amended Jan. 21, 1966

Certificate of Death

STATE OF IDAHO

State File No. 5246
Local Reg. No. 632
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6200 Randolph Dr. 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6200 Randolph Dr.

3. NAME OF DECEASED (Type or Print): a. (First) Walter; b. (Middle) J.; c. (Last) Hoarty

4. DATE OF DEATH (Month) (Day) (Year): December 29, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: May 5, 1905

9. AGE (In years last birthday): 60 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist 14

10b. KIND OF BUSINESS OR INDUSTRY: Dentistry 04

11. BIRTHPLACE (State or foreign country): Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Patrick Hoarty — BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Julia Hennbery — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Walter Hoarty — ADDRESS: Boise

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction 420.1 — INTERVAL BETWEEN ONSET AND DEATH (min.):

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary artery heart disease
DUE TO (c) Coronary atherosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-20- , 19 63, *to* 12-29 , 19 65, *that I last saw the deceased alive on* 12-29 , 19 65, *and that death occurred at* 5:55P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Clifford, M.D. 094

23b. ADDRESS: 311 Idaho St., Boise

23c. DATE SIGNED: 12-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-31-1965

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 1-3-66

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Daniel G. Gibson

LICENSE NO.: #-400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

.....

.....

1-18-66

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
JAN 2 01966
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed Jan. 3, 1966

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)

for Walter J. Hoarty (Name on Original Certificate) who died (Was Born or Died) on Dec. 29, 1965 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Item # 8 date of birth	May 5, 1906	May 5, 1905
Item # 9 Age	59	60

Subscribed and sworn to before me this 19 day of January, 1966

Notary Public, residing at Boise, Idaho

My commission expires March 8, 1966

(Seal)

X Signed Mrs. Trudy Henry
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record or other credible person.)

6200 Randolph Drive
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

X Signed Mary Ellen Hoarty
(Signature of Any Credible Person)

6200 Randolph Dr. Boise, Idaho
(Street Address, City, State)

FORM DH 60-155

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 3 1966 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 632
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6200 Randolph Dr.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6200 Randolph Dr.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Walter	J.	Hoarty	12	29	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	5-5-1906	59				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dentist	Dentistry	Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Patrick Hoarty	Illinois	Julia Hennberry	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	----------		Mrs Walter Hoarty	Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction (MI) — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary artery Heart disease

DUE TO (c) Coronary atherosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	none	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3-20 1963, *to* 12-29, 1965, *that I last saw the deceased alive on* 12-29, 1965, *and that death occurred at* 5 35 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E. Clifford M.D.	311 Idaho St - Boise	12-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-31-1965	Morris Hill Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-3-66	Myrtle Palmer	Daniel G. Gibson	E - 400

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Gibson Funeral Home

DUTIES:

JAN 3 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 13 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 24 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5247
Local Reg. No. 640
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 1 01966 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): ---
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden
d. STREET ADDRESS (If rural, give location): (P.O. Box 395)

3. NAME OF DECEASED (Type or Print)
a. (First): GARY
b. (Middle): LEE 002
c. (Last): KESSLER

4. DATE OF DEATH (Month) (Day) (Year): December 29, 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify): never married

8. DATE OF BIRTH: Dec. 28, 1956

9. AGE (In years last birthday): 9
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): student 07

10b. KIND OF BUSINESS OR INDUSTRY: school 01

11. BIRTHPLACE (State or foreign country): Jerome, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jack C. Kessler
BIRTHPLACE: Mtn. Home, Ark.

14. MOTHER'S MAIDEN NAME: Kay Knapp
BIRTHPLACE: Spring Valley, Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: -----

17. INFORMANT'S OWN SIGNATURE: Mrs. Kay M. Satterwhite
ADDRESS: Box 395 Eden, I.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

434.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Rare Type of Heart Disease.
INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Undetected for — Months
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19—, to —, 19—, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 583
(Degree or title): Coroner
23b. ADDRESS: 3720 Meadow Drive, Boise.
23c. DATE SIGNED: 12-31-65.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 31 '65
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Gardens
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-6-66
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-410
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

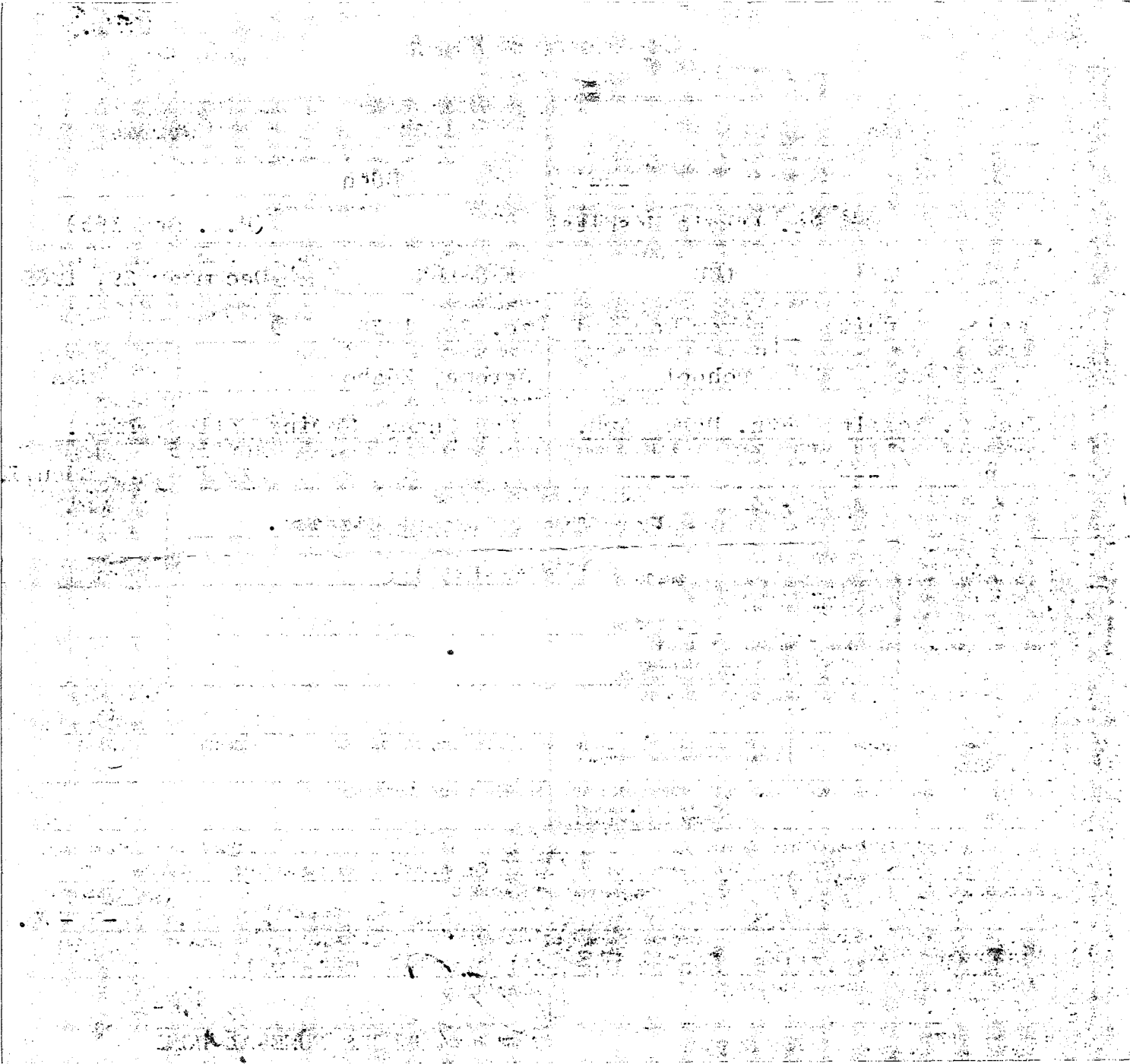

Certificate of Death

STATE OF IDAHO

State File No. 5248
Local Reg. No. 287
Reg. Dist. No. 371

BIRTH NO.

RECEIVED JAN 1 0 1966 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Admin. Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3500 Windsor Drive

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) C c. (Last) Parsons

4. DATE OF DEATH (Month) (Day) (Year): Dec. 30, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Sept. 15, 1877	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mailcarrier - retired	Mail	Virginia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jim Parsons	Virginia	Mariah East	Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes S.A.W.	None	VA Records	Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. [redacted] I attended the deceased from Dec. 16, 19 65, to Dec. 30, 19 65, [redacted] and that death occurred at 10:25A m., from the causes and on the date stated above.

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
F.B. HINE, MD, (Degree or title) Attending Physician	VA Center, Boise, Idaho	12-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 3, 1966	Cloverdale Memorial Park	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-10-66	Myrtle Palmer	G. W. Waters	E-461

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Cloverdale Funeral Home

JAN 1 1 1968

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5249
Local Reg. No. 653
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
FEB 2 1966
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location): East 2008 35th Avenue

3. NAME OF DECEASED (Type or Print): a. (First) ELMO b. (Middle) c. (Last) STEFFENSEN

4. DATE OF DEATH (Month) (Day) (Year): December 28, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Dec. 17. 1897

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months: 0 Days: 11
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Life Insurance

11. BIRTHPLACE (State or foreign country): Murray, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Chiguard Steffensen
BIRTHPLACE: S. Cottonwood, Utah

14. MOTHER'S MAIDEN NAME: Mary Mauss
BIRTHPLACE: Lederscheid, Lorraine, Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 528-01-5854

17. INFORMANT'S OWN SIGNATURE: James R. Jeppson
ADDRESS: Boise, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ~~Arteriosclerosis~~ Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden
DUE TO (c): Arteriosclerotic Heart D. — INTERVAL BETWEEN ONSET AND DEATH: 24yr-?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* did not see alive, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: George R Baker (Degree or title): MD
23b. ADDRESS: 121 E. Idaho, Boise
23c. DATE SIGNED: 2/1/66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 31. 65
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Ada, Idaho

DATE REC'D BY LOCAL REG.: 2-2-66
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER:
LICENSE NO.: E-460

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Steffenson
Dr. Baker

Certificate of Death

STATE OF IDAHO

State File No. 5249
Local Reg. No. 647
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
JAN 12 1966
BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's (D.O.A.)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wn.
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): E. 2008-35th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Elmo; b. (Middle); c. (Last) Steffensen

4. DATE OF DEATH: (Month) 12 (Day) 31 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 12-17-1897

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months 0 Days 11
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired insurance

10b. KIND OF BUSINESS OR INDUSTRY: Insurance

11. BIRTHPLACE (State or foreign country): Murray, Ut.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Chiguard Steffensen
BIRTHPLACE: So. Cottonwood, Salt Lake Co., Ut.

14. MOTHER'S MAIDEN NAME: Mary Mauss
BIRTHPLACE: Lederscheid, Lorraine, Ger.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 528-01-5854

17. INFORMANT'S OWN SIGNATURE: x Lisa D. Bennett
ADDRESS: Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio Sclerotic Heart Dis. — 2 yrs.
DUE TO (c): 0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 0 — 0

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* not seen before *19__, to __, 19__, that I last saw the deceased alive on* 0 *, 19__, and that death occurred at* 9:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George R Baker, MD
23b. ADDRESS: 121 E. Idaho, Boise
23c. DATE SIGNED: 1/6/66

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Dec. 31, 1965
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Ada, Idaho

DATE REC'D BY LOCAL REG.: 1-11-66
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E 460
FIRM NAME: Robyn Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES: JAN 12 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. FEB 2 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5250
Local Reg. No. 288
Reg. Dist. No. 371

BIRTH NO.

RECEIVED JAN 1 1 1966 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY IN THIS PLACE: 4 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6908 West State Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boise 080
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crouch
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MINNIE	E	CHENOWETH	Dec. 31, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Nov. 30, 1881	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 0	at home 0	Antelope, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hollus Taylor	Unknown	Tressia Mitchell	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---		Alma A. Busick	6908 W. State Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec. 1949, *to* Dec 31, 1965, *that I last saw the deceased alive on* Dec 13, 1965, *and that death occurred at* 12:15 m. P. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Max H. Bell, 039 M.D.	Boise, Idaho	1/4/66

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-3-66	Middleton Cemetery	Middleton, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-7-66	Myrtle Palmer	Dale McMurtrey	E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

JAN 0 9 2003

JAN 12 1966

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

343-4281

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 5251
Local Reg. No. 635
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 JAN 5 1966
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (If in this place): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1809 Rand

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1809 Rand

3. NAME OF DECEASED (Type or Print)
a. (First): FANNIE
b. (Middle): M
c. (Last): BULLOCK

4. DATE OF DEATH (Month) (Day) (Year): December 31, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 0
8. DATE OF BIRTH: April 23, 1887
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home 01
11. BIRTHPLACE (State or foreign country): Newton, Kansas
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Reuben D. Teter — BIRTHPLACE: Downs, Ill.
14. MOTHER'S MAIDEN NAME: Nancy Armstrong — BIRTHPLACE: Mt. Holly, N. J.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 540-32-2757
17. INFORMANT'S OWN SIGNATURE: * Grace B. Nott — ADDRESS

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 2 HOURS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CHRONIC CORONARY INSUFFICIENCY — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-3-58, 19__, *to* 12-31-65, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 3:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE 071 (Degree or title): Maurice M. Burkholder, MD
23b. ADDRESS: 848 La Cassia Boise, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Jan. 3, 1966
24c. NAME OF CEMETERY OR CREMATORY: City View
24d. LOCATION (City, town, or county) (State): Salem, Oregon

DATE REC'D BY LOCAL REG.: 1-4-66
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John F. Wilkerson
LICENSE NO.: E-435

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McBratney-Alden-Waggoner Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5252
Local Reg. No. 646
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JAN 1 2 1966 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
d. STREET ADDRESS (If rural, give location): Box 25

3. NAME OF DECEASED (Type or Print)
a. (First): La Donna
b. (Middle): Sue
c. (Last): Doores

4. DATE OF DEATH (Month) (Day) (Year): Dec. 31, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 1
8. DATE OF BIRTH: March 25, 1963
9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child 02
10b. KIND OF BUSINESS OR INDUSTRY: None 00
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Donald D. Dorres — BIRTHPLACE: Boise, Idaho
14. MOTHER'S MAIDEN NAME: [redacted] Lillian J. Canoy — BIRTHPLACE: Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Donald D. Doores — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rubeola. — 10 days.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

085.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 318 — 23b. ADDRESS: 40100 Orchard Boise, Ida. — 23c. DATE SIGNED: 1/4/66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 4, 1966
24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery
24d. LOCATION (City, town, or county): Star — (State): Idaho

DATE REC'D BY LOCAL REG.: 1-12-66
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John F. Wilkerson — LICENSE NO.: E 435
FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Bo[illegible]
[illegible]

Certificate of Death

RECEIVED
JAN 13 1966
Bureau of Vital Statistics

STATE OF IDAHO

State File No. 5253
Local Reg. No. 648
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Hospital 005

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1306 No. 14th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Stephen
b. (Middle): Richard
c. (Last): Witters

4. DATE OF DEATH (Month) (Day) (Year): 12 31 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced 4
8. DATE OF BIRTH: 3-5-1869
9. AGE (In years last birthday): 96 — IF UNDER 1 YEAR: Months 9, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): stationary engineer 16
10b. KIND OF BUSINESS OR INDUSTRY: engineering 00
11. BIRTHPLACE (State or foreign country): Hollister, Calif.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Chester Rude Witters, New York State — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Nancy Scoggs — BIRTHPLACE: Springfield, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Raymond C. Witters — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 331X Cerebral vascular accident

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Atherosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/6, 1961, *to* 12/31, 1965, *that I last saw the deceased alive on* 12/30, 1965, *and that death occurred at* 10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 054 (Degree or title) M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 1/4/66

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 1-4-66
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek
24d. LOCATION (City, town, or county) (State): Boise, Ada, Idaho

DATE REC'D BY LOCAL REG.: 1-11-66
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 10 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5254
Local Reg. No. 30
Reg. Dist. No. 300

BIRTH NO.

RECEIVED DEC 20 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Adams 020
b. CITY OR TOWN: Council
(If outside corporate limits, write RURAL and give township)
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: rural 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 020
b. COUNTY: Adams
c. CITY OR TOWN: Council
(If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First): JAKE
b. (Middle): CECIL
c. (Last): FLOWER

4. DATE OF DEATH: (Month) (Day) (Year): 12-3-65

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: 1-25-1917

9. AGE (In years last birthday): 48
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gen. Contractor 73

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): Monument, Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: H arrison Flower
BIRTHPLACE: -------

14. MOTHER'S MAIDEN NAME: Wave Jackson
BIRTHPLACE: ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): W.W. 2

16. SOCIAL SECURITY NO.: 548 14 6808

17. INFORMANT'S OWN SIGNATURE: Mrs. Jake Flower
ADDRESS: Council, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Multiple crushing injuries of head and chest — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hornet Creek Road 13
21c. (CITY, TOWN, OR TOWNSHIP): Council (020 COUNTY): Adams (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-3-65 10:55AM
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Tractor overturning

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:55A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harold Whitaker 583
(Degree or title): Adams County Coroner
23b. ADDRESS: Council, Idaho
23c. DATE SIGNED: 11-11-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12-6-65
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F.
24d. LOCATION (City, town, or county) (State): Council, Idaho

DATE REC'D BY LOCAL REG.: 12-13-65
REGISTRAR'S SIGNATURE: J. E. Edwards
25. EMBALMER: D. Dan Thomason
LICENSE NO.: E-388
FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 3 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to sign the facts shall sign HIS name in addition to giving the source of information.

JAN 11 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 26 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAY 24 1972

FEB 12 1982

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 31 1965

Certificate of Death

STATE OF IDAHO

State File No. 5255
Local Reg. No. 31
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 020 b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
d. STREET ADDRESS (If rural, give location): 205 1st Ave.

3. NAME OF DECEASED (Type or Print): a. (First) WILLETTA b. (Middle) E 017 c. (Last) WELKER

4. DATE OF DEATH: (Month) 12 (Day) 19 (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: 8/21/1920

9. AGE (In years last birthday): 45 IF UNDER 1 YEAR Months: 3 Days: 28 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teaching 12

10b. KIND OF BUSINESS OR INDUSTRY: School Teacher 01

11. BIRTHPLACE (State or foreign country): Winona, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: W. B. Huffman BIRTHPLACE: ----

14. MOTHER'S MAIDEN NAME: ---- BIRTHPLACE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: + Ray Welker ADDRESS: Council, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 153.9 Adenocarcinoma of Cecum — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 28 Aug 1965

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of Cecum with Hepatic metastases

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-26, 19 65, *to* 12-19, 1965, *that I last saw the deceased alive on* 12-19, 19 65 *and that death occurred at* 7:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 154

23b. ADDRESS: Council, Idaho

23c. DATE SIGNED: 12/19/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 12/22/65

24c. NAME OF CEMETERY OR CREMATORY: Prairie View Cem.

24d. LOCATION (City, town, or county) (State): Grangeville, Idaho

DATE REC'D BY LOCAL REG.: 12/19/65

REGISTRAR'S SIGNATURE:

25. EMBALMER: K. Dave Thomason LICENSE NO.: E-388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JAN 3 1966
MAY 13 1982

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to verify the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5256
Local Reg. No. 636
Reg. Dist. No. 510

BIRTH NO. 65-11892 RECEIVED DEC 23 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock 03
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 112 North Gate

3. NAME OF DECEASED (Type or Print): a. (First) PHILLIP b. (Middle) JOSEPH 018 c. (Last) KLAS

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 21, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Nov. 19, 1965

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 2; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02

10b. KIND OF BUSINESS OR INDUSTRY: XXXXX 00

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: LeRoy Klas — BIRTHPLACE: South Dakota

14. MOTHER'S MAIDEN NAME: Brenda Marie Slansky — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX

16. SOCIAL SECURITY NO.: XXXX

17. INFORMANT'S OWN SIGNATURE: LeRoy D. Klas — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory arrest — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) bronchitis and pneumonia

DUE TO (c) erythroblastosis transfusion reaction 770.0

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 10, 1965, *to* Nov 21, 1965, *that I last saw the deceased alive on* 3:30 AM, Nov 21, 19—, *and that death occurred at* 4:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): MD

23b. ADDRESS: 338 Yellowstone

23c. DATE SIGNED: 11/24/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov.23,1965

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG. DEC 7 1965

REGISTRAR'S SIGNATURE:

25. EMBALMER:

LICENSE NO. EH8

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 1 3 2015

JUN 0 5 2015

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to sign the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 23 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5257
Local Reg. No. 637
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 2-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 5 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 931 Wayne Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): ORVILLE 018
c. (Last): BETSWORTH

4. DATE OF DEATH (Month) (Day) (Year): Nov. 25 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 3, 1889
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber 56
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing 68
11. BIRTHPLACE (State or foreign country): Venton, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jasper G. Betsworth — BIRTHPLACE: New Jersey
14. MOTHER'S MAIDEN NAME: Margaret Sweeney — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I 3
16. SOCIAL SECURITY NO.: 542-03-6023
17. INFORMANT'S OWN SIGNATURE: E R Betsworth — ADDRESS: Pocatello, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary artery occlusion — 30 minutes
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

428.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 25, 1965, *to* Nov 25, 1965, *that I last saw the deceased alive on* Nov 25, 1965, *and that death occurred at* 7:15 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L Anderson MD 009
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 4 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 27 Nov 1965
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State): The Dalles Oregon

DATE REC'D BY LOCAL REG.: 12-15-65
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: George W. Knott
LICENSE NO.: 409

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Downard Funeral Home

DUTIES:

DEC 23 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 1 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5258
Local Reg. No. 638
Reg. Dist. No. 510

RECEIVED
DEC 23 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 031 000
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 246 North 8th Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): MAURICE
b. (Middle):
c. (Last): POPPIE

4. DATE OF DEATH (Month) (Day) (Year): Nov. 28, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 23, 1894
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Paxico, Kansas
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ernst Poppie — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Johannah — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs Maurice Poppie — ADDRESS: Pocatello

18. CAUSE OF DEATH 527.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Pulmonary emphysema — INTERVAL BETWEEN ONSET AND DEATH: yrs.

ANTECEDENT CAUSES — Asthma —
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arterio sclerotic heart disease — yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960, 19__ *to* 11-28, 1965, *that I last saw the deceased alive on* 11-28, 1965, *and that death occurred at* 11:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 362 David C. Miller MD
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 12-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 1, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: DEC 7 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: F. B. [signature]
LICENSE NO.: E418

FIRM NAME: Manning Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 23 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 8 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 14 1978

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5259
Local Reg. No. 635
Reg. Dist. No. 510

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

DEC 8 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. STATE OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Kraft Road

3. NAME OF DECEASED (Type or Print)
a. (First): FRANCIS
b. (Middle): ALMA
c. (Last): ANDERSON

4. DATE OF DEATH (Month) (Day) (Year): Dec. 2, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 21, 1890
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 19
10b. KIND OF BUSINESS OR INDUSTRY: Deseret Ind. 08
11. BIRTHPLACE (State or foreign country): Pleasantview, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jens Anderson — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Marian Neilsen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.: 518-09-7413
17. INFORMANT'S OWN SIGNATURE: X Lanford Anderson — ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Pulmonary emphysema — 2 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 23 Aug, 1965, *to* Sept 21, 1965, *that I last saw the deceased alive on* 21 Sept, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 113 MD
23b. ADDRESS: 804 E. Center Pocatello
23c. DATE SIGNED: Dec 3 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 7, 1965
24c. NAME OF CEMETERY OR CREMATORY: Rigby City Cemetery
24d. LOCATION (City, town, or county) (State): Rigby, Idaho

DATE REC'D BY LOCAL REG.: DEC 6 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: F. B. [signature]
LICENSE NO.: E418

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 9 1965

MAY 22 1981

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5260
Local Reg. No. 639
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

RECEIVED
DEC 23 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BANNOCK 031 4-11
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
c. LENGTH OF STAY (in this place): 11 HOURS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BANNOCK MEMORIAL HOSP. 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 031
b. COUNTY: BANNOCK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POCATELLO
d. STREET ADDRESS (If rural, give location): 835 NORTH HARRISON

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): KENNEDY
c. (Last): LIVINGSTON

4. DATE OF DEATH (Month) (Day) (Year): December 2, 1965

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED 4
8. DATE OF BIRTH: NOV. 11, 1882
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER 04
10b. KIND OF BUSINESS OR INDUSTRY: SELF 01
11. BIRTHPLACE (State or foreign country): RANDOLPH, UTAH
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME — BIRTHPLACE: JOHN M. LIVINGSTON, CRAIGMIRE, SCOTLAND
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: MARION CRAIG KENNEDY, SCOTLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Marie Myers 835 No Harrison Poca Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Chronic pyelonephritis — 3 years

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 13, 1963, *to* Dec 2, 1965, *that I last saw the deceased alive on* Dec 2, 1965 *and that death occurred at* 1:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L Anderson M.D 009
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 8 Dec 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC. 5, 1965
24c. NAME OF CEMETERY OR CREMATORY: ABERDEEN CEMETERY
24d. LOCATION (City, town, or county) (State): ABERDEEN, IDAHO

DATE REC'D BY LOCAL REG.: DEC 10 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: CONWAY GRANT Conway Grant
LICENSE NO.: E. 478

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: GRANT MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5261
Local Reg. No. 6040
Reg. Dist. No. 511

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED DEC 23 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN: Pocatello
LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hillcrest Haven Convalescent Hm

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
d. STREET ADDRESS (If rural, give location): 73 E 100 N

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHARLOTTE (LOTTIE)	ADAMS	EVANS	December 3, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	never married	April 6, 1897	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
-	-	Malad, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JOHN J. EVANS	Kidwelly, So. Wales	MARGARET ADAMS	Malad, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	-	-	x Carl A Evans	Samaria, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia + Fever — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bed fast
DUE TO (c) Urinary Infection +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Prob. meningitis since Early Childhood has been crippled in Both legs + Retarded

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 1:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
0		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Dec 6, 1965	Malad City Cemetery	Malad City, Oneida, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12/23/65	Sally Kellogg	Raiford G. Benson	E-351

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: BENSON FUNERAL HOME, MALAD, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

(COPY) RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 5262
Local Reg. No. 64
Reg. Dist. No. 54

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY Bannock 030 DEC 2 3 1965 3-04
b. CITY OR TOWN Downey (If outside corporate limits, write RURAL and give township) Bureau of Vital Statistics
LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Marsh Valley Hospital 020

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 030 b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Downey
d. STREET ADDRESS (If rural, give location) Box 88 WIFE: Margaret Atkinson Yearsley

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	CALVIN	JAMES	YEARSLEY		Dec	4	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 2	August 9 1900	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farming 01	Woodruff, Oneida, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Heber Yearsley	Ogden, Utah	Rosa Janet Howell	Portage, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	-		Margaret Atkinson Yearsley	Downey, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Lobar Pneumonia 744.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Muscular Dystrophy
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19 55, *to* Dec, 19 65, *that I last saw the deceased alive on* Dec 3 19 65 *and that death occurred at* 1:40a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Earl Bond Buchanan	M. D.	Downey, Idaho	Dec. 6, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec 7 1965	Downey Cemetery	Downey Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 6, 1965	Orissa Salvesen	Raiford G. Benson, Malad, Idh	E-351

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: BENSON FUNERAL HOME..MALAD, IDH

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5263
Local Reg. No. 6345
Reg. Dist. No. 510

BIRTH NO.

RECEIVED DEC 29 1965 Vital Statistics Bureau of Health

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello, I
d. STREET ADDRESS (If rural, give location): Hillcrest Haven Convalescent Home

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hillcrest Haven Convalescent

3. NAME OF DECEASED (Type or Print): a. (First) FREDERICK b. (Middle) ALFRED 294 c. (Last) MARTIN

4. DATE OF DEATH: (Month) December (Day) 7 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: July 4, 1877

9. AGE (In years last birthday): 88 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Line Foreman 06

10b. KIND OF BUSINESS OR INDUSTRY: Idaho Power Company 2

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Wesley Martin
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Mary Ann McCullough
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): *****

16. SOCIAL SECURITY NO.: 519-09-9282

17. INFORMANT'S OWN SIGNATURE: Bertle W. Martin ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Ht. Disease — INTERVAL BETWEEN ONSET AND DEATH: Sudden death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Ht. disease — 1959

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.0

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1959, 19___, *to* Dec. 7, 19 65, *that I last saw the deceased alive on* Dec. 11, 1965, *and that death occurred at* 7:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 248 RD 1 Howard Mink
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Dec. 8, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 10, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county): Pocatello (State): Idaho

DATE REC'D BY LOCAL REG.: DEC 21 1965
REGISTRAR'S SIGNATURE: Lacy Kellogg
25. EMBALMER: Jack Henderson
LICENSE NO.: E 349

FIRM NAME: Henderson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: DEC 30 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5264
Local Reg. No. 617
Reg. Dist. No. 511

RECEIVED DEC 29 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello, Idaho
c. LENGTH OF STAY (in this place): 3 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hillcrest Haven Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 040
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paris Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Otto; b. (Middle) 294; c. (Last) Bucher

4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: June 19, 1879

9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired U. P. Railroader 70

10b. KIND OF BUSINESS OR INDUSTRY: 60

11. BIRTHPLACE (State or foreign country): Bern, Switzerland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Edward F. Bucher — BIRTHPLACE: Switzerland

14. MOTHER'S MAIDEN NAME: Anna Fluckeger — BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 712-07-0333

17. INFORMANT'S OWN SIGNATURE: Mrs. Johanna Bucher — ADDRESS: Paris Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

450.0

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 8, 1965, *to* Dec 10, 1965, *that I last saw the deceased alive on* Dec 8, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD

23b. ADDRESS: Pocatello Ida

23c. DATE SIGNED: Dec 16 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: Dec. 13, 1965

24c. NAME OF CEMETERY OR CREMATORY: Montpelier Cemetery

24d. LOCATION (City, town, or county) (State): Montpelier, Idaho

DATE REC'D BY LOCAL REG.: DEC 20 1965

REGISTRAR'S SIGNATURE: [signature]

25. EMBALMER: [signature]

LICENSE NO.: E-292

FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5265
Local Reg. No. 6416
Reg. Dist. No. 5-11

BIRTH NO.

RECEIVED DEC 29 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp. 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power 390
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) JODY b. (Middle) c. (Last) CHASE

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 10, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: July 4, 1956

9. AGE (In years last birthday): 9
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03

10b. KIND OF BUSINESS OR INDUSTRY: School 01

11. BIRTHPLACE (State or foreign country): Ogden, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elmer Archie Chase
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Lucille Owen
BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Lucille Chase
ADDRESS: American Falls, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphoma - disseminated. 202.1
INTERVAL BETWEEN ONSET AND DEATH: Approx 18 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 22, 1964, *to* Dec 10, 1965, *that I last saw the deceased alive on* Dec 9, 1965, *and that death occurred at* 2:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE: John E. Comstock, M.D. 101 (Degree or title)
23b. ADDRESS: Box 852, Pocatello, Idaho
23c. DATE SIGNED: 12-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-13-65
24c. NAME OF CEMETERY OR CREMATORY: Falls View Cem.
24d. LOCATION (City, town, or county) (State): American Falls, Idaho

DATE REC'D BY LOCAL: DEC 20 1965
REGISTRAR'S SIGNATURE: Darcy Kellogg
25. EMBALMER: John P. Gomm
LICENSE NO.: E-292
FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 18 1979

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5266
Local Reg. No. 642
Reg. Dist. No. 5-12

RECEIVED
DEC 23 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 892 McKinley

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) (BILL) c. (Last) KOLEACHES

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 10, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Dec. 15, 1885

9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 01

11. BIRTHPLACE (State or foreign country): Greece

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Koleaches — BIRTHPLACE: Greece

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Greece

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: 578-42-5498

17. INFORMANT'S OWN SIGNATURE: Helen Lundquist — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary + Renal Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 1957

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Chronic

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Pneumonia. — 12-4-65

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1957, 19___, *to* Dec 10, 19 65, *that I last saw the deceased alive on* Dec 10, 1965 *and that death occurred at* 630 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R.O. 248 Howard Downard

23b. ADDRESS: Pocatello

23c. DATE SIGNED: 12-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-14-65

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: DEC 16 1965

REGISTRAR'S SIGNATURE: Sally Kellogg

25. EMBALMER: John P. Downard

LICENSE NO.: E-292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 26 1973

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 29 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5267
Local Reg. No. 643
Reg. Dist. No. 5-10

RECEIVED
DEC 23 1965
VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
DURATION OF STAY (In this place): 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St, Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 356 So. Johnson

3. NAME OF DECEASED (Type or Print)
a. (First): MASON
b. (Middle): O.
c. (Last): BROWN

4. DATE OF DEATH (Month) (Day) (Year): Dec. 11, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: April 15, 1919

9. AGE (In years last birthday): 46
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer 68

10b. KIND OF BUSINESS OR INDUSTRY: Newspaper 02

11. BIRTHPLACE (State or foreign country): Wilder, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Brown
BIRTHPLACE: Oregon

14. MOTHER'S MAIDEN NAME: Emma Campbell
BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War II

16. SOCIAL SECURITY NO.: 518-18-0515

17. INFORMANT'S OWN SIGNATURE: Hazel Brown
ADDRESS: Pocatello, Idah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease with — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) acute Coronary Thrombosis —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1964, 19__, *to* 12-11, 1965, *that I last saw the deceased alive on* Dec 11, 19 65, *and that death occurred at* 5:20 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 362 David C. Miller MD

23b. ADDRESS: Pocatello Idaho

23c. DATE SIGNED: 12-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-14-65

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: DEC 15 1965

REGISTRAR'S SIGNATURE: Sally Keeley

25. EMBALMER: John P. Downard

LICENSE NO.: E-292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: DEC 23 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

65-12975 RECEIVED DEC 23 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5268
Local Reg. No. 649
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH 031

a. COUNTY: Bannock 100

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 031 b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. STREET ADDRESS (If rural, give location): 444 South Johnson

3. NAME OF DECEASED (Type or Print)

a. (First): ROBERT b. (Middle): DEAN 018 c. (Last): TRIPLETT

4. DATE OF DEATH (Month) (Day) (Year): Dec. 12, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Dec. 10, 1965

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 2; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02

10b. KIND OF BUSINESS OR INDUSTRY: 00 XXXX

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Gary Joe Triplett BIRTHPLACE: Pocatello, Ida.

14. MOTHER'S MAIDEN NAME: Grace Donlan BIRTHPLACE: Salmon, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): XXX

16. SOCIAL SECURITY NO.: XXX

17. INFORMANT'S OWN SIGNATURE: Gary Joe Triplett ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH 762.0

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Intrauterine Asphyxia 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 10, 1965, *to* Dec 12, 1965, *that I last saw the deceased alive on* Dec 12, 1965, *and that death occurred at* 3:30 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 671 Roger A. Boe MD

23b. ADDRESS: 338 Yellowstone

23c. DATE SIGNED: 12/14/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 13, 1965

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 12-17-65

REGISTRAR'S SIGNATURE: Dolly Kellogg

25. EMBALMER

LICENSE NO.

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Manning Funeral Chapel

DEC 23 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 29 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5269
Local Reg. No. 648
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
c. LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle):
c. (Last): GREBENS

4. DATE OF DEATH (Month) (Day) (Year): Dec 12 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH:
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner 07
10b. KIND OF BUSINESS OR INDUSTRY: Mines 01
11. BIRTHPLACE (State or foreign country): Yugoslavia
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown Grebens — BIRTHPLACE: Yugoslavia
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: yugoslavia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-50-0853
17. INFORMANT'S OWN SIGNATURE: Mary Grebens — ADDRESS: Lava Hot Springs Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

204.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 8, 19 65, *to* Dec. 12, 1965, *that I last saw the deceased alive on* July 15, 19 65, *and that death occurred at* 12/12 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lloyd S. Call, M.D. 077 — L S Call M D
23b. ADDRESS: Box 852, Pocatello, Idaho
23c. DATE SIGNED: 12/17/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-15-65
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL: DEC 27 1965
REGISTRAR'S SIGNATURE: Lucy Kellogg
25. EMBALMER: George W. Knoth
LICENSE NO.: E-409

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Downard Funeral Home

JAN 14 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5270
Local Reg. No. 649
Reg. Dist. No. 5-20

BIRTH NO.

RECEIVED DEC 29 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hillcrest Haven Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1049 East Center

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): ELIZABETH 294
c. (Last): NANTKES

4. DATE OF DEATH (Month) (Day) (Year): Dec. 14, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: July 2, 1876

9. AGE (In years last birthday): 89
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01

11. BIRTHPLACE (State or foreign country): Labanon, Penn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Aron Burkey
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Mary
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXXX

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Harry F. Burgess
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 450.0 generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan, 1963, *to* Dec 14, 1965, *that I last saw the deceased alive on* Dec 14, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ralph Arnold (Degree or title): MD

23b. ADDRESS: Pocatello Idaho

23c. DATE SIGNED: Dec 21 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec.17,1965

24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem.Gardens

24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 12-24-65

REGISTRAR'S SIGNATURE: Sally Kellogg

25. EMBALMER: F. B. Manning

LICENSE NO.: E418

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5271
Local Reg. No. 1
Reg. Dist. No. 511

Certificate of Death

RECEIVED
JAN 1 0 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs, Idaho
LENGTH OF STAY (in this place): 50 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley View Rest Home 021

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Sadie
b. (Middle):
c. (Last): Cotner

4. DATE OF DEATH (Month) (Day) (Year): Dec. 17, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 11, ~~1965~~ 1879
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Plymouth Rock, Penn.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Pete Murning — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Margaret Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Claudia Anderson — ADDRESS: Cokeville, Wyo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Previous Stroke

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Generalized Arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Spring, 1961, *to* Dec 17, 1965, *that I last saw the deceased alive on* Dec 3, 1965, *and that death occurred at* 4:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 070
23b. ADDRESS: Downey Id
23c. DATE SIGNED: 12-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Dec. 20, 1965
24c. NAME OF CEMETERY OR CREMATORY: Cokeville Cemetery
24d. LOCATION (City, town, or county) (State): Cokeville Wyoming

DATE REC'D BY LOCAL REG.: 12/30/1965
REGISTRAR'S SIGNATURE: Orissa Salvesen
25. EMBALMER: Nile Matthews — LICENSE NO.: E359

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5272
Local Reg. No. 651
Reg. Dist. No. 511

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED DEC 29 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 03 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): (11 miles No. American Falls)

3. NAME OF DECEASED (Type or Print)
a. (First): LYDIA
b. (Middle): ISAAK 018
c. (Last): NIELSEN

4. DATE OF DEATH (Month) (Day) (Year): Dec. 19, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 18, 1893
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 0, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Parkston, South Dakota
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Johann Isaak — BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: Sophia Bartel — BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-42-9646
17. INFORMANT'S OWN SIGNATURE: Charles G Nielsen — ADDRESS: Am. Falls, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 420.1

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coronary artery occlusion — 60 hours
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Diabetes Mellitus — 15 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1955, *to* Dec 19, 1965, *that I last saw the deceased alive on* Dec 19, 1965, *and that death occurred at* 9:30 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 009 L Anderson MD
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 21 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-22-65
24c. NAME OF CEMETERY OR CREMATORY: Fallsview Cemetery
24d. LOCATION (City, town, or county) (State): American Falls, Idaho

DATE REC'D BY LOCAL: DEC 27 1965
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Bud Kelly — LICENSE NO.: E-467
FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 1 1973

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5273
Local Reg. No. 620
Reg. Dist. No. 5-10

RECEIVED DEC 29 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): 45yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 732 W. Whitman

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock 031
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 732 W. Whitman

3. NAME OF DECEASED (Type or Print): a. (First) MARTHA b. (Middle) M. c. (Last) WATTS

4. DATE OF DEATH (Month) (Day) (Year): Dec. 19, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: April 19, 1896

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home 01

11. BIRTHPLACE (State or foreign country): Huron, So. Dakota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fred Bentz
BIRTHPLACE: Russia

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: L. A. Watts
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — 420.1 — INTERVAL BETWEEN ONSET AND DEATH: 4-5 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Arterial Disease — yrs —
& Hypertension —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Severe Diabetes Mellitus — yrs —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1951, 19__, *to* 12-19, 1965, *that I last saw the deceased alive on* Nov —, 1965, *and that death occurred at* 9:30 Pm, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David C. Miller, M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: 12-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-22-65

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: DEC 27 1965

REGISTRAR'S SIGNATURE: Darcy Kueny

25. EMBALMER: John P. Gorman

LICENSE NO.: E-292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 4 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5274
Local Reg. No. 2
Reg. Dist. No. 54

BIRTH NO.

RECEIVED JAN 1 01966

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello Bureau of Vital Statistics 080
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030 b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Route 1 South

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) 019 c. (Last) GARRETT

4. DATE OF DEATH (Month) (Day) (Year): December 20 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: November 17, 1886

9. AGE (In years last birthday): 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Freight carman 90

10b. KIND OF BUSINESS OR INDUSTRY: Union Pacific R. R. 03

11. BIRTHPLACE (State or foreign country): Belfast (Monterey) Ireland

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Robert Garrett BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Jane Johnston BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.: 712-07-0506

17. INFORMANT'S OWN SIGNATURE: James D Garrett ADDRESS: Pocatello, Idaho

3347

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Inanition — several hours.
DUE TO (c) Generalized arteriosclerosis with — a year

II. OTHER SIGNIFICANT CONDITIONS: cerebral arteriosclerosis
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 14, 1964, *to* Dec. 20, 1965, *that I last saw the deceased alive on* Dec. 20, 1965, *and that death occurred at* 12:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Comstock, M.D. 101

23b. ADDRESS: Pocatello Idaho

23c. DATE SIGNED: Dec. 23, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 23, 1965

24c. NAME OF CEMETERY OR CREMATORY: Mount Moriah Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REGISTRAR: JAN 4 1966

REGISTRAR'S SIGNATURE: Sally Kellogg

25. EMBALMER: Jack Henderson LICENSE NO.: E 349

FIRM NAME: Henderson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

JAN 12 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5275
Local Reg. No. 3
Reg. Dist. No. 510

BIRTH NO.

RECEIVED JAN 1 01966 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 03 Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 03
b. COUNTY Bannock 005
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 709 South Hayes

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) MAE c. (Last) STEWART

4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH May 1, 1880
9. AGE (In years last birthday) 85 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home 01
11. BIRTHPLACE (State or foreign country) Pleasant View, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Kirby
BIRTHPLACE
14. MOTHER'S MAIDEN NAME Elizabeth Mower
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) XXXX
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Emma E Rose
ADDRESS Inkom, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4438

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 8 years
DUE TO (c) Generalized arteriosclerosis — 8 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diaphragmatic hernia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1955, *to* December 20, 1965, *that I last saw the deceased alive on* Dec. 15, 1965, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John R. McMahon M.D.
23b. ADDRESS 309 Spaulding Bldg. Pocatello
23c. DATE SIGNED 12.22.65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 23, 1965
24c. NAME OF CEMETERY OR CREMATORY Mountainview Cemetery
24d. LOCATION (City, town, or county) (State) Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REGISTRAR DEC 27 1965
REGISTRAR'S SIGNATURE Sally Kellogg
25. EMBALMER F. B. Manning
LICENSE NO. E418
FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5276
Local Reg. No. 652
Reg. Dist. No. 511

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
DEC 29 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
d. STREET ADDRESS (If rural, give location): Husband: Richard T. Bloxham

3. NAME OF DECEASED (Type or Print)
a. (First): ELSIE
b. (Middle): HENDERSON
c. (Last): BLOXHAM

4. DATE OF DEATH (Month) (Day) (Year): Dec 21, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Dec 22 1884
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: - 01
11. BIRTHPLACE (State or foreign country): Clifton, Franklin, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.A

13. FATHER'S NAME: HENRY HYRUM HENDERSON — BIRTHPLACE: UTAH
14. MOTHER'S MAIDEN NAME: OLIVE ANN LAKE — BIRTHPLACE: OGDEN, UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Don Benjamin Pocatello Idaho — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 3:30 pm., from the causes and on the date stated above.*

23a. SIGNATURE: Richard E. Potter M.D. 480 (Degree or title) M.D.
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: Dec 24, 1965
24c. NAME OF CEMETERY OR CREMATORY: Downey City Cemetery
24d. LOCATION (City, town, or county) (State): Downey, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 12-27-65
REGISTRAR'S SIGNATURE: Kelly Kellogg
25. EMBALMER: Raiford G. Bensoh
LICENSE NO.: E-351

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: BENSON FUNERAL HOME, MALAD, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 20 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5277
Local Reg. No. 623
Reg. Dist. No. 5/1

BIRTH NO.

RECEIVED DEC 29 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031 000
b. CITY OR TOWN: Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN: Lava Hot Springs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle):
c. (Last): HARRISON

4. DATE OF DEATH: (Month) Dec. (Day) 21, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Dec. 27, 1882

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming 01

11. BIRTHPLACE (State or foreign country): Providence, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas John Harrison
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Hannah Maria Law
BIRTHPLACE: Springville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXX

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Lillie May Harrison
ADDRESS: Lava Hot Spg

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: Nephrosclerosis with uremia — 2 wks
Conditions contributing to the death but not related to the disease or condition causing death.

4500

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 7, 1965, *to* Dec 21, 1965, *that I last saw the deceased alive on* Dec 21, 1965, *and that death occurred at* 3:47 m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: Dec 21 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 24, 1965
24c. NAME OF CEMETERY OR CREMATORY: Lava Hot Spgs Cemetery
24d. LOCATION (City, town, or county) (State): Lava Hot Springs, Idaho

DATE REC'D BY LOCAL REG.: 12-27-65
REGISTRAR'S SIGNATURE: [signature]

25. EMBALMER: [signature]
LICENSE NO.: E418

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 7 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1-10-16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5278
Local Reg. No. 4
Reg. Dist. No. 5-11

RECEIVED
JAN 14 1966
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN: Pocatello
c. LENGTH OF STAY (In this place): 2 mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Crystal

d. FULL NAME OF HOSPITAL OR INSTITUTION: Hillcrest Haven Nursing Home
d. STREET ADDRESS (If rural, give location): Crystal

3. NAME OF DECEASED (Type or Print): a. (First) ANNA b. (Middle) MARGRETE 294 c. (Last) WRENSTED

4. DATE OF DEATH (Month) (Day) (Year): Dec. 25, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Dec. 18, 1870
9. AGE (In years last birthday): 95 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 01
11. BIRTHPLACE (State or foreign country): Denmark
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Rasmus Rasmussen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Katherine Puolsen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-42-9864
17. INFORMANT'S OWN SIGNATURE: Mrs Helen Sherwood — ADDRESS: Crystal, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3344

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) inanition — INTERVAL BETWEEN ONSET AND DEATH: approx 6 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis with cerebral and coronary arteriosclerosis — Sev. years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. *, 1965, to* Dec. 25 *, 1965, that I last saw the deceased alive on* Dec. 15 *, 1965, and that death occurred at* 7:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Comstock, M.D.
23b. ADDRESS: Box 852, Pocatello, Idaho
23c. DATE SIGNED: 1-4-66

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 12-29-65
24c. NAME OF CEMETERY OR CREMATORY: Aultorest Crematory
24d. LOCATION (City, town, or county) (State): Ogden, Utah

DATE REC'D BY LOCAL REG.: 1-5-66
REGISTRAR'S SIGNATURE
25. EMBALMER: John P. Downard
LICENSE NO.: E-292
FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 1 4 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 1 5 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5279
Local Reg. No. 3
Reg. Dist. No. 511

Certificate of Death

RECEIVED
JAN 10 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello 3-03
c. LENGTH OF STAY (In this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hosp 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 060
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Moreland
d. STREET ADDRESS (If rural, give location) Box 275

3. NAME OF DECEASED (Type or Print)
a. (First) ISOTARO
b. (Middle)
c. (Last) YAMADA

4. DATE OF DEATH (Month) (Day) (Year) Dec. 26, 1965

5. SEX Male
6. COLOR OR RACE Japanese 5
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Nov. 11, 1878
9. AGE (In years last birthday) 87 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Agriculture 01
11. BIRTHPLACE (State or foreign country) Japan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown Yamada
BIRTHPLACE Japan
14. MOTHER'S MAIDEN NAME Unknown
BIRTHPLACE Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-50-0580
17. INFORMANT'S OWN SIGNATURE H. M. Yamada
ADDRESS Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

490X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Bilateral Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Arteriosclerotic Heart Disease 5 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-23, 1965, *to* 12-26, 1965, *that I last saw the deceased alive on* 12-26, 1965, *and that death occurred at* 11 am *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 356 R. R. Ullerrell MD
23b. ADDRESS Pocatello, Idaho
23c. DATE SIGNED 12-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-30-65
24c. NAME OF CEMETERY OR CREMATORY Mountainview Cem.
24d. LOCATION (City, town, or county) (State) Pocatello, Idaho

DATE REC'D BY LOCAL REG. 1-3-66
REGISTRAR'S SIGNATURE Sally Kellogg
25. EMBALMER John P. Gomez
LICENSE NO. E-292

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under ite[illegible] 26 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5280
Local Reg. No. 6
Reg. Dist. No. 5-10

BIRTH NO.

RECEIVED JAN 1 01966 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bannock 03
b. CITY OR TOWN Pocatello
LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 03
b. COUNTY Bannock
c. CITY OR TOWN Pocatello
d. STREET ADDRESS (If rural, give location) 187 Cottonwood

3. NAME OF DECEASED (Type or Print)
a. (First) ANNA
b. (Middle) DELILAH 018
c. (Last) HAMMOND

4. DATE OF DEATH (Month) (Day) (Year) Dec. 29, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH June 14, 1906
9. AGE (In years last birthday) 59
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher 12
10b. KIND OF BUSINESS OR INDUSTRY Education 07
11. BIRTHPLACE (State or foreign country) Tennessee
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME R. B. Atchley
BIRTHPLACE Tenn.
14. MOTHER'S MAIDEN NAME Delilah Allen
BIRTHPLACE Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-56-3132
17. INFORMANT'S OWN SIGNATURE Sally Hammond
ADDRESS Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

193.9

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Astrocuitoma — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 20, 1965, *to* Dec. 29, 1965, *that I last saw the deceased alive on* Dec. 29, 1965, *and that death occurred at* 9:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE L.S. Call, M.D. (Degree or title) M D
23b. ADDRESS Box 852, Pocatello, Idaho
23c. DATE SIGNED 1-5-66

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-31-65
24c. NAME OF CEMETERY OR CREMATORY Mountainview Cem.
24d. LOCATION (City, town, or county) (State) Pocatello, Idaho

DATE REC'D BY LOCAL REG. JAN 7 [illegible]
REGISTRAR'S SIGNATURE Sally Kellogg
25. EMBALMER John P. Gowan
LICENSE NO. E-292
FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 14 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5281
Local Reg. No.
Reg. Dist. No. 352

RECEIVED Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Bear Lake (040) — JAN 5 1966 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier, Idaho (000) — LENGTH OF STAY (in this place) — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): (000)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho (040) — b. COUNTY: Bear Lake — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier, Idaho — d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Harvey	E.	Going	Dec. 1, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Never Married	Dec. 11, 1901	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired U.P. (70)	Rail Road (69)	Galva, Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William H. Going	Rome, New York	Emma Perry	Duran, Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World War II	511-01-3152	Bertha Fehd	Seattle, Washington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure, or pulmonale — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Emphysema, lungs — unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerosis, coronary artery, heart, severe

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
6/3 Edward C. Fisher M.D. (pathologist)	Bannock Memorial Hospital, Pocatello, Idaho	10 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 2	Dec. 7, 1965	Crypress Lawn Cemetery	Seattle, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12/14/65	[illegible]	Nile Matthews	E 359

FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 6 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAR 1 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 5282
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake 040 JAN 5 1966 000
b. CITY OR TOWN Montpelier Idaho (If outside corporate limits, write RURAL and give township) Bureau of Vital Statistics
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 046 b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paris Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Lucile b. (Middle) Low 024 c. (Last) Rogers

4. DATE OF DEATH (Month) Dec. (Day) 8, (Year) 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH May 16 1889

9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY 0

11. BIRTHPLACE (State or foreign country) Paris Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David N. Low BIRTHPLACE Scotland

14. MOTHER'S MAIDEN NAME Sarah Jane Matthews BIRTHPLACE Providence Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-05-5113B

17. INFORMANT'S OWN SIGNATURE Avon Arnell ADDRESS Montpelier Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia 420.1 INTERVAL BETWEEN ONSET AND DEATH Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 12-8-65
19b. MAJOR FINDINGS OF OPERATION Surgical Examination
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 9, 1965, to Dec 8, 1965, *that I last saw the deceased alive on* Dec 8, 1965, *and that death occurred at* 500 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 439
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 12-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 11, 1965
24c. NAME OF CEMETERY OR CREMATORY Paris Idaho Cemetery
24d. LOCATION (City, town, or county) Paris Idaho (State)

DATE REC'D BY LOCAL REG. 12/14/65
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier Idaho

Matthews Mortuary

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 5283
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake 040 JAN 5 1966
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) St. Charles, Idaho
c. LENGTH OF STAY (In this place) 85 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 048 b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Charles, Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Susannah b. (Middle) Mary c. (Last) Arnell

4. DATE OF DEATH (Month) (Day) (Year) Dec. 13, 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH Aug. 13, 1880

9. AGE (In years last birthday) 85 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY 01

11. BIRTHPLACE (State or foreign country) St. Charles, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jacob Michaelson — BIRTHPLACE Denmark

14. MOTHER'S MAIDEN NAME Susannah Barker — BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE William D. Arnell — ADDRESS Montpelier, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 334X Stroke — INTERVAL BETWEEN ONSET AND DEATH 1 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Multiple Small Strokes — 2-3 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec., 1960, *to* Dec., 1965, *that I last saw the deceased alive on* 12-7, 1965, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Paul A. Clemens 126 (Degree or title) M.D.

23b. ADDRESS Montpelier Ida

23c. DATE SIGNED 12-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec. 17, 1965

24c. NAME OF CEMETERY OR CREMATORY St. Charles Cemetery

24d. LOCATION (City, town, or county) St. Charles, Idaho (State)

DATE REC'D BY LOCAL REG. 12-27-65

REGISTRAR'S SIGNATURE

25. EMBALMER Nile Matthews — LICENSE NO. E359

FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5284
Local Reg. No.
Reg. Dist. No. 5[illegible]

RECEIVED JAN 5 1966 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 040
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier, Idaho
c. LENGTH OF STAY (in this place) 66 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 040
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier, Idaho
d. STREET ADDRESS (If rural, give location) 855 Washington St.

3. NAME OF DECEASED (Type or Print)
a. (First) Kenneth
b. (Middle) Dee 024
c. (Last) Driver

4. DATE OF DEATH (Month) Dec. (Day) 15 (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 4
8. DATE OF BIRTH Nov. 15, 1899
9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY 00
11. BIRTHPLACE (State or foreign country) Montpelier, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Willard B. Driver — BIRTHPLACE Ogden, Utah
14. MOTHER'S MAIDEN NAME Josephine McIntosh — BIRTHPLACE Minors Delight, Wyo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 536-05-9592
17. INFORMANT'S OWN SIGNATURE Josephine Driver — ADDRESS Montpelier, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

241X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct. — INTERVAL BETWEEN ONSET AND DEATH: 1 Day.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Asthma Emphysema. — 5-10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Pneumonectomy May 65'

19a. DATE OF OPERATION May 65'
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1964, *to* Dec, 1965; *that I last saw the deceased alive on* 12-14, 1965 *and that death occurred at* 3[illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE Paul [illegible] Claines 126 (Degree or title) M.D.
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 12-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 18, 1965
24c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery
24d. LOCATION (City, town, or county) (State) Montpelier Idaho

DATE REC'D BY LOCAL REG. 12/27/65
REGISTRAR'S SIGNATURE H. N. [illegible]
25. EMBALMER Nile Matthews — LICENSE NO. E359

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JAN 6 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5285
Local Reg. No.
Reg. Dist. No. 52

RECEIVED
JAN 5 1966
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier, Idaho
LENGTH OF STAY (in this place) 16 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier, Idaho
d. STREET ADDRESS (If rural, give location) 947 Hayes St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Melvin	W.	Lane	Dec. 19, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If UNDER 1 YEAR Months	Days	If UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Dec. 11, 1903	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Upholsterer 90	06	Salt Lake City, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George W. Lane	Iowa	Zillah Holder	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	547-01-6798	Marjorie Lane	Montpelier Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Upper G.I. Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ulcers. — 20 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Stroke 10 mo. Heart attack — 10 mo. 1 yr.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12-16-1965 *to* 12-19-1965; *that I last saw the deceased alive on* 12-19-1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul M. Davies	M.D.	Montpelier Idaho	12-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 21, 1965	Montpelier Cemetery	Montpelier Idaho

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12/27/65		Nile Matthews	E359

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Matthews Mortuary

JAN 6 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5286
Local Reg. No. 52
Reg. Dist. No. 130

Certificate of Death

RECEIVED
DEC 9 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Benewah 050 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
c. LENGTH OF STAY (in this place) 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Benewah Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 050 b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries Rural - Benewah Lake Resort
d. STREET ADDRESS (If rural, give location) Box 485

3. NAME OF DECEASED (Type or Print)
a. (First) John b. (Middle) Marvin 025 c. (Last) Tvedt

4. DATE OF DEATH (Month) (Day) (Year) December 4 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH May 4, 1916
9. AGE (In years last birthday) 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Letter Carrier 30
10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office
11. BIRTHPLACE (State or foreign country) Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Tvedt — BIRTHPLACE Norway
14. MOTHER'S MAIDEN NAME Thora Dryer — BIRTHPLACE Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WW.2 4
16. SOCIAL SECURITY NO. 472-09-8035
17. INFORMANT'S OWN SIGNATURE Mrs Sylvia S. Tvedt — ADDRESS Box 485 Benewah Resort St Maries Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis with — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) myocardial infarction
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-30, 1965, *to* 12-4, 1965, *that I last saw the deceased alive on* 12-4, 1965, *and that death occurred at* 12 10/A *m., from the causes and on the date stated above.*

23a. SIGNATURE Bergen A. Rapp M.D. 428 (Degree or title)
23b. ADDRESS St. Maries, Idaho
23c. DATE SIGNED 12-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 12/6/1965
24c. NAME OF CEMETERY OR CREMATORY Rose Hills Memorial Park
24d. LOCATION (City, town, or county) Whittier (State) California

DATE REC'D BY LOCAL REG. 12-7-1965
REGISTRAR'S SIGNATURE Wanda Dimiss
25. EMBALMER Gerald E. Browning
LICENSE NO. E-477

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 10 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 14 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 18 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5287
Local Reg. No. 58
Reg. Dist. No. 130

BIRTH NO. 65-12188

RECEIVED JAN 10 1966 BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY Benewah 050
b. CITY OR TOWN St. Maries
c. LENGTH OF STAY (in this place) few hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Benewah Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho 050
b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Baby Girl
b. (Middle) 025
c. (Last) Dugger

4. DATE OF DEATH (Month) (Day) (Year) Dec. 17 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH Dec 17, 1965

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours 3 | Min. 35

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE

10b. KIND OF BUSINESS OR INDUSTRY NONE

11. BIRTHPLACE (State or foreign country) Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Darrell Dugger — BIRTHPLACE Oregon

14. MOTHER'S MAIDEN NAME Connie Barnes — BIRTHPLACE New Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Mrs Darrell Dugger — ADDRESS St Maries

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH Birth-3 hrs+35 Min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-17, 1965, *to* 12-17, 1965, *that I last saw the deceased alive on* 12-17, 1965, *and that death occurred at* 3:36 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Bruce E Rabuck (Degree or title) MD

23b. ADDRESS St Maries Idaho

23c. DATE SIGNED 12-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

24b. DATE Dec 17, 1965

24c. NAME OF CEMETERY OR CREMATORY Benewah Hospital

24d. LOCATION (City, town, or county) (State) St. Maries Idaho

DATE REC'D BY LOCAL REG. 1-4-66

REGISTRAR'S SIGNATURE Wanda Dennis

25. EMBALMER Gerald Browning — LICENSE NO. E-411

FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5288
Local Reg. No. 59
Reg. Dist. No. 130

RECEIVED JAN 10 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Benewah 050
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
LENGTH OF STAY (in this place) 10 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Oregon 38
b. COUNTY Malheur 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Vale
d. STREET ADDRESS (If rural, give location) - - - -

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Benewah Community Hospital 025

3. NAME OF DECEASED (Type or Print) a. (First) Carl b. (Middle) H. c. (Last) Munsterman

4. DATE OF DEATH (Month) (Day) (Year) December 22, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH May 24, 1887

9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ranching 04

10b. KIND OF BUSINESS OR INDUSTRY Livestock 01

11. BIRTHPLACE (State or foreign country) Kansas

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Henry Munsterman BIRTHPLACE Germany

14. MOTHER'S MAIDEN NAME NO INFORMATION BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE ADDRESS Mrs Edna O. Duncan, R. 2, St. Maries

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — Unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Kidney Failure, Liver Failure — Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1965, to 12-22, 1965, that I last saw the deceased alive on 12-22, 1965, and that death occurred at 11 1/2 p m., from the causes and on the date stated above.

23a. SIGNATURE W. D. Thurston (Degree or title) M.D.

23b. ADDRESS St. Maries Idaho

23c. DATE SIGNED 12-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec. 27, 1965

24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

24d. LOCATION (City, town, or county) St. Maries, (State) Idaho

DATE REC'D BY LOCAL REG. 1-4-65

REGISTRAR'S SIGNATURE Wanda Simcox

25. EMBALMER Gerald E. Browning

LICENSE NO. E-411

FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5289
Local Reg. No. 60
Reg. Dist. No. 130

BIRTH NO.

RECEIVED JAN 1 0 1966

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Benewah 050

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bureau of Vital Statistics

c. LENGTH OF STAY (in this place): 10 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Benewah Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 280

b. COUNTY: Kootenai

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrison

d. STREET ADDRESS (If rural, give location): - - - -

3. NAME OF DECEASED (Type or Print)

a. (First): Harry

b. (Middle): M. 025

c. (Last): Hansen

4. DATE OF DEATH (Month) (Day) (Year): December 29 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: January 16, 1883

9. AGE (In years last birthday): 82 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06 09

10b. KIND OF BUSINESS OR INDUSTRY: Sawmill 093 (Lumber)

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John Hansen — BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Jacobina Andersen — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-03-7376

17. INFORMANT'S OWN SIGNATURE, ADDRESS: Effie Hansen Harrison Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Bladder — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary occlusion — 4 mos

DUE TO (c) Arteriosclerosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1963, *to* 12-29, 1965, *that I last saw the deceased alive on* 12-29, 1965, *and that death occurred at* 9 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. D. Thurston 533 MD

23b. ADDRESS: St. Maries Idaho

23c. DATE SIGNED: 12-31-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 3, 1966

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Jan. 7, 1966

REGISTRAR'S SIGNATURE: Wanda Dimiss

25. EMBALMER: Gerald E Browning — LICENSE NO.: E-411

FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5290
Local Reg. No. 159
Reg. Dist. No. 601

RECEIVED
DEC 31 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 060 Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Basalt,
c. LENGTH OF STAY (In this place) 73
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 060 b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Basalt, Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Ella b. (Middle) Marie c. (Last) Stephens

4. DATE OF DEATH (Month) Oct (Day) 31 (Year) 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Jan 29 1906
9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Darby, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Eliazer Lewis BIRTHPLACE Kamas Utah
14. MOTHER'S MAIDEN NAME Roxie Jackson BIRTHPLACE Castledale Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Non (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Carl J. Stephens ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Profuse coronary artery misfeasing

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* Oct 31, 1965, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 10:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 339 (Degree or title) MD
23b. ADDRESS Box 7 Shelley Idaho
23c. DATE SIGNED 12/17/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov 4 1965
24c. NAME OF CEMETERY OR CREMATORY Hillcrest
24d. LOCATION (City, town, or county) Shelley, Bingham (State) Idaho

DATE REC'D BY LOCAL REG. Dec 23, 1965
REGISTRAR'S SIGNATURE Dorothy J. Jones
25. EMBALMER [signature] LICENSE NO. E275
FIRM NAME: Walder Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5291
Local Reg. No. 157
Reg. Dist. No. 601

Certificate of Death

RECEIVED
DEC 31 1965

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Freeway
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeway 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Sunnyside Road

3. NAME OF DECEASED (Type or Print)
a. (First): Tamara
b. (Middle):
c. (Last): Balmforth

4. DATE OF DEATH (Month) (Day) (Year): Nov 24, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): child
8. DATE OF BIRTH: April 1, 1957
9. AGE (In years last birthday): 7 — IF UNDER 1 YEAR: Months 10, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child 02
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Balmforth — BIRTHPLACE: Rigby, Idaho
14. MOTHER'S MAIDEN NAME: Jeness Gotch — BIRTHPLACE: Shelley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE — ADDRESS: [illegible]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

825.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe brain damage — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Skull torn away above left eye
DUE TO (c) auto accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 12
21c. (CITY, TOWN, OR TOWNSHIP) 12 Miles North I-15 Blackfoot — (COUNTY): Bingham — (STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11 24 65 5:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Car accident

22. *I hereby certify that I attended the deceased from* deceased, 19 alive, 19___, *that I last saw the deceased alive on* Did not see, 19___, *and that death occurred at* ___ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl Stoley 583 Coroner 4
23b. ADDRESS: 321 E. Walker Blackfoot
23c. DATE SIGNED: 12-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 27, 1965
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Shelley, Idaho

DATE REC'D BY LOCAL REG.: Dec. 17, 1965
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: Leo A. Williams
LICENSE NO.: E-319

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Williams Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5292
Local Reg. No. 158
Reg. Dist. No. 600

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED DEC 31 1965

1. PLACE OF DEATH 061
a. COUNTY Bingham 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 060
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 165 Horrck Drive
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Glenn b. (Middle) Wilford c. (Last) Chaffin

4. DATE OF DEATH (Month) Dec. (Day) 1 (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH 31 July 1930
9. AGE (In years last birthday) 35 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker 13
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Jackson Wyoming
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lorenzo A. Chaffin BIRTHPLACE Circleville, Utah
14. MOTHER'S MAIDEN NAME Marie Miller, BIRTHPLACE Jackson, Wyo.,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Shirley Chaffin ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbon Monoxide Poisoning 973.1 — INTERVAL BETWEEN ONSET AND DEATH Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Running motor in enclosed area
DUE TO (c) Breathing of gases

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) 061 (COUNTY) (STATE) 13 Blackfoot Bingham Idaho

21d. TIME OF INJURY (Month) 12 (Day) 1 (Year) 65 (Hour) 11:00 AM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* see person, 19 above, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Carl Staley 583 (Degree or title) Coroner 4
23b. ADDRESS 321 E Walk Blackfoot
23c. DATE SIGNED 12-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-4-65
24c. NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery
24d. LOCATION (City, town, or county) Shelley, Bingham (State) Idaho

DATE REC'D BY LOCAL REG. Dec 23 1965
REGISTRAR'S SIGNATURE Dorothy J Jones
25. EMBALMER Gary L. Nalder
LICENSE NO. E 444

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Nalder's Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 3 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 5 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5293
Local Reg. No. 154
Reg. Dist. No. 600

BIRTH NO. 65-12302

RECEIVED DEC 31 1965

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham 06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot R.
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 10
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Baby Boy
b. (Middle): 029
c. (Last): Schell

4. DATE OF DEATH: (Month) December (Day) 3, (Year) 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Dec 2, 1965

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 1 / IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02

10b. KIND OF BUSINESS OR INDUSTRY: none 00

11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Sylvester P. Schell
BIRTHPLACE: Colorado

14. MOTHER'S MAIDEN NAME: Mary Kerr
BIRTHPLACE: Springfiel, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mary L Schell
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 773.5 Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 25 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) prematurity
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 2, 1965, *to* Dec 3, 1965, *that I last saw the deceased alive on* Dec 3, 1965, *and that death occurred at* 8:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter D Hoge 234 (Degree or title): M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: Dec 6, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 6, 1965
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: Dec 17, 1965
REGISTRAR'S SIGNATURE: Dorothy L Jones
25. EMBALMER: E. Dean Hill
LICENSE NO.: E-466
FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5294
Local Reg. No. 153
Reg. Dist. No. 600

BIRTH NO.

RECEIVED DEC 14 1965

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH — a. COUNTY: 06 Bingham; b. CITY OR TOWN: Blackfoot; c. LENGTH OF STAY (in this place): 3days; d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 160; b. COUNTY: Cassia; c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley; d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	D. 032	Jones	December 16 65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	August 12 1884	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm - Laborer 04	02	Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Jones	Unknown	Matilda ?	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Mary Payne	Med. Records - State Hospital South

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 15 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Generalized Arteriosclerosis — Unk.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3 November 19 65 *to* 16 December 19 65 *that I last saw the deceased alive on* 16 December 19 65 *and that death occurred at* 3:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leon N. Marlowe 594	M.D.	State Hospital South, Blackfoot, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	12-16-65	Burley Cemetery	Burley, Cassia, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 17, 1965	Dorothy M. Jones	Howard Packham	E-338

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Howard Packham Mortuary

DUTIES;

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5295
Local Reg. No. 757
Reg. Dist. No. 600

BIRTH NO.

RECEIVED
DEC 31 1965

1. PLACE OF DEATH
a. COUNTY 06 Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
LENGTH OF STAY (in this place) 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital South 033

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 16 b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 917 West YOUNG Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Leota	H.	Smith	December 20 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	September 26 1885	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	01	Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Anderson Hartley	Missouri	Virginia Holsten	Mississippi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE Mary Payne ADDRESS
No	Unknown	Medical Records-State Hospital South

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7 December 19 65 *to* 20 December 19 65 *that I last saw the deceased alive on* 20 December 19 65 *and that death occurred at* 6:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
594 Leon F. Marlowe M.D.	Blackfoot, Idaho State Hospital South	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-24-65	Mountainview Cem.	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 29, 1965	Dorothy J. Jones	John P. Hamm	E-292

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 8 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 5296
Local Reg. No. 153
Reg. Dist. No. 600

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED DEC 31 1965

1. PLACE OF DEATH
a. COUNTY Bingham 06 — 3-15
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot Bing
c. LENGTH OF STAY (in this place) 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital South 033

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 06 — b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
d. STREET ADDRESS (If rural, give location) 790 South Meridan

3. NAME OF DECEASED (Type or Print) — a. (First) Frank — b. (Middle) A. — c. (Last) Silene

4. DATE OF DEATH (Month) (Day) (Year) December 22 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH May 22, 1888

9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 91

10b. KIND OF BUSINESS OR INDUSTRY 03

11. BIRTHPLACE (State or foreign country) Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Christopher Silene — BIRTHPLACE Sweden

14. MOTHER'S MAIDEN NAME Anna Matson — BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518 16 6265

17. INFORMANT'S OWN SIGNATURE Mary Payne — **ADDRESS** Med. Records-State Hospital South

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 16 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Severe Bronchiectasis — 7 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fibrosis From Tuberculosis — 45 yrs.

526X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7 December *19* 65, *to* 22 December *19* 65, *that I last saw the deceased alive on* 22 December *19* 65 *and that death occurred at* 7:10a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Ernest F. Holt M.D. 594

23b. ADDRESS Blackfoot, Idaho State Hospital South

23c. DATE SIGNED Dec 22, 65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 12-24-65

24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State) Arco, Idaho

DATE REC'D BY LOCAL REG. Dec. 29, 1965

REGISTRAR'S SIGNATURE Dorothy L. Jones

25. EMBALMER C. Dean Hill — **LICENSE NO.** E-446

FIRM NAME: Sandburg Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JAN 10 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 29 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 20 1969

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

NOV 09 2006

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5297
Local Reg. No. 153
Reg. Dist. No. 600

RECEIVED
DEC 31 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 38yr10mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South 033

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 14
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print)
a. (First): Clyde
b. (Middle): V.
c. (Last): Howard

4. DATE OF DEATH (Month) (Day) (Year): December 23, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: May 12, 1889

9. AGE (In years last birthday): 76
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer-Laborer 04

10b. KIND OF BUSINESS OR INDUSTRY: 02

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: C. T. Howard
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Maude Chinn
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE
ADDRESS: Medical Record-State Hospital South

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerotic heart disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7 July, 1965, *to* 23 December 19 65 *that I last saw the deceased alive on* 23 December 19 65 *and that death occurred at* 4:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Eric F. Holt M.D.

23b. ADDRESS: Blackfoot, Idaho
State Hospital South

23c. DATE SIGNED: Dec 28, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-28-65

24c. NAME OF CEMETERY OR CREMATORY: Caldwell Cemetery

24d. LOCATION (City, town, or county) (State): Caldwell - Idaho

DATE REC'D BY LOCAL REG.: Dec 29 1965

REGISTRAR'S SIGNATURE: Dorothy J Jones

25. EMBALMER: Howard Packham

LICENSE NO.: E-338

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Howard Packham Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 2 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5298
Local Reg. No. 156
Reg. Dist. No. 600

Certificate of Death

STATE OF IDAHO

BIRTH NO. RECEIVED

1. PLACE OF DEATH 061
a. COUNTY Bingham DEC 31 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
c. LENGTH OF STAY (in this place) 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bingham County Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 061
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
d. STREET ADDRESS (If rural, give location) - HUSBAND: Frank Brantzeg

3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) MARSTON 304 c. (Last) BRANTZEG

4. DATE OF DEATH (Month) Dec (Day) 24 (Year) 1965

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH January 9, 1883
9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Weston, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles L. Marston BIRTHPLACE Bangar, Main
14. MOTHER'S MAIDEN NAME Maretta Dees BIRTHPLACE Payson, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-10-1257
17. INFORMANT'S OWN SIGNATURE Dexter D. Brantzeg ADDRESS Blackfoot, I

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) due to arteriosclerotic heart disease.
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1964, to Dec 24, 1965, that I last saw the deceased alive on Dec 23, 1965, and that death occurred at 10:30 P. m., from the causes and on the date stated above.*

23a. SIGNATURE 404 (Degree or title) M. Parker M.D.
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Dec 28, 1965
24c. NAME OF CEMETERY OR CREMATORY Malad Cemetery
24d. LOCATION (City, town, or county) Malad Oneida (State) Idh

DATE REC'D BY LOCAL REG. Dec 29, 1965
REGISTRAR'S SIGNATURE Dorothy J. Jones
25. EMBALMER Raiford G. Benson
LICENSE NO. E-351

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: BENSON FUNERAL HOME, MALAD, IDA

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5299
Local Reg. No. 41
Reg. Dist. No. 410

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 9 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine 070 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellevue
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Silver Queens Mine 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 070
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location): East Silver Street

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Michael c. (Last) Barrett

4. DATE OF DEATH (Month) (Day) (Year): Dec. 1, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: June 15, 1901
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): miner 07
10b. KIND OF BUSINESS OR INDUSTRY: Minning 01
11. BIRTHPLACE (State or foreign country): Gibbonsville, Calif.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME BIRTHPLACE: John Barrett, Sierra Co. Calif.
14. MOTHER'S MAIDEN NAME BIRTHPLACE: Theresa Sinnott, Soerra Co., Calif

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE ADDRESS: Mrs. Zella Barrett Hailey

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart Disease — several years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Polycythemia, Emphysema

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1965 *to* Dec 1, 1965, *that I last saw the deceased alive on* Aug, 1965, *and that death occurred at* 10:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alden M Packer MD 402
23b. ADDRESS: Hailey, Idaho
23c. DATE SIGNED: 12/4/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/4/65
24c. NAME OF CEMETERY OR CREMATORY: Hailey Cemetery
24d. LOCATION (City, town, or county) (State): Hailey, Idaho

DATE REC'D BY LOCAL REG.: Dec-6-65
REGISTRAR'S SIGNATURE: Robert H Wright
25. FUNERAL DIRECTOR: Keith Bird
ADDRESS: Keith Bird, Bird Funeral Home, Hailey, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021 Rev. CBW.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 9 1965

OCT 19 1981

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5300
Local Reg. No. 42
Reg. Dist. No. 410

BIRTH NO.

RECEIVED DEC 24 1965 Bureau of Vital Statistics

1. PLACE OF DEATH — a. COUNTY: Blaine (070) — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey — c. LENGTH OF STAY (in this place): 3 day — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blaine County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho (070) — b. COUNTY: Blaine — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey — d. STREET ADDRESS (If rural, give location): Main Ave. South

3. NAME OF DECEASED (Type or Print) — a. (First): EARL — b. (Middle): SPENCER — c. (Last): BRIDGE

4. DATE OF DEATH — (Month) (Day) (Year): Dec. 8, 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: March 3, 1879

9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): music store 35 c

10b. KIND OF BUSINESS OR INDUSTRY: retired 29

11. BIRTHPLACE (State or foreign country): Twin Groves, Wisc.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William D. Bridge — BIRTHPLACE: Unk

14. MOTHER'S MAIDEN NAME: Mary Ella Boyer — BIRTHPLACE: UNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 451-48-0603

17. INFORMANT'S OWN SIGNATURE: Mrs. Glenn Wright — ADDRESS: Hailey, Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: Dec 4, 1965

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Intracranial Hemorrhage — Dec 4 1965

DUE TO (c): Hypertension & arterio Sclerotic Heart Disease — several years.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 4, 1965, *to* Dec 8, 1965, *that I last saw the deceased alive on* Dec 8, 1965, *and that death occurred at* 6:32 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alden M. Parkinson 402 — 23b. ADDRESS: Hailey Idaho — 23c. DATE SIGNED: 12/11/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial — 24b. DATE: 12/11/65 — 24c. NAME OF CEMETERY OR CREMATORY: Hailey Cemetery — 24d. LOCATION (City, town, or county) (State): Hailey, Idaho

DATE REC'D BY LOCAL REG.: 12-14-65 — REGISTRAR'S SIGNATURE: Robert H. Wright per Ruth Bird — 25. FUNERAL DIRECTOR AND ADDRESS: Bird Funeral Home Hailey, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

E-373

APR 27 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5301
Local Reg. No. 43
Reg. Dist. No. 410

BIRTH NO.

RECEIVED DEC 24 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bellevue
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 070 b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bellevue
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	HOBERT	MATSON	McCLURE	Dec. 13, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	married 2	Oct. 11, 1879	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farming 01	Morris Hill, Mo.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dave McClure	UNK	Hannah Huston	UNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-10-9384	Hobert McClure	Bellevue, Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 30 Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio sclerotic heart Disease, Hemiplegia.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY Ooccur?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* — , 19 — *to* — , 19 — *that I last saw the deceased alive on* — , 19 — *and that death occurred at* 10:30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Clarence Parsons MD	Hailey, Idaho	12/14/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/16/65	Bellevue Cemetery	Bellevue, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec-17-65	Robert H. Wright	Ruth Bird	Bird Funeral Home Hailey, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021 Rev Feb W

E 373

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the sig DEC 29 2000 of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 1 41966 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5302
Local Reg. No. 4
Reg. Dist. No. 410

BIRTH NO:

1. PLACE OF DEATH
a. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ketchum
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 020
b. COUNTY: Blaine 070
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ketchum
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) MARJORIE b. (Middle) WHITEHEAD c. (Last) REVOIR

4. DATE OF DEATH (Month) (Day) (Year): Dec. 19, 1965

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2

8. DATE OF BIRTH: Aug. 6, 1920

9. AGE (In years last birthday): 45
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 0

11. BIRTHPLACE (State or foreign country): Nider, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Auston Whitehead
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Rachel Allen
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-10-8578

17. INFORMANT'S OWN SIGNATURE: [signature] / ADDRESS: Ketchum, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Exposure (cold) — 322.0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): 1. Subdural hematoma, chronic
2. Alcoholism, acute and chronic

DUE TO (c): 3. Barbiturate ingestion 970

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 12 hrs (est.)

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): IN TOWN 04

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): UNKNOWN m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR?: Apparently fell into influence of alcohol and barbiturates and subsequently froze to death

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Sam Earl M.D. Coroner 583 4

23b. ADDRESS: Sun Valley Idaho

23c. DATE SIGNED: 1/6/66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/23/65

24c. NAME OF CEMETERY OR CREMATORY: Grace Cemetery

24d. LOCATION (City, town, or county) (State): Grace, Idaho

DATE REC'D BY LOCAL REG.: Jan-11-66

REGISTRAR'S SIGNATURE: Robert H. Wright per CBW

25. FUNERAL DIRECTOR: Keith Bird E-373

ADDRESS: Bird Funeral Home, Hailey, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

JAN 14 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 20 1985

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

State File No. 5303
Local Reg. No. 1
Reg. Dist. No. 410

Certificate of Death

STATE OF IDAHO

RECEIVED
JAN 10 1966
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine 070 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blaine Co. Hosp. 037

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 070
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location): Main Ave. North

3. NAME OF DECEASED (Type or Print)
a. (First): HATTIE
b. (Middle): IDA
c. (Last): CLEMENTS

4. DATE OF DEATH (Month) (Day) (Year): Dec. 30, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: April 13, 1887
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Milwaukee, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Gus Petzoldt — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Elizabeth Gritt — BIRTHPLACE: Milwaukee, Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Ruth H. Gardner — ADDRESS: Hailey, Ida

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 6 Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — Many years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cerebro Vascular accident -

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1964, *to* Dec 30, 1965, *that I last saw the deceased alive on* Dec 30, 1965, *and that death occurred at* 8:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 402 Wilden m Parlin NO
23b. ADDRESS: Hailey, Idaho
23c. DATE SIGNED: 1-3-66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 3, 66
24c. NAME OF CEMETERY OR CREMATORY: Hailey Cemetery
24d. LOCATION (City, town, or county) (State): Hailey, Idaho

DATE REC'D BY LOCAL REG.: Jan-6-'66
REGISTRAR'S SIGNATURE: Robert H. Wright
25. FUNERAL DIRECTOR: Keith Bird — ADDRESS: Keith Bird, Bird Funeral Home, Hailey, Idaho
per C.B.W. E. 373

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JAN 31 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

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Certificate of Death

State File No. 5304
Local Reg. No. 141
Reg. Dist. No. 110

RECEIVED DEC 23 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner 09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Sandpoint
c. LENGTH OF STAY (In this place): 4 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Samuels
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print): a. (First) Maude b. (Middle) Ellen c. (Last) Wood

4. DATE OF DEATH (Month) (Day) (Year): November 23 1965

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: February 16, 1891

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 0

10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01

11. BIRTHPLACE (State or foreign country): Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Reuben C. Jackson
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Ella Nora Dietrick
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Maude Wood
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hemorrhage — 4 hrs

DUE TO (c) Atherosclerosis — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-6, 19 60, *to* Nov, 1965, *that I last saw the deceased alive on* 11-23, 1965, *and that death occurred at* 3A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Munson MD

23b. ADDRESS: Sandpoint Ida

23c. DATE SIGNED: 11-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 27, 1965

24c. NAME OF CEMETERY OR CREMATORY: Pack River

24d. LOCATION (City, town, or county) (State): Bonner County Idaho

DATE REC'D BY LOCAL REG.: Dec. 14, 1965

REGISTRAR'S SIGNATURE: Phyllis G. Gibbette

25. EMBALMER: Barry D. Nelson

LICENSE NO.: E-455

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service

Form OH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5305
Local Reg. No. 142
Reg. Dist. No. 110

RECEIVED DEC 23 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 09 3-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
STAY (in this place): 2x 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 09D
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kootenai
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Henry b. (Middle) D. 039 c. (Last) Robertson

4. DATE OF DEATH: (Month) Nov. (Day) 28 (Year) 1965

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Nov. 18, 1896

9. AGE (In years last birthday): 69 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Logger 04

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm 01

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sam Robertson BIRTHPLACE: Unobtainable

14. MOTHER'S MAIDEN NAME: Sarah Eckel BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 537-12-5066

17. INFORMANT'S OWN SIGNATURE: Margaret Robertson by [illegible] ADDRESS: [illegible]

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerosis — 20 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1961, to Nov, 1965 *that I last saw the deceased alive on* Nov 28, 1965, *and that death occurred at* 3:1 m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] 382 (Degree or title): MD
23b. ADDRESS: Sandpoint, Ida
23c. DATE SIGNED: 12-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 1, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pack River
24d. LOCATION (City, town, or county) (State): Bonner County Idaho

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE: Phyllis Y. Tibbetts
25. EMBALMER: Barry D. Nelson
LICENSE NO.: E-455

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 23 1966

MAY 9 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 29 1969

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5306
Local Reg. No. 148
Reg. Dist. No. 110

RECEIVED Bureau of Vital Statistics DEC 23 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonner 09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
LENGTH OF STAY (in this place) 2 1/2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 090
b. COUNTY Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coolin
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Edward
b. (Middle) Joseph 039
c. (Last) Elliott

4. DATE OF DEATH (Month) (Day) (Year) Dec. 3 1965

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH April 10, 1876
9. AGE (In years last birthday) 89
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marine Towing & Tug 06
10b. KIND OF BUSINESS OR INDUSTRY Navigation 00
11. BIRTHPLACE (State or foreign country) Canada
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Elliott
BIRTHPLACE Unobtainable
14. MOTHER'S MAIDEN NAME --- Goodine
BIRTHPLACE Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-03-5046
17. INFORMANT'S OWN SIGNATURE Edna Elliott by [illegible]
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4428

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular-renal disease — INTERVAL BETWEEN ONSET AND DEATH 10 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 16, 1965 *to* Dec. 3, 1965 *that I last saw the deceased alive on* Dec. 3, 1965, *and that death occurred at* 4:15p m., *from the causes and on the date stated above.*

23a. SIGNATURE Helen E. Stevenson MD (Degree or title)
23b. ADDRESS Sandpoint, Idaho
23c. DATE SIGNED 12/7/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 6, 1965
24c. NAME OF CEMETERY OR CREMATORY Lakeview
24d. LOCATION (City, town, or county) Sandpointn (State) Idaho

DATE REC'D BY LOCAL REG. Dec. 13 1965
REGISTRAR'S SIGNATURE [illegible]
25. EMBALMER Barry D. Nelson
LICENSE NO. E-455
FIRM NAME: Moon Funeral H!me

Federal Security Agency
United States Public Health Service
Form PH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5307
Local Reg. No. 139
Reg. Dist. No. 110

RECEIVED DEC 23 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 091
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint Manor 262

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 091
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Julius
b. (Middle):
c. (Last): Steg

4. DATE OF DEATH (Month) Dec. (Day) 4 (Year) 1965

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: October 22, 1872
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grounds Keeper 11
10b. KIND OF BUSINESS OR INDUSTRY: Hospital 01
11. BIRTHPLACE (State or foreign country): Switzerland
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Pierre Steg — BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: Caroline Dorverat — BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Holloway Solberg — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac - vascular renal disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1963, *to* Dec 4, 1965, *that I last saw the deceased alive on* Dec 2, 1965, *and that death occurred at* 7:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE 327 (Degree or title): [signature] MD
23b. ADDRESS: Sandpoint, Ida
23c. DATE SIGNED: 12-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 7, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county): Sandpoint (State): Idaho

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE: Phyllis Y. Tibbetts
25. EMBALMER: L. G. Moon, Jr. — LICENSE NO.: E-405

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5308
Local Reg. No. 143
Reg. Dist. No. 110

RECEIVED JAN 5 1966 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091 2-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 3 1/2 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint Manor 262

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 091
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 303 Church St.

3. NAME OF DECEASED (Type or Print)
a. (First): Helen
b. (Middle):
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): December 13 1965

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: August 24, 1884
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Fields — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Hattie Peterson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 539-50-5007
17. INFORMANT'S OWN SIGNATURE: Harriet Eidmar — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular-renal disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture-right hip — 4 1/2 mo.

19a. DATE OF OPERATION: 8/12/65
19b. MAJOR FINDINGS OF OPERATION: Intertrochanteric fracture, right hip
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/8, 1965, *to* 12/13, 1965, *that I last saw the deceased alive on* 11/22, 1965, *and that death occurred at* 9:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Helen Peterson 415 M.D.
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 12/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 16, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county): Sandpoint — (State): Idaho

DATE REC'D BY LOCAL REG.: Dec. 22, 1965
REGISTRAR'S SIGNATURE: Phyllis Y. Tibbetts
25. EMBALMER: L. G. Moon, Jr. — LICENSE NO.: E-405

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 5309
Local Reg. No. 145
Reg. Dist. No. 110

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

JAN 5 1966

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner 091 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 714 Poplar 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 091
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 714 Poplar

3. NAME OF DECEASED (Type or Print)
a. (First): Augusta
b. (Middle): Christina
c. (Last): Palmer

4. DATE OF DEATH (Month) (Day) (Year): Dec. 16 1965

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: October 22, 1881
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Herman Gilbertson — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Carrie Johnson — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-16-3305
17. INFORMANT'S OWN SIGNATURE: Adrian Moses — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiovascular Renal — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Disease

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12 - , 1965, *to* 12 , 1965, *that I last saw the deceased alive on* 12-12 , 1965, *and that death occurred at* 4A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J Munson MD 382
23b. ADDRESS: Sandpoint Ida
23c. DATE SIGNED: 12-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 18, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Dec. 31, 1965
REGISTRAR'S SIGNATURE: Phyllis G. Tibbetts
25. EMBALMER: Barry D. Nelson
LICENSE NO.: E-455

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 2 6 2013

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5310
Local Reg. No. 144
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 5 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hope
c. LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hope
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Hyacinth
b. (Middle): Marguerite
c. (Last): Thornton

4. DATE OF DEATH (Month) (Day) (Year): Dec. 17 1965

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Feb. 28, 1904
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas Edwin Wardrop — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Ama Dell Williams — BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 532-30-4168
17. INFORMANT'S OWN SIGNATURE: Ralph Thornton by Dolores Kinsman Secretary — ADDRESS: Moon Funeral Home

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of gallbladder with extension to liver, bowel, mesentery — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): — 1 year
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5/20/65
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of gallbladder with extension, intra-abd
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5/15/64, 19__, *to* 12/17/65, 19__, *that I last saw the deceased alive on* 12/10/65, 19__, *and that death occurred at* 6:07 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Helen E. Peterson 415 (Degree or title): M.D.
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 12/22/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 2
24b. DATE: Dec. 20, 1965
24c. NAME OF CEMETERY OR CREMATORY: Smith Funeral Home
24d. LOCATION (City, town, or county): Spokane — (State): Washington

DATE REC'D BY LOCAL REG.: Dec. 31, 1965
REGISTRAR'S SIGNATURE: Phyllis Y. Tibbetts
25. EMBALMER: Barry D. Nelson — LICENSE NO.: E-455

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 6 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUN 18 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5311
Local Reg. No. 3
Reg. Dist. No. 110

RECEIVED
JAN 10 1966
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 09 | 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint Manor 262

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 650 COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark Fork
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Sylvia		Buchanan	Dec.	20	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	2 Widowed	Nov. 12, 1892	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Manager 74	Motel 16	Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
----Richey	Unobtainable	Unobtainable	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Henry Allen Johnson	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: progressive several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11/14, 1952, *to* Dec 20, 1965, *that I last saw the deceased alive on* Dec 20, 1965, *and that death occurred at* 7:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry Allen Johnson MD	Sandpoint Idaho	1/2/66

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec 28, 1965	Pinecrest	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan 7, 1966	Phyllis M. Willett	Barry D. Nelson	E-405

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service

Form UH-63021

Informant, Funeral Director, Registrar and Medical Attendant. ... BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5312
Local Reg. No. 2
Reg. Dist. No. 110

Certificate of Death

RECEIVED
JAN 10 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this place): 2 days 3-02
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 091
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 803 Oak

3. NAME OF DECEASED (Type or Print)
a. (First): Herbert
b. (Middle): Henry 039
c. (Last): Davis

4. DATE OF DEATH (Month) (Day) (Year): December 30 1965

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 1, 1876
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm 01
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Eliel Davis — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Florence Ford — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unobtainable
17. INFORMANT'S OWN SIGNATURE: Helene Davis — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 570.2 Superior Mesenteric — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrombosis — 1 day
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1960, *to* Present, *that I last saw the deceased alive on* Dec 30, 1965, *and that death occurred at* 2:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J Munson MD 382
23b. ADDRESS: Sandpoint, Ida
23c. DATE SIGNED: 1-4-66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 3, 1966
24c. NAME OF CEMETERY OR CREMATORY: Broten
24d. LOCATION (City, town, or county) (State): Bonner County Idaho

DATE REC'D BY LOCAL REG.: Jan 7, 1966
REGISTRAR'S SIGNATURE: Phyllis G. Tibbetts
25. EMBALMER: Barry D. Nelson — LICENSE NO.: E-455

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JAN 26 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5313
Local Reg. No. 4
Reg. Dist. No. 110

Certificate of Death

RECEIVED
JAN 20 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 091
a. COUNTY: n Bonner 4-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 7 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sagle
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Opha
b. (Middle): Agnes 039
c. (Last): Miller

4. DATE OF DEATH (Month) (Day) (Year): Dec 30 1965

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: November 22, 1894
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edward Troutman — BIRTHPLACE: Unobtainable
14. MOTHER'S MAIDEN NAME: Unobtainable — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 526-01-6095 A
17. INFORMANT'S OWN SIGNATURE: Charles H. Millerby — ADDRESS: [signature]

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute Cholecystitis — 2 Weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1965, 19__, *to* Dec 30, 1965, *that I last saw the deceased alive on* Dec 30, 1965, *and that death occurred at* 6:38 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE 327 (Degree or title): [signature] MD
23b. ADDRESS: Sandpoint, Ida
23c. DATE SIGNED: 1-10-66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 5, 1966
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Jan. 12, 1966
REGISTRAR'S SIGNATURE: Phyllis G. Tibbetts
25. EMBALMER: Barry D. Nelson — LICENSE NO.: E-455

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 7 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5314
Local Reg. No. 370
Reg. Dist. No. 616

RECEIVED DEC 24 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville 10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
LENGTH OF STAY (in this place) unknown
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Greenview Chalet 308

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 10
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 840 E. Elva

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	SCOTTY	HUGH	MATHESON	September 19, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Caucasian	Widowed 7	Jan. 12, 1873	92				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer, ret. 70	railroad 10	Scotland	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
no record	no record	no record	no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no record	no record	Nursing Home Records	Idaho Falls, Id

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infection Suspected — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General Debility of old age
DUE TO (c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug. 16, 1964, *to* Sept. 19, 1965, *that I last saw the deceased alive on* Sept. 1, 1965, *and that death occurred at* 10:50A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leon O. Johnson 262	MD	825 S. Blvd. Idaho Falls, Idaho	15 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Sept 25, 1965	Rosehill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 17-1965	Verna Bredger	C. M. Mallard	E-468

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Buck Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

K. Johnson, M.D.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5315
Local Reg. No. 367
Reg. Dist. No. 610

RECEIVED
DEC 24 1965
Bureau of Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville (10)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 22 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (16)
b. COUNTY: Clark (10)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dubois
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Albert	L.	Johnson	November 13 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	February 12, 1906	59				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher 04	Cattle 01	Sheller County, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Steven Johnson	Illinois	Bertha Blazier	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Helen N Johnson	Dubois, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

153.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): adeno carcinoma Colon with metastases — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	ORIGINAL = 12-21-63 SPRINGS 4-17-64 - Ca Colon ALSO - 5-13-65 & 11-8-65	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April, 1965, *to* Nov 13, 1965, *that I last saw the deceased alive on* NOV 13, 1965, *and that death occurred at* 2:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
08 J Carr MD	Idaho Falls, Idaho	12/10/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11/16/65	Dubois Cemetery	Dubois Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 17-1965	Leona Budge	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 27 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 30 1984

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 5316
Local Reg. No. 362
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville | DEC 24 1965 | 2-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give name of township) Idaho Falls Idaho
c. LENGTH OF STAY IN THIS PLACE 7 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Green View Rest Home 308

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho | b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
d. STREET ADDRESS (If rural, give location) 131 North 8th Street

3. NAME OF DECEASED (Type or Print): a. (First) Eliza | b. (Middle) Evans | c. (Last) Rowland

4. DATE OF DEATH: (Month) Nov. (Day) 15 (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 17 1887

9. AGE (In years last birthday): 78 | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: 0

11. BIRTHPLACE (State or foreign country): Montpelier Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Buschoff | BIRTHPLACE: Switzerland

14. MOTHER'S MAIDEN NAME: Louisa Kaufman | BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Mildred Nate | ADDRESS: Copelle Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Metastatic carcinoma — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Metastatic squamous cell CA of Vulva

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/4, *1965, to* Nov 15, *1965, that I last saw the deceased alive on* Nov 10, *1965, and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 196 Robert F. Hahn, M.D. | **23b. ADDRESS**: Idaho Falls, Idaho | **23c. DATE SIGNED**: 12/10/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal | **24b. DATE**: Nov. 15 1965 | **24c. NAME OF CEMETERY OR CREMATORY**: Geneva Cemetery | **24d. LOCATION** (City, town, or county) (State): Geneva Idaho

DATE REC'D BY LOCAL REG.: Dec. 11-1965 | **REGISTRAR'S SIGNATURE**: Irene Rudges | **25. EMBALMER**: Mike Matthews | **LICENSE NO.**: E359

Federal Security Agency
United States Public Health Service

Form DH-6302

FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 27 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5317
Local Reg. No. 369
Reg. Dist. No. 610

RECEIVED
DEC 24 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 101

a. COUNTY: Bonneville 600

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Greenview Chalet N. Home 308

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 101

b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. STREET ADDRESS (If rural, give location): Greenview Chalet N. Home

3. NAME OF DECEASED (Type or Print)

a. (First): ANTONE

b. (Middle): HUTMAN

c. (Last): PETERSON

4. DATE OF DEATH (Month) (Day) (Year): November 24, 1965

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Nov. 6, 1881

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer, retired 06

10b. KIND OF BUSINESS OR INDUSTRY: warehouse 03

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY?: Norway

13. FATHER'S NAME: no record — BIRTHPLACE: no record

14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 518-14-4271

17. INFORMANT'S OWN SIGNATURE: D.P.A. Records — ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH 715X

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Septicemia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Infected pressure sores of back & hips — 6 mon.

DUE TO (c): General debility of old age — –

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

General arteriosclerosis
Chronic Brain Syndrome — –

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 5, 19__, *to* Nov. 24, 1965, *that I last saw the deceased alive on* Oct. 13, 1965, *and that death occurred at* 11:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Jim O. Johnson 262 (Degree or title) MD

23b. ADDRESS: 825 S. Blvd. Idaho Falls, Idaho

23c. DATE SIGNED: 15 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 30, 1965

24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho FAlls, Idaho

DATE REC'D BY LOCAL REG.: Dec. 17 1965

REGISTRAR'S SIGNATURE: Anna Bridges

25. EMBALMER: R. W. Modland

LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 5318
Local Reg. No. 364
Reg. Dist. No. 610

RECEIVED DEC 24 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Greenview Chalet N. Home 308

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Greenview Chalet N. Home

3. NAME OF DECEASED (Type or Print)
a. (First): FRED
b. (Middle): W.
c. (Last): HOWELL

4. DATE OF DEATH (Month) (Day) (Year): November 26, 1965

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 8
8. DATE OF BIRTH: Dec. 12, 1874
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown 00
10b. KIND OF BUSINESS OR INDUSTRY: unknown 00
11. BIRTHPLACE (State or foreign country): unknown
12. CITIZEN OF WHAT COUNTRY?: unknown

13. FATHER'S NAME: unknown — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S OWN SIGNATURE: Nursing Home Records — ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Melanoma c̄ Metastases — INTERVAL BETWEEN ONSET AND DEATH: 3 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1955, *to* Nov 26, 1965, *that I last saw the deceased alive on* May 10, 1965, *and that death occurred at* 11:30P, *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. L. Hansen 200 MD
23b. ADDRESS: 502 Cleveland Idaho Falls Ida.
23c. DATE SIGNED: 12/7/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: December 2, 1965
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Dec. 14-1965
REGISTRAR'S SIGNATURE: Lucia A Budgen
25. EMBALMER: R. W. Madland
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 9 1979

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

HARLEY M.D.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5319
Local Reg. No. 359
Reg. Dist. No. 610

RECEIVED
DEC 15 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 101
a. COUNTY Bonneville 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 260
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Menan (rural)
d. STREET ADDRESS (If rural, give location) ----

3. NAME OF DECEASED (Type or Print)
a. (First) GEORGE
b. (Middle) WILLIAM
c. (Last) WILSON

4. DATE OF DEATH (Month) (Day) (Year) December 1, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH July 20, 1899
9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Farm 01
11. BIRTHPLACE (State or foreign country) Price, Utah.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Lot Wilson — BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Mary Jane Leek — BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 518-12-2144
17. INFORMANT'S OWN SIGNATURE Leah Wilson — ADDRESS Menan, Idaho.

18. CAUSE OF DEATH 451X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Abdominal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured Abdominal Aortic Aneurysm — 8 hours
DUE TO (c) Arteriosclerosis, severe — yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION No operation. Autopsy 12/1/65
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/30, 1965, *to* 12/1, 1965, *that I last saw the deceased alive on* 12-1, 1965, *and that death occurred at* 10:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE 527 Asael Hall (Degree or title) M.D.
23b. ADDRESS Rigby, Idaho.
23c. DATE SIGNED 12/4/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 4, 1965
24c. NAME OF CEMETERY OR CREMATORY Grant Central
24d. LOCATION (City, town, or county) (State) Grant Jefferson Idaho.

DATE REC'D BY LOCAL REG. Dec. 10-65
REGISTRAR'S SIGNATURE Anna Budge
25. FUNERAL DIRECTOR Bruce A. Eckersell — ADDRESS Rigby, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 31 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 21 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho. on 12/1/1965

ADDITIONAL REMARKS by Physician .....

Certificate of Death

STATE OF IDAHO

State File No. 5320
Local Reg. No. 363
Reg. Dist. No. 610

RECEIVED
DEC 24 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Bonneville (10) | b. CITY OR TOWN: Idaho Falls | c. LENGTH OF STAY (in this place): 65 yrs. | d. FULL NAME OF HOSPITAL OR INSTITUTION: LDS Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho (10) | b. COUNTY: Bonneville | c. CITY OR TOWN: Idaho Falls | d. STREET ADDRESS (If rural, give location): 112 - 15th Street

3. NAME OF DECEASED (Type or Print) — a. (First): ELIZABETH | b. (Middle): REBECCA | c. (Last): CLARK

4. DATE OF DEATH (Month) (Day) (Year): December 1, 1965

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Oct. 28, 1877

9. AGE (In years last birthday): 88 | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife (01)

10b. KIND OF BUSINESS OR INDUSTRY: own home (01)

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James H. Emery | BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Sarah Catherine McCan | BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 519-58-9975

17. INFORMANT'S OWN SIGNATURE: Mrs Walter D Egan | ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 442X Cardio - Vascular | INTERVAL BETWEEN ONSET AND DEATH: 10 yrs. +

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Renal disease

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Senility

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) | **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Oct 1958 *to* 12-1 1965, *that I last saw the deceased alive on* 12-1 1965, *and that death occurred at* 6:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE, (Degree or title): C. C. Erickson M.D. (16) | **23b. ADDRESS**: Idaho Falls, Idaho | **23c. DATE SIGNED**: 12-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial | **24b. DATE**: Dec. 4, 1965 | **24c. NAME OF CEMETERY OR CREMATORY**: Rosehill Cemetery | **24d. LOCATION** (City, town, or county) (State): Idaho Falls, Idhao

DATE REC'D BY LOCAL REG.: Dec. 14-1965 | REGISTRAR'S SIGNATURE: Irma Burgess | **25. EMBALMER**: K. M. Maddux | LICENSE NO.: E-468

FIRM NAME: Buck Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Information, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5321
Local Reg. No. 360
Reg. Dist. No. 610

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

DEC 15 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville 10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho
c. LENGTH OF STAY (in this place): 400
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 10
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): West Broadway

3. NAME OF DECEASED (Type or Print)
a. (First): Jessie
b. (Middle): Hazel
c. (Last): Bishop

4. DATE OF DEATH (Month) (Day) (Year): Dec 1, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: June 10, 1893
9. AGE (In years last birthday): 72 — If under 1 year: Months 5, Days 21 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Kaysville, Utah
12. CITIZEN OF WHAT COUNTRY?: USQ

13. FATHER'S NAME: Albert Beazer — BIRTHPLACE: Kaysville, Utah
14. MOTHER'S MAIDEN NAME: Martha Hollyoak — BIRTHPLACE: Parowan, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Lowell B. Bishop — ADDRESS: 1559 W. Broadway

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-19-56, *19*____, *to* 12-1-65, *19*____, *that I last saw the deceased alive on* 12-1-65, *19*____, *and that death occurred at* 9:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John G. McMillin MD 348
23b. ADDRESS: 550 Fourth Street
23c. DATE SIGNED: 12-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 4, 1965
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Dec. 10-1965
REGISTRAR'S SIGNATURE: Denis Bridges
25. EMBALMER
LICENSE NO.

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Williams Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 28 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 16 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5322
Local Reg. No. 365
Reg. Dist. No. 610

RECEIVED DEC 24 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville 101 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls, Idaho
c. LENGTH OF STAY (in this place) 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) New Oxford Idaho 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 05 California 555 b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Biggs
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Jim
b. (Middle) Oscar
c. (Last) Jenkins

4. DATE OF DEATH (Month) (Day) (Year) Dec. 2 - 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown
8. DATE OF BIRTH Unknown
9. AGE (In years last birthday) Unknown — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY Farm, Industreal 02
11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown BIRTHPLACE
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 432-12-6237
17. INFORMANT'S OWN SIGNATURE Henry M. Edie ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

540.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEMORRHAGE, ACUTE, MASSIVE, GASTROINTEST

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ULCER, PEPTIC, DUODENAL, ERODED INTO PANCREAS & PANCREATO-DUODENAL ARTERY

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. ULCER, Peptic, LARGE, CARDIAC PORTION OF STOMACH

INTERVAL BETWEEN ONSET AND DEATH: INAL 1-2 DAYS PROBABLY WEEKS OR LONGER

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) IDAHO FALLS (COUNTY) BONNEVILLE (STATE) IDAHO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Hazel L. McCaffery M.D. (Degree or title) HAZEL L. MC CAFFERY M. D. COUNTY CORONER
23b. ADDRESS 2525 SOUTH BOULEVARD
23c. DATE SIGNED 12/6/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-6-65
24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Dec. 17-1965
REGISTRAR'S SIGNATURE Anna Biedger
25. EMBALMER [signature]
LICENSE NO. E437

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Rose Chapel Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 5323
Local Reg. No. 366
Reg. Dist. No. 610

REC Certificate of Death

STATE OF IDAHO

BIRTH NO.

DEC 24 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville (10)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital (042)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (16)
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): St. Leon Road

3. NAME OF DECEASED (Type or Print)
a. (First): Mrs.
b. (Middle): Leni
c. (Last): REuler

4. DATE OF DEATH (Month) (Day) (Year): Dec. 3, 1965

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: March 15, 1926

9. AGE (In years last birthday): 39
IF UNDER 1 YEAR — Months: 8 — Days: 18
IF UNDER 24 HRS. — Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife (01)

10b. KIND OF BUSINESS OR INDUSTRY: (01)

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob Scholl
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Anna Wirth
BIRTHPLACE: GeRmany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: William L Rinks
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

600.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic & acute pyelonephritis
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Infarction of pontomedullary region secondary to trauma

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 3 Idaho Falls
21c. (CITY, TOWN, OR TOWNSHIP) (101) (COUNTY) Bonneville (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 24 1965 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Car train accident

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. H. Baker (018) (Degree or title): M.D.
23b. ADDRESS: Idaho Falls
23c. DATE SIGNED: 12-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 6, 1965
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Dec. 17-1965
REGISTRAR'S SIGNATURE: Verna Burgess
25. EMBALMER: Leo A Williams
LICENSE NO.: E-319
FIRM NAME: Williams Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

DEC 27 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 23 2013

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5324
Local Reg. No. 361
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED
DEC 15 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 3-16
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 320 West 17th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Manuel (Jack)
b. (Middle): M.
c. (Last): Crawford

4. DATE OF DEATH (Month) (Day) (Year): December 4 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: August 3, 1883
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Chadron, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Crawford
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 18 6896
17. INFORMANT'S OWN SIGNATURE: Ruth Crawford
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

825.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fractured pelvis
DUE TO (c): Fractured forearm

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
multiple contusions

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Auto
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13 Idaho Falls 101
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11-18-65 m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: Auto Accident

22. *I hereby certify that I attended the deceased from* _____, 1963, *to* Dec 4, 1965, *that I last saw the deceased alive on* Dec 3, 1965, *and that death occurred at* 5 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. L. Hansen 200 MD
23b. ADDRESS: Idaho Falls Ida
23c. DATE SIGNED: 12/9/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/7/65
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Dec. 11-1965
REGISTRAR'S SIGNATURE: Lucia a Budzis
25. EMBALMER: Ralph M. Wood Ralph M. Wood
LICENSE NO.: 413

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Wood Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5325
Local Reg. No. 358
Reg. Dist. No. 610

Certificate of Death

RECEIVED
DEC 15 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
c. LENGTH OF STAY: 650
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 330
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rexburg
d. STREET ADDRESS (If rural, give location): Rt. 1 Rexburg

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle): JACOB
c. (Last): MOMBERGER

4. DATE OF DEATH (Month) (Day) (Year): Dec. 4, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Feb. 21, 1894
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Wellsville, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Carl Casper Momberger — BIRTHPLACE: St. Louis, Mo.
14. MOTHER'S MAIDEN NAME: Christina Jacob — BIRTHPLACE: St Louis, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-09-1624
17. INFORMANT'S OWN SIGNATURE: Lydia M. Momberger — ADDRESS: Rexburg, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — 1 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1965, *to* Dec 4, 1965, *that I last saw the deceased alive on* Dec 3, 1965, *and that death occurred at* 8:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lester J. Petersen MD 413
23b. ADDRESS: Rexburg Idaho
23c. DATE SIGNED: 12-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/8/65
24c. NAME OF CEMETERY OR CREMATORY: Little Butte
24d. LOCATION (City, town, or county) (State): Annis Jefferson Idaho

DATE REC'D BY LOCAL REG.: Dec. 8-1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Kenneth R. Flamm
LICENSE NO.: E347

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 1 4 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 6 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5326
Local Reg. No. 371
Reg. Dist. No. 610

RECEIVED DEC 24 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 43 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
d. STREET ADDRESS (If rural, give location): 290 - 6th Street

3. NAME OF DECEASED (Type or Print)
a. (First): SADIE
b. (Middle): EVELYN
c. (Last): PETERSON

4. DATE OF DEATH (Month) (Day) (Year): December 10, 1965

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Apr. 11, 1897
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home 01
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Dowman — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Sadie E. Hazard — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 518-44-9347
17. INFORMANT'S OWN SIGNATURE: Paul E. Peterson — ADDRESS: Idaho Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arteriosclerotic Heart Disease Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-30, 1963, *to* 12/10, 1965, *that I last saw the deceased alive on* 12/10, 1965, *and that death occurred at* 7:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 546 MO
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 12/15/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 13, 1965
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Dec. 17-1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: R. W. Maddard
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5327
Local Reg. No. 372
Reg. Dist. No. 610

Certificate of Death

RECEIVED
JAN 5 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 10 3-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Greenview Chalet Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ida ho 040
b. COUNTY: Bear River
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Almeda
b. (Middle): 308
c. (Last): Sanderson

4. DATE OF DEATH (Month) (Day) (Year): December 11 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 20, 1886
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Bloomington, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Journal Palmer — BIRTHPLACE: Plaines Neb.
14. MOTHER'S MAIDEN NAME: Orlena Welker — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-54-4550
17. INFORMANT'S OWN SIGNATURE: Martha Stephens — ADDRESS: Montpelier Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

572.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute diverticulitis colon
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic enteritis
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: B O Cayn
A Weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Obstruction - small bowel
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-30, 1959, *to* 12-11, 1965, *that I last saw the deceased alive on* 12-11, 1965 *and that death occurred at* 9 pm *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Blair E. Dunsette 156
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 12-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 15 1965
24c. NAME OF CEMETERY OR CREMATORY: Bloomington Cemetery
24d. LOCATION (City, town, or county) (State): Bloomington Idaho

DATE REC'D BY LOCAL REG.: Dec 18-1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Ralph M. Wood — LICENSE NO.: 413
FIRM NAME: Matthews Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-6-021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 2 8 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5328
Local Reg. No. 374
Reg. Dist. No. 610

RECEIVED JAN 5 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville 10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
LENGTH OF STAY (in this place) 5 1/2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Nursing Home 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 260
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewisville (rural)
d. STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print) a. (First) ZENOBIA b. (Middle) JANE c. (Last) HARPER

4. DATE OF DEATH (Month) (Day) (Year) Dec. 11, 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Mar. 7, 1874

9. AGE (In years last birthday) 91 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker 01

10b. KIND OF BUSINESS OR INDUSTRY Home 01

11. BIRTHPLACE (State or foreign country) Holladay, Utah.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Sutherland BIRTHPLACE Scotland

14. MOTHER'S MAIDEN NAME Ellen Catherine Nicholson BIRTHPLACE Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Norma N. Morris ADDRESS Rigby, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident. Extension Acutewit — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Vascular disease progressive
Indiscrete Past recumnent lifetime
DUE TO (c) Cerebral vascular accident. past 4-5 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arthiritis, degenerative. Gastric 10-12 yr.
resection-Pyloric Obst. 1960

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Malnutirtion-mild chronic.

20. AUTOPSY 3 years
YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 14, 1960, *to* Dec. 11, 1965, *that I last saw the deceased alive on* Dec. 10, 1965, *and that death occurred at* 1:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE John W. Cooper (Degree or title) M.D.

23b. ADDRESS Idaho Falls, Idaho

23c. DATE SIGNED 12/14/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec. 14, 1965

24c. NAME OF CEMETERY OR CREMATORY Pioneer

24d. LOCATION (City, town, or county) (State) Rigby Jefferson Idaho

DATE REC'D BY LOCAL REG. Dec. 28-1965

REGISTRAR'S SIGNATURE Anna Sudges

25. FUNERAL DIRECTOR Bruce A. Echersall ADDRESS Rigby, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho. on 12/11/1965

ADDITIONAL REMARKS by Physician.....

State File No. 5329
Local Reg. No. 375
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

BIRTH NO. 65-12293

RECEIVED JAN 5 1966 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Bonneville 101 3-01	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 100 b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls; LENGTH OF STAY (in this place): 1 day	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital	d. STREET ADDRESS (If rural, give location): Route # 5 Box 282

3. NAME OF DECEASED (Type or Print)	a. (First): Jimmy	b. (Middle): DeLoy 042	c. (Last): Carter	4. DATE OF DEATH (Month) (Day) (Year): December 11 1965
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1	8. DATE OF BIRTH: December 10, 1965	9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 1; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02	10b. KIND OF BUSINESS OR INDUSTRY: None 00	11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Larry Leon Carter	BIRTHPLACE: Nebraska	14. MOTHER'S MAIDEN NAME: Naomi Jean Daw	BIRTHPLACE: Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT'S OWN SIGNATURE: Larry Leon Carter	ADDRESS: Rt 5 Box 282	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Hand from

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) [illegible]

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

762.9

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/10/65, 19__, *to* 12/11, 1965, *that I last saw the deceased alive on* 12/11, 1965, *and that death occurred at* 3:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 339	(Degree or title): MD	23b. ADDRESS: Shelley Idaho	23c. DATE SIGNED: 12/17/65
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 12/14/65	24c. NAME OF CEMETERY OR CREMATORY: Firth Cemetery	24d. LOCATION (City, town, or county): Firth (State): Idaho
DATE REC'D BY LOCAL REG.: Dec. 23-1965	REGISTRAR'S SIGNATURE: [signature]	25. EMBALMER: Ralph M. Wood [signature]	LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5330
Local Reg. No. 382
Reg. Dist. No. 610

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 JAN 5 1966
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls — Bureau of Vital Statistics
c. LENGTH OF STAY (In this place): 9 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Greenview Chalet N. Home 308

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Greenview Chalet N. Home

3. NAME OF DECEASED (Type or Print)
a. (First): NELS
b. (Middle): (nmi)
c. (Last): NIELSON

4. DATE OF DEATH (Month) (Day) (Year): December 13, 1965

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): unknown 6
8. DATE OF BIRTH: July 17, 1886
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown 60
10b. KIND OF BUSINESS OR INDUSTRY: unknown 60
11. BIRTHPLACE (State or foreign country): Denmark
12. CITIZEN OF WHAT COUNTRY?: Denmark

13. FATHER'S NAME: unknown — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown — (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S OWN SIGNATURE: Nursing Home Records — ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarct? — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Epilepsy — grand mal — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls, Ida
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1955, *to* Dec, 1965, *that I last saw the deceased alive on* Dec 10, 1965, *and that death occurred at* 8:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): P. L. Hansen 200 MD
23b. ADDRESS: Idaho Falls, Ida
23c. DATE SIGNED: 12-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 16, 1965
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Dec. 31-1965
REGISTRAR'S SIGNATURE: Anna Bredger
25. EMBALMER: R. W. Madland
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5331
Local Reg. No. 372
Reg. Dist. No. 610

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — 10 JAN 5 1966
a. COUNTY: Bonneville 008
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 365 1/2 South Eastern 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 10
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 365 1/2 South Eastern

3. NAME OF DECEASED (Type or Print): a. (First) Mike; b. (Middle) Woodrow; c. (Last) Dizmang

4. DATE OF DEATH: (Month) December (Day) 13 (Year) 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	February 6, 1909	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer & Owner 01	Construction & Cafe 02	Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		509 14 0369	Mrs Mike W. Dizmang	Idaho Falls, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY ARTERIAL OCCLUSION OR INSUFFICIENCY — INTERVAL BETWEEN ONSET AND DEATH: Recent

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) ARTERIOSCLEROSIS
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
none		IDAHO FALLS BONNEVILLE IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* 12/20, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hazel L. McDaffey M.D. HAZEL L. MC GAFFEY M. D.	CORONER	2525 SOUTH BOULEVARD	12/21/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/16/65	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 28-1965	Anna Rudgers	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 6 1966

APR 28 1966

APR 28 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to [illegible] the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ons.

ADDITIONAL REMARKS by Physician Death occurred at home sometime during the afternoon of 12/13/65. The body was found by his wife, Joan about 8:30 pm. He had had chest pain compatible with angina and shortness of breath earlier that day and had died in bed.

F K McDaffie MD

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 5332
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Bonneville | JAN 5 1966 | Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls | c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho | b. COUNTY: 260
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CLEONE	(TONY)	STEWART	Dec. 16, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Oct. 13, 1902	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	Trucking	Hatch, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Anton P. Stewart	Utah	Mable Cahoon	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXXX		Mrs. Dewey V. Goss	127 Berryman

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY ARTERY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: recent

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROSIS, Coronary arteries
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
None		IDAHO FALLS,	BONNEVILLE	IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
582 Hazel L. McGaffey M.D. HAZEL L. MC GAFFEY, M.D. Coroner	2525 South Boulevard, I.F.	12/21/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 20, 1965	Mountainview Cemetery	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
	Anna Bridges	F. B. Manning	E418

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

JAN 14 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician This 63 year old male was found dead at home at 8:45 am on Thursday, 12/16/65. He had been followed for coronary heart disease and congestive heart failure by Dr. Leland Krantz, and death was not unexpected.

H. L. McGaffey, M. D.

State File No. 5698
Local Reg. No. 396
Reg. Dist. No. 610

Certificate of Death

RECEIVED
FEB 8 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 260 Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): CLEONE
b. (Middle): (TONY)
c. (Last): STEWART

4. DATE OF DEATH (Month) (Day) (Year): Dec. 16, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 13, 1902
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver 06
10b. KIND OF BUSINESS OR INDUSTRY: Trucking
11. BIRTHPLACE (State or foreign country): Hatch, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: ANTON P. STEWART — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Mable Cahoon — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXXX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Dewey V. Dass — ADDRESS: 127 Berryman Rd Pad

420.1 VOID

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CORONARY ARTERY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: recent

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ARTERIOSCLEROSIS, Coronary arteries
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): IDAHO FALLS, BONNEVILLE IDAHO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hazel L. McGaffey MD — HAZEL L. MC GAFFEY, M.D. Coroner 583 4
23b. ADDRESS: 2525 South Boulevard, I.F.
23c. DATE SIGNED: 12/21/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 20, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 12-29-'66
REGISTRAR'S SIGNATURE: Anna Budgess
25. EMBALMER: F. B. Dally — LICENSE NO.: E418

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of usual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician This 63 year old male was found dead at home at 8:45 am on Thursday, 12/16/65. He had been followed for coronary heart disease and congestive heart failure by Dr. Leland Krantz, and death was not unexpected.

H. L. McGaffey, M. D.

State File No. 5333
Local Reg. No. 378
Reg. Dist. No. 610

RECEIVED JAN 5 1966 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 10 .000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 100
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Henry
c. (Last): Williams

4. DATE OF DEATH (Month) (Day) (Year): Dec. 16, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Decc 31, 1898
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 11, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Idaho Falls, Ida. Rt. 2
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Thamas Walter Williams — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Martha Elizabeth Smith — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Victor K Williams — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

527.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Chronic Emphysema — INTERVAL BETWEEN ONSET AND DEATH: Several years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Terminal pneumonia — Several days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 16 Dec., 1965, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Harvey G. Hatch 208 (Degree or title) MD
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 21 Dec 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 20, 1965
24c. NAME OF CEMETERY OR CREMATORY: Grant Memorial Park
24d. LOCATION (City, town, or county) (State): Grant, Idaho

DATE REC'D BY LOCAL REG.: Dec 28-1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Leo A Williams
LICENSE NO.: E-319

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Williams Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JAN 26 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5334
Local Reg. No. 877
Reg. Dist. No. 610

RECEIVED
JAN 5 1966
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 10 3-03

a. COUNTY: Bonneville

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

c. LENGTH OF STAY (in this place): 3 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 10

b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. STREET ADDRESS (If rural, give location): 333 11th Street

3. NAME OF DECEASED (Type or Print)

a. (First): J.

b. (Middle): Richard

c. (Last): Kennedy

4. DATE OF DEATH (Month) (Day) (Year): December 16 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: November 28, 1914

9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber 44

10b. KIND OF BUSINESS OR INDUSTRY: Barbering 68

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: W.B. Kennedy — BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Eunice Miller — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW 11 4

16. SOCIAL SECURITY NO.: 518 12 7488

17. INFORMANT'S OWN SIGNATURE: Josephine Z Kennedy — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Anterior Myocardial infarction due to Coronary artery disease with occlusion

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 4 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 13, 1965, *to* Dec 16, 1965, *that I last saw the deceased alive on* Dec 16, 1965, *and that death occurred at* 10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE 104 G W Corbett MD (Degree or title): G. W. Corbett, M.D.

23b. ADDRESS: 798 South Blvd. Idaho Falls

23c. DATE SIGNED: 12/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/20/65

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Dec. 28-1965

REGISTRAR'S SIGNATURE: Anna Burgess

25. EMBALMER: Ralph M. Wood — Ralph M. Wood

LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 6 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUN 17 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5335
Local Reg. No. 391
Reg. Dist. No. 611

BIRTH NO. 65-5521

RECEIVED JAN 20 1966 Vital Statistics Bureau of Vital Statistics

Inform, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville (100)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls (600)
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route # 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (100) b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route # 3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Kathy	Ann	White	December 17 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never Married	June 6, 1965		6			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None (07)	None (00)	Idaho Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ronald Kay White	Idaho	Peggy Diane Priest	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Ronald K. White	Idaho Falls, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	ANOXIA	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	BRONCHITIS AND UPPER RESPIRATORY INFECTION.	3 days
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	IRON DEFICIENCY ANEMIA	2 months+

501X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
None		IDAHO FALLS BONNEVILLE IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
HAZEL L. MC GAFFEY, M. D. CORONER	2525 SOUTH BOULEVARD AVE	1/8/66

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/20/65	Taylor Cemetery	Taylor Bonneville Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 13 1966	Anna Rudges	Ralph M. Wood Ralph M Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician Found dead in the Crib at home at 7:00 am on 12/17/65.
Age was 6 months.

H. L. McGaffey, M. D.

Certificate of Death

STATE OF IDAHO

State File No. 5336
Local Reg. No. 390
Reg. Dist. No. 610

BIRTH NO.

RECEIVED
JAN 5 1966
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 101 Bonneville 007
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Nursing Home 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 260
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Menan
d. STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print) a. (First) HANNAH b. (Middle) DUDLEY c. (Last) POOLE

4. DATE OF DEATH (Month) (Day) (Year) Dec. 17, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov. 4, 1872
9. AGE (In years last birthday) 93 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker 01
10b. KIND OF BUSINESS OR INDUSTRY Home 01
11. BIRTHPLACE (State or foreign country) West Weber, Utah.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edmund Lovell Ellsworth BIRTHPLACE New York
14. MOTHER'S MAIDEN NAME Mary Ann Dudley BIRTHPLACE New Hampshire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Walter La Poole ADDRESS Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fractured right Femur upper third - Intramedullary Spiral Fracture upper Right Femur — 19 days

19a. DATE OF OPERATION 30 Nov. 65
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT ☑ SUICIDE ☐ HOMICIDE ☐ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At home of daughter B. Roberts,
21c. (CITY, TOWN, OR TOWNSHIP) 260 (COUNTY) Jefferson (STATE) Idaho
21d. TIME OF INJURY (Month) Nov. (Day) 29 (Year) 1965 (Hour) 6:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Fell while getting from car to Front Porch.

22. I hereby certify that I attended the deceased from 29 Nov., 1965, to 17 Dec., 1965, that I last saw the deceased alive on 17 Dec., 1965, and that death occurred at 7:45 p.m. from the causes and on the date stated above.

23a. SIGNATURE Asael Hall, 522 (Degree or title) M.D.
23b. ADDRESS Rigby, Idaho.
23c. DATE SIGNED 18 Dec. 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 20, 1965
24c. NAME OF CEMETERY OR CREMATORY Little Butte
24d. LOCATION (City, town, or county) (State) Annis, Jefferson Idaho.

DATE REC'D BY LOCAL REG. Dec. 29-1965
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR Bruce A. Eberseff ADDRESS Rigby, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: DEC 11 1978

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No E-404 at Rigby, Idaho on 12/17/1965

ADDITIONAL REMARKS by Physician

State File No. 5337
Local Reg. No. 368
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 20 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 2 wks. 3-14
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1196 Washburn Ave. 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE New York 33 555
b. COUNTY Kings
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brooklyn
d. STREET ADDRESS (If rural, give location) 191 Willoughby St.

3. NAME OF DECEASED (Type or Print)
a. (First) MARY
b. (Middle) ADELE
c. (Last) CARCELLI

4. DATE OF DEATH (Month) (Day) (Year) December 17, 1965

5. SEX Female
6. COLOR OR RACE Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 4
8. DATE OF BIRTH Jul. 29, 1885
9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY own home 01
11. BIRTHPLACE (State or foreign country) France
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Bartolomeo Carcelli BIRTHPLACE Italy
14. MOTHER'S MAIDEN NAME Domenica Pioli BIRTHPLACE Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 093-22-1854
17. INFORMANT'S OWN SIGNATURE X Louis Coletti ADDRESS Brooklyn, N.Y.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 10:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE D H Baker 018 (Degree or title) M.D.
23b. ADDRESS Idaho Falls
23c. DATE SIGNED 12 28 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE Dec. 19, 1965
24c. NAME OF CEMETERY OR CREMATORY Belle Vernon Cemetery
24d. LOCATION (City, town, or county) (State) Monessen, Pennsylvania,

DATE REC'D BY LOCAL REG. Jan 18-1966
REGISTRAR'S SIGNATURE Anna Bridges
25. EMBALMER R. W. Maddock
LICENSE NO. E-468

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Buck Funeral HOme

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 21 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5338
Local Reg. No. 383
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

BIRTH NO. 65-12322

RECEIVED 10 JAN 5 1966 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville 4-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 2 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 478 East 22nd Street

3. NAME OF DECEASED (Type or Print)
a. (First): Baby Boy
b. (Middle):
c. (Last): Holmberg

4. DATE OF DEATH (Month) (Day) (Year): December 17 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: December 17, 1965
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 2 / Min. 23

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY: None 00
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Roy Holmberg
BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Venna Park
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Roy Holmberg
ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

762.5

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Anoxemia — INTERVAL BETWEEN ONSET AND DEATH: from Birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fetal atelectasis — from Birth
DUE TO (c): Prematurity

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 17 Dec, 1965, *to* 17 Dec, 1965, *that I last saw the deceased alive on* 17 Dec, 1965, *and that death occurred at* 9:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 164
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 27 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/21/65
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: 12/30/65
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Ralph M. Wood [signature]
LICENSE NO.: 413

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Wood Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

6. ADDITIONAL REMARKS by Physician.....

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State File No. 5339
Local Reg. No. 379
Reg. Dist. No. 610

Certificate of Death

RECEIVED
JAN 5 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, X
c. LENGTH OF STAY (In this place): 9 days 3-09
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hosp 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 360
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby,
d. STREET ADDRESS (If rural, give location): So. State St.

3. NAME OF DECEASED (Type or Print)
a. (First): NIELS
b. (Middle): TOP
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Dec. 18, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Jan. 12, 1880
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rock & Brick Mason
10b. KIND OF BUSINESS OR INDUSTRY: Construction 01
11. BIRTHPLACE (State or foreign country): Denmark
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Hans Peter Nielsen. 80 BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Johanne Kristine Fangel. BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S OWN SIGNATURE: Norman Top — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ~~mild~~
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: mild hypertension

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): no m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-8, 1965, *to* 12-18, 1965, *that I last saw the deceased alive on* 12-17, 1965, *and that death occurred at* 12:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. Wm Brunt Jr. 633 (Degree or title): M. D.
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 23 DEC 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 21, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pioneer
24d. LOCATION (City, town, or county) (State): Rigby, Jefferson, Idaho

DATE REC'D BY LOCAL REG.: Dec. 28-1965
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E404 at Rigby on 12-18-65

ADDITIONAL REMARKS by Physician

State File No. 5340
Local Reg. No. 384
Reg. Dist. No. 610

Certificate of Death

RECEIVED
JAN 5 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 33 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 224 - 5th Street

3. NAME OF DECEASED (Type or Print)
a. (First): VENCIL
b. (Middle): P.
c. (Last): McLAUGHLIN

4. DATE OF DEATH (Month) (Day) (Year): December 21, 1965

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: Nov. 1, 1898
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 19
10b. KIND OF BUSINESS OR INDUSTRY: Furniture 14
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert McLaughlin — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 519-09-2486
17. INFORMANT'S OWN SIGNATURE: William McLaughlin — ADDRESS: 939 W Londe

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

527.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Emphysema - 6 yrs. — 6 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-10, 1965, *to* 12-21, 1965, *that I last saw the deceased alive on* 12-20, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. C. Erickson M.D. 161
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 12-22-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Dec. 23, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: Dec. 31-1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: R. W. Maillard
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 24 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 9 1977

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5341
Local Reg. No. 385
Reg. Dist. No. 610

Certificate of Death

RECEIVED
JAN 5 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 10
a. COUNTY: Bonneville 100
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): unknown
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 247 Broadway 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 247 Broadway

3. NAME OF DECEASED (Type or Print)
a. (First): KEITH
b. (Middle): EDWARD
c. (Last): SHEETS

4. DATE OF DEATH (Month) (Day) (Year): December 23, 1965

5. SEX: male
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unknown 0
8. DATE OF BIRTH: Jan. 24, 1916
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): herder 06
10b. KIND OF BUSINESS OR INDUSTRY: Livestock 03
11. BIRTHPLACE (State or foreign country): no recored
12. CITIZEN OF WHAT COUNTRY?: no record

13. FATHER'S NAME: no record — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no record
16. SOCIAL SECURITY NO.: 518-05-8618
17. INFORMANT'S OWN SIGNATURE: Coroners Records — ADDRESS: I.F.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

490X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): LOBAR PNEUMONIA, LEFT LUNG — INTERVAL BETWEEN ONSET AND DEATH: 2 DAYS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: ARTERIOSCLEROSIS, ARTERIES, MILD

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NONE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): IDAHO FALLS, BONNEVILLE, IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 583 *, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): HAZEL L. MC GAFFEY, M. D. CORONER — Hazel L. McGaffey MD
23b. ADDRESS: 2525 SOUTH BOULEVARD
23c. DATE SIGNED: 12/31/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 29, 1965
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Dec. 31-1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: R. W. Maddland
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral HOme

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 5342
Local Reg. No. 38
Reg. Dist. No. 611

STATE OF IDAHO

BIRTH NO.

RECEIVED
JAN 13 1966
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ririe
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 160
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ririe
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Danny b. (Middle) Oliver c. (Last) Wheeler

4. DATE OF DEATH (Month) (Day) (Year): December 24 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: August 14, 1949

9. AGE (In years last birthday): 16 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77

10b. KIND OF BUSINESS OR INDUSTRY: High School 092

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Oliver Alvin Wheeler — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Betty Jean Palmer — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Oliver Alvin Wheeler — ADDRESS: Ririe

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anopemia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchopneumonia — 2 months
DUE TO (c) Cystic Fibrosis — 16 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1965, *to* Dec, 1965, *that I last saw the deceased alive on* 22 Dec, 1965, *and that death occurred at* 705 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): MD

23b. ADDRESS: Idaho Falls Idaho

23c. DATE SIGNED: 28 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/27/65

24c. NAME OF CEMETERY OR CREMATORY: Ririe Shelton Cemetery

24d. LOCATION (City, town, or county) (State): Ririe Idaho

DATE REC'D BY LOCAL REG.: Jan. 4 - 1966

REGISTRAR'S SIGNATURE: Verna Rudges

25. EMBALMER: Ralph M. Wood — Ralph M. Wood

LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

6. ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 1 3 1966 Bureau of Vital Statistics

State File No. 5343
Local Reg. No. 389
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho FAlls
c. LENGTH OF STAY (in this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ririe
d. STREET ADDRESS (If rural, give location): Box 416

3. NAME OF DECEASED (Type or Print): a. (First) Ezra · b. (Middle) 042 c. (Last) Moore

4. DATE OF DEATH: (Month) December (Day) 26 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: February 14, 1887

9. AGE (In years last birthday): 78 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming 01

11. BIRTHPLACE (State or foreign country): Neely, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Willard Moore — BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Annie Morgan — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mildred L Christensen — ADDRESS: Ryby, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastro Intestinal Hemorrhage, undetermined — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerotic Heart Disease — 5 years +
DUE TO (c) Generalized arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Emphysema — years

5788X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: None performed

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19 Nov., 1957, *to* Dec. 26, 1965, *that I last saw the deceased alive on* Dec 25, 1965, *and that death occurred at* 5:10 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Coral Tall (Degree or title) 522 M.D.

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 28 Dec. 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/29/65

24c. NAME OF CEMETERY OR CREMATORY: Ririe Shelton Cemetery

24d. LOCATION (City, town, or county) (State): Ririe Idaho

DATE REC'D BY LOCAL REG.: Jan. 4-1966

REGISTRAR'S SIGNATURE: Anna Budge

25. EMBALMER: Ralph M. Wood — LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5344
Local Reg. No. 387
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

BIRTH NO.

JAN 5 1966
Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Bonneville 101 3-01	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 260 b. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls c. LENGTH OF STAY (in this place): 1 day	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LaBelle
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. HOspital 042	d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) EDDINS c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Dec. 27, 1965
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2	8. DATE OF BIRTH: Feb. 16, 1890
9. AGE (In years last birthday): 75	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker 01	10b. KIND OF BUSINESS OR INDUSTRY: Home 01	11. BIRTHPLACE (State or foreign country): Tooele, Utah.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Robert Mieklejohn BIRTHPLACE: Scotland		14. MOTHER'S MAIDEN NAME: Elizabeth Saunders BIRTHPLACE: ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: None	17. INFORMANT'S OWN SIGNATURE: Duane L Eddins Lorenzo ADDRESS: BI	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Embolism	2 days
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	years
DUE TO (c)	Generalized Arteriosclerosis	years
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Osteo Arthritis, Knees, + feet	years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: none performed	20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 27 Jan, 1964, *to* Dec. 27, 1965, *that I last saw the deceased alive on* Dec 27, 1965, *and that death occurred at* 9:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Asael Hall 522 (Degree or title) M.D.	23b. ADDRESS: Rigby, Idaho.	23c. DATE SIGNED: 28 Dec 65
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Dec. 30, 1965	24c. NAME OF CEMETERY OR CREMATORY: Little Butte
24d. LOCATION (City, town, or county) (State): Annis Jefferson Idaho		
DATE REC'D BY LOCAL REG.: Dec. 31-65	REGISTRAR'S SIGNATURE: Anna Bridges	25. FUNERAL DIRECTOR: Bruce A. Eckersell ADDRESS: Rigby, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho. on 12/27/1965

ADDITIONAL REMARKS by Physician.....

State File No. 5345
Local Reg. No. 386
Reg. Dist. No. 610

RECEIVED
JAN 5 1966
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville (10)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 53 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 213-4th Street

3. NAME OF DECEASED (Type or Print)
a. (First): FREDA
b. (Middle): MAY
c. (Last): HUMPHREY

4. DATE OF DEATH (Month) (Day) (Year): December 27, 1965

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 31, 1895
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home 01
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: S. Richard Hatfield — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Freda May Peterson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: C. P. Humphrey — ADDRESS: Idaho Falls, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 420.1 Arteriosclerotic Heart Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Atherosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 24, 1965, *to* Dec 27, 1965, *that I last saw the deceased alive on* Dec 26, 1965, *and that death occurred at* 7:00 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 196 Robert L. Hodgins
23b. ADDRESS: 749 Oxford Drive
23c. DATE SIGNED: 12/31/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 29, 1965
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Dec. 31-1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: R. W. Maddox
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral HOme

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 13 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAY 8 1970

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 5346
Local Reg. No. 370
Reg. Dist. No. 610

65-12338 RECEIVED STATE OF IDAHO
BIRTH NO.

JAN 2 01966
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY (101) Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY IN (this place) 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Latter Day Saints Hospital (042)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho (101) b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 1288 Mound Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Tracy b. (Middle) Allen c. (Last) Purcell

4. DATE OF DEATH (Month) (Day) (Year) December 28 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH December 22, 1965

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days 6 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None (02)

10b. KIND OF BUSINESS OR INDUSTRY None (09)

11. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Steven Gerald Purcell — **BIRTHPLACE** Idaho

14. MOTHER'S MAIDEN NAME Camille L. Harline — **BIRTHPLACE** Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE x Florence Purcell — **ADDRESS** Idaho Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyaline Membrane Disease (773.5) — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (303) Ralph M. Seamons (Degree or title)

23b. ADDRESS Idaho Falls, Idaho

23c. DATE SIGNED 1/2/66

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12/30/65

24c. NAME OF CEMETERY OR CREMATORY Ammon Cemetery

24d. LOCATION (City, town, or county) Ammon (State) Idaho

DATE REC'D BY LOCAL REG. Jan. 4 - 1966

REGISTRAR'S SIGNATURE Lenna Rudges

25. EMBALMER Ralph M. Wood — **LICENSE NO.** 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5347
Local Reg. No. 393
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 JAN 2 01966
b. CITY OR TOWN: Idaho Falls
c. LENGTH OF STAY (in this place): 24 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 311 North Placer Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 311 North Placer Avenue

3. NAME OF DECEASED (Type or Print): a. (First) NEWELL b. (Middle) HOWARD c. (Last) BATTLES, SR.

4. DATE OF DEATH (Month) (Day) (Year): December 30, 1965

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Sept. 12, 1907

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician & Surgeon 14

10b. KIND OF BUSINESS OR INDUSTRY: Private Practice 6

11. BIRTHPLACE (State or foreign country): Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Stephen T. Battles
BIRTHPLACE: Wooster, Ohio

14. MOTHER'S MAIDEN NAME: Elizabeth Irwin
BIRTHPLACE: Genoa, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY NO.: 726-X

17. INFORMANT'S OWN SIGNATURE: Dorothy S. Battles
ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): GUNSHOT WOUND, SHOTGUN, LEFT CHEST & HEART — INTERVAL BETWEEN ONSET AND DEATH: INSTANT

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): DEPRESSION
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
1) ARTERIOSCLEROTIC HEART DISEASE & CORONARY ARTERIAL INSUFFICIENCY
2) CERVICAL DISC (RUPTURED NUCLEUS PULPOSUS.
(CLINICAL)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): SUICIDE

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): IDAHO FALLS BONNEVILLE IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on Dec 31, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hazel L. McGaffey M.D. HAZEL L. McGAFFEY, M.D. CORONER

23b. ADDRESS: 2525 South Boulevard

23c. DATE SIGNED: 1/10/66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 3, 1966

24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Jan. 13-1966

REGISTRAR'S SIGNATURE: Anna Bridges

25. EMBALMER: G. W. Maddock

LICENSE NO.: E-468

FIRM NAME: Buck Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 29 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JAN 21 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 28 1980

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5348
Local Reg. No. 395
Reg. Dist. No. 610

Certificate of Death

RECEIVED
JAN 20 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 101
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 766 I Street

3. NAME OF DECEASED (Type or Print)
a. (First): Wilford
b. (Middle): James
c. (Last): Price

4. DATE OF DEATH (Month) (Day) (Year): December 31 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: October 18, 1882
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Mill Creek, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Walton Price — BIRTHPLACE: USA
14. MOTHER'S MAIDEN NAME: Caroline Amelia Christiansen — BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Milo Lynn Price — ADDRESS: Idaho Falls

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro vascular accident (Stroke) — INTERVAL BETWEEN ONSET AND DEATH: 4-5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): (General arteriosclerosis)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Terminal pneumonia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE 208 (Degree or title): Harvey A. Hatch MD
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 12 Jan 1966.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/3/66
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Jan. 15-1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Ralph M. Wood Ralph M Wood
LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to sign the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5349
Local Reg. No. 69-65
Reg. Dist. No. 109

BIRTH NO.

RECEIVED JAN 13 1966 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Boundary 110
b. CITY OR TOWN: Bonners Ferry
c. LENGTH OF STAY IN THIS PLACE: 3 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION: Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN: Bonners Ferry
d. STREET ADDRESS (If rural, give location): P. O. Box #582

3. NAME OF DECEASED (Type or Print): a. (First) CLAUDE b. (Middle) WILLIAM c. (Last) CHAPPELL

4. DATE OF DEATH: (Month) (Day) (Year) December 8, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: April 4, 1891

9. AGE (In years last birthday): 74 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 01

11. BIRTHPLACE (State or foreign country): Lake County, South Dakota

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: George Chappell — BIRTHPLACE: Vermont

14. MOTHER'S MAIDEN NAME: Alice Brock — BIRTHPLACE: Vermont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: 519-03-7635

17. INFORMANT'S OWN SIGNATURE: William S. Crowe — ADDRESS: Bonners Ferry, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis & Cerebrovascular accident — unknown

DUE TO (c) Portal cirrhosis — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Multiple pulmonary FX's — unknown
Prostatic carcinoma — unknown

19a. DATE OF OPERATION: NO

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NO

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): NO — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* 12/8, 1965, *that I last saw the deceased alive on* 12/8, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. Crowe 103 (Degree or title): MD

23b. ADDRESS: Bonners Ferry Ida

23c. DATE SIGNED: 12/31/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/11/65

24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery

24d. LOCATION (City, town, or county) (State): Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.: Jan. 3, 1966

REGISTRAR'S SIGNATURE: Myrla Stone

25. FUNERAL DIRECTOR: Clarke Mortuary — ADDRESS: Bonners Ferry, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 14 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Charles O. Malone Lic. No. E-453 at Bonners Ferry on 12/8/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 5350
Local Reg. No. 64-65
Reg. Dist. No. 100

BIRTH NO.

RECEIVED DEC 20 1965 Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moyie Springs
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Delivery

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moyie Springs
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EARL	CARL	CORNER	December 9, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 22, 1894	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Foreman, Railroad 70	Transportation 60	Dumont, Iowa	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Oliver Corner	Iowa	Melinda Reed	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW #1 0	701-07-3974	Mrs Earl Corner	Moyie Springs, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	CORONARY OCCLUSION 420.1	Minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* INVESTIATION ONLY, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. M. Callahan Coroner	Bonners Ferry, Idaho	12/13/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/13/65	Grandview Cemetery	Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12/15/65	Virgil Stone	Marshall Malone	Bonners Ferry, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DEC 21 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 9 1982

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Charles O. Malone Lic. No. E-453 at Bonners Ferry on 12/9/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 5351
Local Reg. No. 66-65
Reg. Dist. No. 100

RECEIVED JAN 3 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	ALFRED	LESLIE	December 16, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	2/23/1877	88		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Toronto, Canada
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William Henry Leslie — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Eliza Mitchel — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-12-5764
17. INFORMANT'S OWN SIGNATURE: Alice B. Kruegel — ADDRESS: Bonners Ferry, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: Approx 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease under 5 mo; Diabetes mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NO		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
NO		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): NO — m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-NO, 1965, *to* 12-16, 1965, *that I last saw the deceased alive on* 12-16, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Bonners Ferry, Idaho	12/28/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/21/65	Grandview Cemetery	Bonners Ferry, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12/30/65	Myla Stone	[signature]	Bonners Ferry, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Charles O. Malone Lic. No. E-453 at Bonners Ferry on 12/16/65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5352
Local Reg. No. 65-65
Reg. Dist. No. 100

BIRTH NO.

RECEIVED ID JAN 3 1966 3-14
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho ID
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	RAY	HOLMAN	WALLACE	December 18, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	March 2, 1888	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer, Retired 04	Agriculture 01	Bronson, Kansas	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Wallace	Michigan	Emily Holman	Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	519-14-2134	J. C. Wallace	Bonners Ferry Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive hemorrhage from upper intestinal tract — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured esophageal varix
DUE TO (c) Senile atherosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebro-vascular accident & hemiplegia — 2 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12/3, 1965, *to* 12/14, 1965, *that I last saw the deceased alive on* 12/18, 1965, *and that death occurred at* 9 a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Fred W. Dunn 150	MD	Bonners Ferry, Idaho	12/22/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/22/65	Grandview Cemetery	Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12/26/65	Lucyle Stone	Clarke C. Malone	Bonners Ferry, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

JAN 4 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Charles O. Malone Lic. No. E-453 at Bonners Ferry on 12/18/65

ADDITIONAL REMARKS by Physician Hemorrhage apparently from esophageal varix 2 days prior to death.

Information, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 5353
Local Reg. No. 67-65
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Boundary — 110 JAN 3 1966 — 3-02
Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry — LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho — 110 — b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): Route #1, Box #67

3. NAME OF DECEASED (Type or Print): a. (First) THEODORE — b. (Middle) PETER — c. (Last) ANDERSON

4. DATE OF DEATH: (Month) (Day) (Year) December 20, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: August 13, 1882

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 0

11. BIRTHPLACE (State or foreign country): VaroBaka, Sweden

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Andres Anderson — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Johana Torkelson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 470-01-4508

17. INFORMANT'S OWN SIGNATURE: Nellie Le Torderson — ADDRESS: Bonners Ferry Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

3327

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — unkn
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cholecystitis — 5+ yrs

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): no — m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/17, 1965, *to* 12/20, 1965, *that I last saw the deceased alive on* 12/20, 19 65 *and that death occurred at* — m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 103 (Degree or title)

23b. ADDRESS: Bonners Ferry Idaho

23c. DATE SIGNED: 12/28/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/23/65

24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery

24d. LOCATION (City, town, or county) (State): Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.: 12/30/65

REGISTRAR'S SIGNATURE: Freyda Stone

25. FUNERAL DIRECTOR: Charles Malone — ADDRESS: Bonners Ferry, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Charles O. Malone Lic. No. E-453 at Bonners Ferry on 12/20/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 5354
Local Reg. No. 70-65
Reg. Dist. No. 100

BIRTH NO.

RECEIVED JAN 19 1966 Bureau of Statistics

110 3-01

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): Community Restorium

3. NAME OF DECEASED (Type or Print)
a. (First): FRED
b. (Middle): (NONE)
c. (Last): OLSON

4. DATE OF DEATH: (Month) (Day) (Year): December 30, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Nov. 1, 1911

9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman 70

10b. KIND OF BUSINESS OR INDUSTRY: Railroad 00

11. BIRTHPLACE (State or foreign country): Norfolk, Virginia

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: UNKNOWN
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: UNKNOWN
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): 1/3/38-3/28/40

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Bonners Ferry Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

480X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis & pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Influenza

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cerebro vascular hemorrhage — 2 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/18, 1964, *to* 12/30, 1965, *that I last saw the deceased alive on* 12/30, 1965, *and that death occurred at* 2a m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 150 (Degree or title)

23b. ADDRESS: Bonners Ferry Idaho

23c. DATE SIGNED: 1/7/66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/3/66

24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery

24d. LOCATION (City, town, or county) (State): Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.: Jan. 12, 1966

REGISTRAR'S SIGNATURE: Freda Stone

25. FUNERAL DIRECTOR: [signature] ADDRESS: Bonners Ferry, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

JUN 15 1966

FEB 10 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Charles O. Malone Lic. No. E-453 at Bonners Ferry on 12/30/65

ADDITIONAL REMARKS by Physician

Corr. Aff. 2 1/71

Line 7 Single to Married

Line 8 Date of Birth to Nov. 22, 1910

State File No. 5355
Local Reg. No. 77
Reg. Dist. No. 670

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
DEC 29 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Butte 120
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lost Rivers Hospital 264

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 120
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
d. STREET ADDRESS (If rural, give location): Louise Dr.

3. NAME OF DECEASED (Type or Print)
a. (First): Ellen
b. (Middle): Gertrude
c. (Last): Anderson

4. DATE OF DEATH (Month) (Day) (Year): November 17, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 4, 1885
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: None 01
11. BIRTHPLACE (State or foreign country): Silverton, Colorado
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Henry Brink — BIRTHPLACE: Cherry Valley, Ill.
14. MOTHER'S MAIDEN NAME: Mary E. Brown — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Elizabeth A Johnston — ADDRESS: Arco, Idaho

18. CAUSE OF DEATH 154X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Recto-sigmoid — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bowel obstruction — 2d
DUE TO (c): Peritonitis — 2d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Colitis - Descending

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Diverticulitis
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 15, 1965, *to* Nov 17, 1965, *that I last saw the deceased alive on* Nov. 17, 1965, *and that death occurred at* 10:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: 031 R. Barker (Degree or title)
23b. ADDRESS: Arco, Ida
23c. DATE SIGNED: 11-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 11-19-65
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Dec. 27-1965
REGISTRAR'S SIGNATURE: Betty J. Marvel
25. EMBALMER: C. H. Marvel
LICENSE NO.: E-457

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Marvel Memorial Chapel, Arco

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 2 1 1983

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5356
Local Reg. No. 12
Reg. Dist. No. 6-70

RECEIVED DEC 29 1965 Bureau of Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 120 Butte 2-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Arco
LENGTH OF STAY (in this place) 2½ mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lost Rivers Hospital 264

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 190
b. COUNTY Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Mackay
d. STREET ADDRESS (If rural, give location) 3 Mi. N. of Mackay

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Marshall	Leland	Pritchett	December 4, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	Jan. 5, 1937	28				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Agriculture 01	Mackay, Idaho	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jim Pritchett	Houston, Idaho	Carol Smith	Stromsburg, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-42-8534	X Marilyn L Howard	Kahlotus, Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1788

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, lungs & liver — INTERVAL BETWEEN ONSET AND DEATH: 12 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of left Testis — 1 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1965, 19___, *to* Dec 4, 1965, *that I last saw the deceased alive on* Dec 3, 1965, *and that death occurred at* 12:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. L. Boardman M.D.	Arco Ida	12-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/7/65	Mt. McCaleb Cemetery	Mackay, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 10, 1965	Betty J. Marvel	C. W. Marvel	E-457

FIRM NAME: Marvel Memorial Chapel, Arco

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 5367
Local Reg. No. 270
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED DEC 31 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Parkview Manor Nursing HOme

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 142
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) Lincoln Park

3. NAME OF DECEASED (Type or Print)
a. (First) Albert
b. (Middle) Louis 296
c. (Last) Barbezat

4. DATE OF DEATH (Month) December (Day) 1, (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH April 21, 1876
9. AGE (In years last birthday) 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Farming 01
11. BIRTHPLACE (State or foreign country) Danvers, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Albert Louis Barbezat — BIRTHPLACE Switzerland
14. MOTHER'S MAIDEN NAME Helene Stahley — BIRTHPLACE Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Blanche L Curry — ADDRESS Meridian, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

537X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Infective Paralitis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Debility — Yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Art. Sclerotic C.V. Disease — Yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1960, *to* 12-1-, 1965, *that I last saw the deceased alive on* 11-30, 1965, *and that death occurred at* 7:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE 559 Gerald E Nesche (Degree or title) MD
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 12-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 6, 1965
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State) Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG. Dec. 28, 1965
REGISTRAR'S SIGNATURE Jane [signature]
25. EMBALMER Richard W. Mesenbrink — LICENSE NO. E 482

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5358
Local Reg. No. 152
Reg. Dist. No. 361

Certificate of Death

STATE OF IDAHO

RECEIVED
DEC 7 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 141
a. COUNTY: Canyon 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 Mi. E. on hiway 20 * 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6203 Elmer St.

3. NAME OF DECEASED (Type or Print)
a. (First): Leslie
b. (Middle): M.
c. (Last): McFarland

4. DATE OF DEATH (Month) (Day) (Year): Dec. 2, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 10, 1917
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet metal worker 67
10b. KIND OF BUSINESS OR INDUSTRY: Same 02
11. BIRTHPLACE (State or foreign country): Okanogan, Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ed H. McFarland — BIRTHPLACE: Barnard, Missouri
14. MOTHER'S MAIDEN NAME: Grace Moss — BIRTHPLACE: Bonduel, Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-05-7126
17. INFORMANT'S OWN SIGNATURE: X Mrs. Leslie M. McFarland — ADDRESS:

18. CAUSE OF DEATH 816.4
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Broken neck

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
~~DUE TO (b)~~: Basal Skull fracture
DUE TO (c): Auto Accident

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Fractured ribs left side — Fractures left femur.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 06
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 13
21c. (CITY, TOWN, OR TOWNSHIP) 141 (COUNTY) (STATE): U.S. 20 E. Caldwell Canyon Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12 - 2 - 65 1 P.M. 2
21e. INJURY OCCURRED: WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Head on Collision with another car —

22. *I hereby certify that I attended the deceased from* Inspection only, *19*____, *to* _____, *19*____, *that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 583 (Degree or title): Henry C. Wesche MD. Coroner 4
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 12-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 12/6/65
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Dec 6, 1965
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: Merville D. Davis — LICENSE NO. E-399
FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 7 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 14 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 22 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JAN 13 1982

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5359
Local Reg. No. 369
Reg. Dist. No. 363

RECEIVED DEC 29 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 1½ mon.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Parkview Manor 296

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural Smiths Prairie
d. STREET ADDRESS (If rural, give location): ----

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): WILLIAM
c. (Last): RUSSELL

4. DATE OF DEATH (Month) (Day) (Year): December 3, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: May 20, 1887
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): stockman & farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: agriculture 0
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William A. Russell — BIRTHPLACE: Knox Co., Ill.
14. MOTHER'S MAIDEN NAME: Josephine E. McNew — BIRTHPLACE: Owsley Co, Ky.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Geo G. Russell — ADDRESS: Route 3 Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

150X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of esophagus — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Bronchopneumonia (aspiration) — 1 week

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 2:20a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 062 Harold W. Brown MD
23b. ADDRESS: 619 So. Canyon, Nampa, Idaho
23c. DATE SIGNED: 12-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 6, 1965
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county): Boise — (State): Idaho

DATE REC'D BY LOCAL REG.: Dec 23, 1965
REGISTRAR'S SIGNATURE: June Steck
25. EMBALMER: F. Richard Reed
LICENSE NO.: E-440

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended Dec. 30, 1965

Certificate of Death

STATE OF IDAHO

State File No. 5360
Local Reg. No. 263
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 140 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa-Rural
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home--Mounted Route, Nampa 670

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 140 b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa-Rural
d. STREET ADDRESS (If rural, give location) Mt. Route

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) Melvin c. (Last) Scott Smith

4. DATE OF DEATH (Month) (Day) (Year) December 3, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH Feb. 11, 1902

9. AGE (In years last birthday) 63 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairyman 04

10b. KIND OF BUSINESS OR INDUSTRY Dairy 06

11. BIRTHPLACE (State or foreign country) White Rock, South Dakota

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Walter Scott Smith
BIRTHPLACE No Record

14. MOTHER'S MAIDEN NAME Rose
BIRTHPLACE No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 519 20 7561

17. INFORMANT'S OWN SIGNATURE Mrs. Walter Smith
ADDRESS Nampa, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4 20, 1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-3- , 19 65 *to* 12-3 , 19 65, *that I last saw the deceased alive on* 12-3 , 1965, *and that death occurred at* 2:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Richard C. Troyer, M.D. 666 (Degree or title)

23b. ADDRESS 619 So. Canyon, Nampa, Ida.

23c. DATE SIGNED 12-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec 6, 1965

24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State) Canyon County Idaho

DATE REC'D BY LOCAL REG. Dec 11, 1965

REGISTRAR'S SIGNATURE Jane Steck

25. EMBALMER Larry S. Kroush

LICENSE NO. E-447

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

12-20-65

RECEIVED
DEC 24 1965
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of CANYON

Certificate No.

Date Filed Dec. 15, 1965

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)
for Walter Melvin Scott Smith (Name on Original Certificate) who died (Was Born or Died) on Dec. 3, 1965 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Item 16. S. S. #	519 20 7567	519 20 7561

Subscribed and sworn to before me this 22 nd day of December, 1965

Notary Public, residing at Notary Public residing at Nampa, Idaho. My commission expires June 15, 1969

My commission expires Nampa, Idaho. My commission expires June 15, 1969

(Seal)

X Signed Mrs Walter Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mounted Route, Nampa
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of CANYON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 nd day of December, 1965

Notary Public, residing at Notary Public residing at Nampa, Idaho. My commission expires June 15, 1969

My commission expires

(Seal)

X Signed Don W Smigiani
(Signature of Any Credible Person)

416 10th Ave. So., Nampa
(Street Address, City, State)

FORM DH 60-155

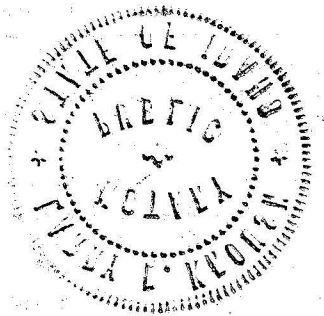

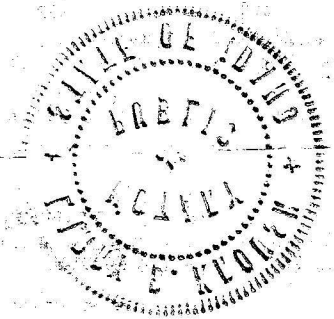

STATE OF IDAHO
LARRY E. KROUSE
SECRETARY OF PUBLIC

STATE OF IDAHO
LARRY E. KROUSE
SECRETARY OF PUBLIC

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 363
Reg. Dist. No. 363

BIRTH NO.

RECEIVED DEC 15 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa -Rural
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home-- Mounted Route, Nampa

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa-Rural
d. STREET ADDRESS (If rural, give location): Mt. Route

3. NAME OF DECEASED (Type or Print): a. (First) WALTER b. (Middle) MELVIN c. (Last) SCOTT SMITH

4. DATE OF DEATH: (Month) Dec. (Day) 3, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 11, 1902

9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dairyman

10b. KIND OF BUSINESS OR INDUSTRY: Dairy

11. BIRTHPLACE (State or foreign country): White Rock, South Dakota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Walter Scott Smith — BIRTHPLACE: no record

14. MOTHER'S MAIDEN NAME: Rose — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519 20 7567

17. INFORMANT'S OWN SIGNATURE: Mrs Walter Smith — ADDRESS: Nampa, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-3-, 1965, *to* 12-3-, 1965, *that I last saw the deceased alive on* 12-3-, 1965, *and that death occurred at* 2:00A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard C. Troyer, M.D.
23b. ADDRESS: 619 So. Canyon, Nampa, Ida
23c. DATE SIGNED: 12-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 6, 1965
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Canyon County Idaho

DATE REC'D BY LOCAL REG.: Dec. 11 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Larry S. Krouch — **LICENSE NO.**: E-447
FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 1 6 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 0 2 2013

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5361
Local Reg. No. 157
Reg. Dist. No. 360

Certificate of Death

RECEIVED
DEC 13 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. SENSTY OF STAT (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): ELIZA 051
c. (Last): BROWN

4. DATE OF DEATH (Month) 12 (Day) 4 (Year) 65

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 24, 1877
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months 1, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Self 01
11. BIRTHPLACE (State or foreign country): Caldwell, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Isac Paynter — BIRTHPLACE: Virgina
14. MOTHER'S MAIDEN NAME: Alice Ward — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x Chas. S. Paynter Jr. — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: cholecystitis
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-3, 1965, *to* 12-4, 1965, *that I last saw the deceased alive on* 12-4, 1965, *and that death occurred at* 11:34 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 166 (Degree or title)
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 12-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 12/5/65
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Dec 8, 1965
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: Leonard C. Flahiff
LICENSE NO.: E-481

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 9 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5362
Local Reg. No. 364
Reg. Dist. No. 362

RECEIVED DEC 15 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 416 Locust

3. NAME OF DECEASED (Type or Print)
a. (First): WESLEY
b. (Middle): A.
c. (Last): CASTER

4. DATE OF DEATH (Month) (Day) (Year): Dec. 4, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 11, 1885
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Realtor 19
10b. KIND OF BUSINESS OR INDUSTRY: Real Estast 09
11. BIRTHPLACE (State or foreign country): Oberlin Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Daniel Caster — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Viola Green — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519 10 6845
17. INFORMANT'S OWN SIGNATURE: Gerald A. Caster — ADDRESS: Lynwood, Calif.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): General innidiation — INTERVAL BETWEEN ONSET AND DEATH: 12 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Leiomyosarcoma, retroperitoneal
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Benign prostatic hypertrophy with severe chronic cystitis and early uremia

19a. DATE OF OPERATION: 11-22-65
19b. MAJOR FINDINGS OF OPERATION: Very large tumor mass involving cecum and seveal loops of small bowel with partial obstruction
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-20-65, 19__, *to* 12-4-65, 19__, *that I last saw the deceased alive on* Dec. 3, 1965, *and that death occurred at* 4:10A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 048 (Degree or title): M. D.
23b. ADDRESS: 721 Roosevelt Ave. Nampa, Id.
23c. DATE SIGNED: 12-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial Entombment 4
24b. DATE: Dec. 7, 1965
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Memorial Gardens
24d. LOCATION (City, town, or county) (State): Canyon County Idaho

DATE REC'D BY LOCAL REG.: Dec. 11 1965
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Tony J. Brough — LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5363
Local Reg. No. 265
Reg. Dist. No. 362

RECEIVED DEC 15 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY CANYON 4-08
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA, IDAHO
LENGTH OF STAY (in this place) 8 HRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MERCY HOSPITAL 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO 140 b. COUNTY CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
d. STREET ADDRESS (If rural, give location) RT. 4

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DONALD	D.	DUDGEON	DEC. 5, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED 3	SEPT. 17, 1909	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CONTRACTOR, BLDG.	APT. HOUSES 01	CARLETON, NEBRASKA	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
ALEXANDER DUDGEON 73	SCOTLAND	MARGARET BELL	NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		508-05-8264	Alice M. Dudgeon	NAMPA, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) HYPERTENSIVE CARDIO VASCULAR DISEASE

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7-10-58, *to* 12-4-65, *that I last saw the deceased alive on* 12-4-65, *and that death occurred at* 5:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joe Eaton M.D	NAMPA, IDAHO	12-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	12-8-65	HILLCREST MEM. GARDENS	NAMPA, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 11 1965	Jane Stuckey	M. B. Shepherd	473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 1 6 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5364
Local Reg. No. 271
Reg. Dist. No. 362

RECEIVED DEC 30 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 142
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 142 High Street

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Arthur c. (Last) Boyer

4. DATE OF DEATH (Month) (Day) (Year) December 5, 1965.

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Nov. 1, 1878.
9. AGE (In years last birthday) 87 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY 03
11. BIRTHPLACE (State or foreign country) Washington County, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jacob Franklin Boyer BIRTHPLACE Iowa
14. MOTHER'S MAIDEN NAME Sarah Elizabeth Shockley BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 506-01-4218
17. INFORMANT'S OWN SIGNATURE Howard P. Boyer ADDRESS Boise, Idaho

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO XX

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to Dec. 5, 1965, that I last saw the deceased alive on Dec. 5, 1965, and that death occurred at 1P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 288 F. A. Koehne, M.
23b. ADDRESS Nampa, Ida
23c. DATE SIGNED Dec. 8, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 8, 1965
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State) Nampa, Idaho

DATE REC'D BY LOCAL REG. Dec 28, 1965
REGISTRAR'S SIGNATURE June Steck
25. EMBALMER Ponce Lingiane LICENSE NO. E-496
FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 5365
Local Reg. No. 161
Reg. Dist. No. 360

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon 14 | DEC 22 1965 | Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 370
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Robert	Lee	Parrish	Dec. 5, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	Aug. 12, 1882	83	5	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00	00	Crab Orchard, Johnson Co., Neb.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Parrish	Unknown	Mary Hodge	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Unknown	544-03-0061	Mrs Eileen Shirley	Seattle

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

8254

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral hemo pneumo thorax — INTERVAL BETWEEN ONSET AND DEATH: 20 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) multiple fx. Ribs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home/farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	On highway	38 Rome 555 Oregon

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
12 4 65 m.		Car out of control

22. *I hereby certify that I attended the deceased from* 12-4, 1965, *to* 12-5, 1965, *that I last saw the deceased alive on* 12-5, 1965, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A M Salrans 425	M.D.	227 E. Logan	12-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Dec. 9, 1965	Mt. View Memorial	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 18, 1965	Irene H. Hunt, Deputy	Merville D. Davis	E-399

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan-Davis Chapel, Caldwell

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
DEC 8 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5366
Local Reg. No. 156
Reg. Dist. No. 360

BIRTH NO. 141

1. PLACE OF DEATH
a. COUNTY Canyon 009
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell, Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 14 b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell, Idaho
d. STREET ADDRESS (If rural, give location) 324 Dearborn

3. NAME OF DECEASED (Type or Print) a. (First) HERBERT b. (Middle) F 051 c. (Last) MOORE

4. DATE OF DEATH (Month) 12 (Day) 6 (Year) 65

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2
8. DATE OF BIRTH 3/18/1907
9. AGE (In years last birthday) 58 IF UNDER 1 YEAR Months 8 Days 18 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) J. R. Simplot 06
10b. KIND OF BUSINESS OR INDUSTRY Food Prosessing 03
11. BIRTHPLACE (State or foreign country) Petersburg, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jesse L. Moore BIRTHPLACE Waverley, Neb.
14. MOTHER'S MAIDEN NAME Emma Moritz BIRTHPLACE West Point, Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Two 2041 3
16. SOCIAL SECURITY NO. 518-18-4848
17. INFORMANT'S OWN SIGNATURE ADDRESS ×A E Moore

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphocytic Leukemia — INTERVAL BETWEEN ONSET AND DEATH 4 YRS.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 9, 1956, *to* Dec. 6, 1965, *that I last saw the deceased alive on* Dec. 5, 1965, *and that death occurred at* 9:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE John H. Haener 243 (Degree or title) M.D.
23b. ADDRESS Caldwell, Idaho
23c. DATE SIGNED 12/9/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 12/9/65
24c. NAME OF CEMETERY OR CREMATORY Cloverdale
24d. LOCATION (City, town, or county) (State) Near Boise, Idaho

DATE REC'D BY LOCAL REG. Dec 8, 1965
REGISTRAR'S SIGNATURE Fredo D. Hunt, Deputy
25. EMBALMER Leonard C. Flahiff
LICENSE NO. E-481

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 10 1965

JAN 27 1966

APR 3 1984

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 15 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5367
Local Reg. No. 266
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
LENGTH OF STAY (in this place): 21 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 142
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 716 14th AVE. SOUTH

3. NAME OF DECEASED (Type or Print): a. (First) PETER b. (Middle) O. c. (Last) RIVETT

4. DATE OF DEATH: (Month) (Day) (Year) DEC. 6, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED 2	AUG. 13, 1888	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RET. CARMAN 70	U.P. RAIL ROAD 53	CANADA	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
ANDREW RIVETT	CANADA	CLARISE NO RECORD	NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		722-18-0386	[signature]	NAMPA, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis — INTERVAL BETWEEN ONSET AND DEATH: a wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mar, 1948, *to* Dec. 6, 1965, *that I last saw the deceased alive on* Dec 6, 1965, *and that death occurred at* 11:17 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. A. Koehne 288	M.D	NAMPA, IDAHO	Dec 7 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	12-10-65	MT. CALVARY CEMETERY	NAMPA, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 11 1965	[signature]	[signature]	473

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: SHEPHERD MORTUARY

DUTIES:

DEC 1 6 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 3 0 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5368
Local Reg. No. 274
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 31 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 903 8th Ave. So. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 903 8th Ave. So.

3. NAME OF DECEASED (Type or Print)
a. (First): Angeline
b. (Middle): Amelia
c. (Last): DeVorss

4. DATE OF DEATH (Month) (Day) (Year): Dec. 7th 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: November 26, 1880
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): LeRoy, Michigan
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lewis G. Hall — BIRTHPLACE: Michigan
14. MOTHER'S MAIDEN NAME: Amelia Jane Sprague — BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs. Clark Simmons — ADDRESS: 331 Yale, Nampa

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Inst

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Asteria Sel C.V. Disease — Yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-28-, 1965, *to* 12-7-, 1965, *that I last saw the deceased alive on* 12-4-, 1965, *and that death occurred at* 8:00P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Gerald E. Neeche 559 (Degree or title): MD
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 12-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 11, 1965
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Ada, Idaho

DATE REC'D BY LOCAL REG.: Dec. 28, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Tony J. Krouch — LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5369
Local Reg. No. 268
Reg. Dist. No. 3-62

BIRTH NO.

RECEIVED DEC 29 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boulevard Nursing Home 284

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	LEONA	E.	BRIGHT		Dec.	7,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed 2	Nov. 26, 1869	96				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	61	Hendersonville, North Carolina	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
No record		No record	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	none	Lonie K. Bright	Cheney, Wash.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	INTERVAL BETWEEN ONSET AND DEATH
(a)	OLD AGE 422.1	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	CARDIO VASCULAR DEATH (Probably Cerebral thrombosis)	
DUE TO (c)	GENERALIZED ARTERIOSCLEROSIS	

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3-29- *19* 48, *to* 12-7-, *19* 65, *that I last saw the deceased alive on* 12-7-, *19* 65, *and that death occurred at* 5:00A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D. 454	619 So. Canyon, Nampa, Idaho	12-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 9, 1965	Kohlerlawn Cemetery	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 29 1965	[signature]	[signature]	E-447

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: ALSIP FUNERAL CHAPEL

DEC 29 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5370
Local Reg. No. 162
Reg. Dist. No. 360

Certificate of Death

RECEIVED
DEC 22 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO. Illinois

1. PLACE OF DEATH 141
a. COUNTY Canyon 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell, Idaho
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 140
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell, Idaho
d. STREET ADDRESS (If rural, give location) Route #3

3. NAME OF DECEASED (Type or Print)
a. (First) NEVA
b. (Middle) OLIVE 051
c. (Last) HAINY

4. DATE OF DEATH (Month) 12 (Day) 7 (Year) 65

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Aug. 3, 1893
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months 3 Days 24 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Self 01
11. BIRTHPLACE (State or foreign country) Piedmont, Okla.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James R. Wright — BIRTHPLACE Bughanan, Mo.
14. MOTHER'S MAIDEN NAME Minerva Pile — BIRTHPLACE Clinton, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE x Joseph E. Hainy — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE 250 [signature] (Degree or title) M
23b. ADDRESS 222 E Elm Caldwell
23c. DATE SIGNED 11 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12/10/65
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill
24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. Dec 18, 1965
REGISTRAR'S SIGNATURE Freda G. Hunt, Deputy
25. EMBALMER Leonard C. Flahiff
LICENSE NO. E-481

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 13 1969

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 2 6 1990

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

N.C. State File No. 5371
Local Reg. No. 269
Reg. Dist. No. 362

BIRTH NO.

RECEIVED DEC 29 1965 Bureau of Vital Statistics 3-07

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 7dy
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1117 Canyon St.

3. NAME OF DECEASED (Type or Print)
a. (First): Alta
b. (Middle): Alice 049
c. (Last): Webster

4. DATE OF DEATH (Month) (Day) (Year): 12-12-1965

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 4-21-1879
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Erick Philbrick — BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: Elma McKee — BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Robert Webster — ADDRESS: Adrian Oregon

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Heart 420.0

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Disease c̄ Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 1 wk
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Post operative Surgery Rt Hip 2 days

19a. DATE OF OPERATION: 12/10/65
19b. MAJOR FINDINGS OF OPERATION: Severely Comminuted Fracture Rt Hip
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 13 Nursing Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13 Nampa 142 Canyon Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 3 1965 9A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fell from chair

22. *I hereby certify that I attended the deceased from* 12/4, 1965, *to* 12/12, 1965, *that I last saw the deceased alive on* 12/11, 1965, *and that death occurred at* 4A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 322 J R Mangum MD
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 12/17/65

24a. BURIAL, CREMATION REMOVAL (Specify): Burial
24b. DATE: 12-16-1965
24c. NAME OF CEMETERY OR CREMATORY: Parma
24d. LOCATION (City, town, or county) (State): Parma Idaho

DATE REC'D BY LOCAL REG.: Dec. 23, 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Richard W. Mesenbrink — LICENSE NO. 4-87

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5372
Local Reg. No. 275
Reg. Dist. No. 362

RECEIVED JAN 5 1966 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON 140 2-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL NAMPA
c. LENGTH OF STAY (in this place): 6 MONTHS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ROUTE 5 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 140
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL NAMPA
d. STREET ADDRESS (If rural, give location): ROUTE 5

3. NAME OF DECEASED (Type or Print)
a. (First): BURTON
b. (Middle): CURTIS
c. (Last): HANEY

4. DATE OF DEATH (Month) (Day) (Year): DEC. 12, 1965

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 3
8. DATE OF BIRTH: SEPT. 1, 1907
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MECHANIC 10
10b. KIND OF BUSINESS OR INDUSTRY: MACHINERY 00
11. BIRTHPLACE (State or foreign country): MOORE, IDAHO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: EDWARD O. HANEY — BIRTHPLACE: IDAHO
14. MOTHER'S MAIDEN NAME: IDA MAE PEARSON — BIRTHPLACE: IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-09-1034
17. INFORMANT'S OWN SIGNATURE: X Luella C. Haney — ADDRESS: NAMPA, IDAHO

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Inspection only, *19*__, *to* ____, *19*__, *that I last saw the deceased alive on* ____, *19*__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C Wesche MD 583 Coroner. 4
23b. ADDRESS: NAMPA, IDAHO
23c. DATE SIGNED: 12-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-15-65
24c. NAME OF CEMETERY OR CREMATORY: DRY CREEK CEMETERY
24d. LOCATION (City, town, or county) (State): BOISE, IDAHO

DATE REC'D BY LOCAL REG.: Dec. 29, 1965
REGISTRAR'S SIGNATURE: Jane Keck
25. EMBALMER: M. B. Shepherd — LICENSE NO. 473

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SHEPHERD MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 6 1966

NOV - 2 1982

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 5373
Local Reg. No.
Reg. Dist. No. 3 60

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 14 JAN 1 01966
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 05

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. # 2

Bureau of Vital Statistics

3. NAME OF DECEASED (Type or Print): a. (First) Homer b. (Middle) F. c. (Last) Altig

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 12, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	March 10, 1894	71	9	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer & Stockman 04	01	Armour, South Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Altig	Iowa	Elizabeth Berry	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	War I 3	519-26-0968	Lora A. Altig	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1816

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma, Urinary Bladder. — INTERVAL BETWEEN ONSET AND DEATH: 10 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March, 1957, *to* Dec 12, 1965, *that I last saw the deceased alive on* Dec 11, 1965, *and that death occurred at* 2:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles E. Kramer 295	M.D.	Caldwell, Idaho	3 Jan 66

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Entombment	Dec. 14, 1965	Hillcrest Mausoleum	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-7-1966	Vera Dakan	Merville D. Davis	E-399

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 1 1 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 1 1 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

DEC 28 1965

Bureau of Vital

State File No. 5374
Local Reg. No. 164
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 141 Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1524 Rochester St.

3. NAME OF DECEASED (Type or Print)
a. (First): OLLIE
b. (Middle): LELA
c. (Last): BORLAND

4. DATE OF DEATH (Month) (Day) (Year): December 13, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: December 2, 1896
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Stockman, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William A. Anderson — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Charity O'Conner — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 42 4622
17. INFORMANT'S OWN SIGNATURE: Harry W Borland — ADDRESS: Caldwell, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) with ventricular fibrillation
DUE TO (c) antecedent myocardial infarction — on month

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1955, *to* Dec 13, 1965, *that I last saw the deceased alive on* 12-1, 1965, *and that death occurred at* 9:30A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas Elmer 280 MD
23b. ADDRESS: 1819 Ellis St Caldwell Idaho
23c. DATE SIGNED: 12-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 17, 1965
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Dec 22, 1965
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: Larry J. Krousk — LICENSE NO. E-447

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: ALSIP FUNERAL CHAPEL

DEC 31 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 3 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5375
Local Reg. No. 272
Reg. Dist. No. 362

BIRTH NO.

RECEIVED DEC 31 1965

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa Rur. 2
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Parkview Manor 296

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa- Rural
d. STREET ADDRESS (If rural, give location): R# 2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EDWARD	C.	ALDOUS	Dec.	14,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	May 18, 1887	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Farmer 64	Farming 01	West Weber, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George P. Aldous	England	Magdaline Thurston	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518 42 3066	Lillian C. Aldous	Nampa, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion - acute — INTERVAL BETWEEN ONSET AND DEATH: 4-6 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis - gen - advanced — 10 yrs.

DUE TO (c) Atherosclerosis - Coronary — 15 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia - Terminal — 3-4 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
28 July 1965	Amp - mid thigh - left Duration 2 yrs Arteriosclerosis Obliterans & gangrene - both lower extrem	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1955 19__, *to* 14 Dec, 1965, *that I last saw the deceased alive on* 10 Dec, 1965, *and that death occurred at* 8:55P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Nampa Idaho	20 Dec 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Entombment	Dec. 17, 1965	Hillcrest Cemetery	Canyon County	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 28, 1965	[signature]	[signature]	E-447

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5376
Local Reg. No. 163
Reg. Dist. No. 560

RECEIVED
DEC 22 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 05

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 14
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1704 Dearborn St.

3. NAME OF DECEASED (Type or Print)
a. (First): Esther
b. (Middle): Sterling
c. (Last): Gipson

4. DATE OF DEATH (Month) (Day) (Year): Dec. 15, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 6, 1887

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR — Months: 7 Days: 9
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 0

10b. KIND OF BUSINESS OR INDUSTRY: 0

11. BIRTHPLACE (State or foreign country): Enterprise, Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Thomas Sterling
BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Elizabeth Ann Foust
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: + Jas Gipson Jr
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331.7

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Massive Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-16-63, 19___, *to* 12-15-65, 19___, *that I last saw the deceased alive on* 12-15-65, 19___, *and that death occurred at* 1:25A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 178 (Degree or title): MD

23b. ADDRESS: 222 East Elm--Caldwell, Idaho

23c. DATE SIGNED: 12-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: Dec. 18, 1965

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Memorial

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Dec 18, 1965

REGISTRAR'S SIGNATURE: Freda L. Hunt Deputy

25. EMBALMER: Merville D. Davis

LICENSE NO.: E-399

FIRM NAME: Peckham-Dakan-Davis Chapel, Caldwell

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 5377
Local Reg. No. 165
Reg. Dist. No. 3602

BIRTH NO.

DEC 28 1965

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1019 E. Linden St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Harry	(NMI)	Sharpan	Dec. 15, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Dec. 27, 1908	56	11	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Construction & 06	Farmer 20	Baker, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Sharpan	Canada	Mary Endicott	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-14-2232	L. Robert L. Robinson	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

153.9

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) SMALL BOWEL OBSTRUCTION — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CARCINOMATOSIS — 9 mos
DUE TO (c) CARCINOMA of CECUM — 1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec, 1965, *to* Dec, 1965, *that I last saw the deceased alive on* 15 Dec, 1965, *and that death occurred at* 1145a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donnell D. Price MD	Caldwell, Ida.	12/17/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 17, 1965	Hillcrest Memorial Garden	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 23, 1965	Freda D. Hurd Deputy	Merville DDavis	E-399

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

JAN 3 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5378
Local Reg. No. 273
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED DEC 31 1965 Bureau of V...

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blvd. Nursing Home 284

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 148
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa -Rural
d. STREET ADDRESS (If rural, give location): R# 2

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): C.
c. (Last): JOHNSON

4. DATE OF DEATH (Month) (Day) (Year): December 16, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: January 9, 1876
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Vermont
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: AUGUST JOHNSON — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518 54 4637
17. INFORMANT'S OWN SIGNATURE: Ruth Pfaff — ADDRESS: 1915 4 St. So Nampa

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive Ht failure — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerotic Ht dis — 6 mo
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1964, *to* Dec, 1963 *that I last saw the deceased alive on* 14 Dec, 1965 *and that death occurred at* 11:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 326 Morrison Nmp
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 12/29/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/20/1965
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county): N Nampa — (State): Idaho

DATE REC'D BY LOCAL REG.: Dec. 28 1965
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Tony T. Kroesh — LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 5379
Local Reg. No. 166
Reg. Dist. No. 560

BIRTH NO.

DEC 28 1965

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 121 Woodlawn

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 121 Woodlawn

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Earl	Nelson	Carver	Dec. 19, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	Nov. 24, 1898	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Pipe Fitter		Blackburn, Oklahoma	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lorenzo G. Carver	Forrest, Ohio	Emily O. Hall	Cloverdale, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-09-0387	Nellie R. Carver	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hypertension
DUE TO (c) congestive heart failure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
0		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12-19, 1965, *to* 12-19, 1965, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 12 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. L. Munn M.D.	Caldwell, Ida.	12-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 22, 1965	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 23-1965	Frada M. Hunt, Deputy	James R. Dakan	E-485

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

DUTIES:

JAN 3 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 3 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 26 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5380
Local Reg. No. 169
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JAN 3 1966 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Caldwell
LENGTH OF STAY (in this place): OD
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 148
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. # 6

3. NAME OF DECEASED (Type or Print): a. (First) Jens; b. (Middle) Peter; c. (Last) Toft

4. DATE OF DEATH (Month) (Day) (Year): Dec. 19, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Feb. 26, 1875	90	9	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OD
10b. KIND OF BUSINESS OR INDUSTRY: OD
11. BIRTHPLACE (State or foreign country): Hov, Denmark
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-42-6332
17. INFORMANT'S OWN SIGNATURE: Mrs Toft — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: An hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — several yr
DUE TO (c) Osteoarthritis generalized — several yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

723.0

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1960, *to* 12-19, 1965, *that I last saw the deceased alive on* 12-19, 1965, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles Ekund 280 (Degree or title): MD
23b. ADDRESS: 1819 Ellis St Caldwell Ida
23c. DATE SIGNED: 12-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 21, 1965
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Dec 30, 1965
REGISTRAR'S SIGNATURE: Freda D Hunt Deputy
25. EMBALMER: Merville D Davis — LICENSE NO.: E-399
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 11 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 5381
Local Reg. No. 3
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 14/ JAN 1 01966
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 05/

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 14/
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1207 Blaine St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	Pierce	Morey	Dec. 19, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Dec. 11, 1892	73	-	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00	00	Nyssa, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arthur D. Morey	Unknown	Thenia Willard	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	War I 3	518-14-0141	Mrs. W. P. Morey	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 428.1 Coronary Infarct — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Marked Coronary Arteriosclerosis Progressive
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb 8, 1956 *to* Dec 19, 1965, *that I last saw the deceased alive on* Dec 19, 1965, *and that death occurred at* 11:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles E. Krause 295	M.D.	Caldwell Idaho	3 Jan 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 22, 1965	Hillcrest Memorial Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-7-1966	Vera Dakan	James R. Dakan	E-485

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida,

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 11 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 28 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 7 1974

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5382
Local Reg. No. 167
Reg. Dist. No. 360

RECEIVED DEC 28 1965 Bureau of V...

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Canyon 141 000 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell — c. LENGTH OF STAY (in this place):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 141 — b. COUNTY: Canyon — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

d. STREET ADDRESS (If rural, give location): 2104 So. Michigan

3. NAME OF DECEASED (Type or Print) — a. (First): Austin — b. (Middle): W. — c. (Last): Heath

4. DATE OF DEATH (Month) (Day) (Year): Dec. 20, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 10, 1891

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): Rushville, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Elver Heath — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Ella Catherine Bailey — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 535-09-1324

17. INFORMANT'S OWN SIGNATURE — ADDRESS: Nellie H. Seeders

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1488

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Lung Embolus — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Carcinoma of Uterus with Lung Metastases — 1 yr

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1964, *to* Dec 20, 1965, *that I last saw the deceased alive on* Dec 22, 1965, *and that death occurred at* 10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. Montgomery 366 — **23b. ADDRESS**: Caldwell Idaho — **23c. DATE SIGNED**: 12/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Dec. 24, 1965 — **24c. NAME OF CEMETERY OR CREMATORY**: Hillcrest Memorial Garden — **24d. LOCATION** (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Dec 23, 1965 — REGISTRAR'S SIGNATURE: Freda D. Hunt, Deputy

25. EMBALMER: — LICENSE NO.: E-285

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 10 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 21 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 10 1980

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law; it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED JAN 1 01966 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 5383
Local Reg. No. 8
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 14
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1115 Ash St.

3. NAME OF DECEASED (Type or Print): a. (First) Clarence b. (Middle) J. c. (Last) Smith

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 20, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Dec. 23, 1881

9. AGE (In years last birthday): 83 | IF UNDER 1 YEAR Months: 11 | Days: 27 | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00

10b. KIND OF BUSINESS OR INDUSTRY: 60

11. BIRTHPLACE (State or foreign country): Richland, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jason Smith — BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Mary Draper — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service): War I

16. SOCIAL SECURITY NO.: 708-09-2275

17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ruptured abdominal aortic aneurysm. — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Arteriosclerosis

DUE TO (c): Thrombocytopenia

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-3-65, 19___, *to* 12-20-65, 19___, *that I last saw the deceased alive on* 12-20-65, 19___, *and that death occurred at* 6:35 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Lyle Stonier, M.D. (Degree or title): 505

23b. ADDRESS: 222 East Elm—Caldwell, Idaho

23c. DATE SIGNED: 1-4-66

24a. BURIAL, CREMATION, REMOVAL (Specify): Entombment

24b. DATE: Dec. 24, 1965

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Mausleum

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 1-7-1966

REGISTRAR'S SIGNATURE: Vera Dakan

25. EMBALMER: [signature]

LICENSE NO.: E-285

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

JAN 1 1 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5384
Local Reg. No. 277
Reg. Dist. No. 362

BIRTH NO.

RECEIVED JAN 5 1966
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY CANYON 142
b. CITY OR TOWN NAMPA
LENGTH OF STAY (in this place) 43 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 116 HIGH STREET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO 142 b. COUNTY CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
d. STREET ADDRESS (If rural, give location) 116 HIGH STREET

3. NAME OF DECEASED (Type or Print) a. (First) DELBERT b. (Middle) RAY c. (Last) SHEPARD

4. DATE OF DEATH (Month) (Day) (Year) DEC. 21, 1965

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2
8. DATE OF BIRTH FEB. 16, 1897
9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. CARMAN 70
10b. KIND OF BUSINESS OR INDUSTRY P.F.E. 05
11. BIRTHPLACE (State or foreign country) PINE, IDAHO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOSEPH SHEPARD BIRTHPLACE NO RECORD
14. MOTHER'S MAIDEN NAME ELIZABETH BIRTHPLACE NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W.W.I 3
16. SOCIAL SECURITY NO. 700-09-3369
17. INFORMANT'S OWN SIGNATURE Delbert D. Shepard ADDRESS ANACONDA MONTANA

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INTERNAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* INSPECTION ONLY *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Ivan K. Walker (Degree or title) Deputy Coroner
23b. ADDRESS NAMPA, IDAHO
23c. DATE SIGNED 12/27/65

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 12-27-65
24c. NAME OF CEMETERY OR CREMATORY KOHLERLAWN CEMETERY
24d. LOCATION (City, town, or county) NAMPA, IDAHO (State)

DATE REC'D BY LOCAL REG. Dec 30, 1965
REGISTRAR'S SIGNATURE Jane Stuck
25. EMBALMER
LICENSE NO. 173
FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 6 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5385
Local Reg. No. 272
Reg. Dist. No. 362

RECEIVED JAN 5 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 142 Canyon 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
DURATION OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 142 b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 249 Smith Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	VIRGINIA	FLORENCE	STOWELL	December 21,1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	March 14, 1909	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home 01	Oakland, California	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Phillip M. Vigeon	England	Maude	Australia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	552-09-5617	x [signature]	Nampa, Idaho

18. CAUSE OF DEATH 170X
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Generalized Carcinomatosis	10 hrs.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Adenocarcinoma, left breast	18 mos.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
May 1964	Adenocarcinoma, left breast	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7-30-65, 19____, *to* 12-21-65, 19____, *that I last saw the deceased alive on* 12-21-65, 19____, *and that death occurred at* 7:55P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 048 MD	721 Roosevelt Ave. Nampa	12-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	Dec. 27, 1965	Hillcrest Cemetery	Canyon County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 30 1965	[signature]	Richard D. Mesenbrink	E-487

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5386
Local Reg. No. 2
Reg. Dist. No. 360

Certificate of Death

RECEIVED
JAN 10 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 141

a. COUNTY: Canyon

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell

c. LENGTH OF STAY (In this place): 000

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blakely Nursing Home 177

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 140

b. COUNTY: Canyon

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa--Rural

d. STREET ADDRESS (If rural, give location): R# 5

3. NAME OF DECEASED (Type or Print)

a. (First): CARRIE

b. (Middle): J.

c. (Last): CLARK

4. DATE OF DEATH (Month) (Day) (Year): December 21, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Nov. 4, 1882

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home 01

11. BIRTHPLACE (State or foreign country): Wayne County Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Freel — BIRTHPLACE: no record

14. MOTHER'S MAIDEN NAME: Charity L. Shaffer — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 532 24 5224

17. INFORMANT'S OWN SIGNATURE: Harry D Clark — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Arteriosclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Cardiac Decompensation - Anemia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 12, 1949, *to* Dec 21, 1965, *that I last saw the deceased alive on* 10-27, 1965, *and that death occurred at* 8:15A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D. 560

23b. ADDRESS: Nampa — Idaho

23c. DATE SIGNED: 12-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 12/24/65

24c. NAME OF CEMETERY OR CREMATORY: Sharon Cemetery 1

24d. LOCATION (City, town, or county) (State): Near Chariton Iowa

DATE REC'D BY LOCAL REG.: 1-7-1966

REGISTRAR'S SIGNATURE: Vera Dakan

25. EMBALMER: Tony J. Kroush — LICENSE NO.: E-447

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 19 1966

State File No. 5387
Local Reg. No. 6
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN: Nampa
c. LENGTH OF STAY IN THIS PLACE: 000
d. FULL NAME OF HOSPITAL OR INSTITUTION: Midland Manor 301

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon 142
c. CITY OR TOWN: Nampa
d. STREET ADDRESS (If rural, give location): 320-13 Avenue South

3. NAME OF DECEASED (Type or Print): a. (First) WINNIE b. (Middle) ANNIE Embree c. (Last) HOOVER

4. DATE OF DEATH: (Month) December (Day) 21, (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: April 4, 1880

9. AGE (In years last birthday): 85 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Walnut, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph W. Embree BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Martha A. Bell BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Family Records: Terry J. Brown ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

199.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) abdominal Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1963, *to* Dec, 1965, *that I last saw the deceased alive on* Dec 10, 1965, *and that death occurred at* 3:00A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: S C Tobb, MD (Degree or title)

23b. ADDRESS: 619 Canyon, Nampa, Ida

23c. DATE SIGNED: 12/22/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 12/22/1965

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Pueblo Colorado

DATE REC'D BY LOCAL REG.: Jan. 14, 1966

REGISTRAR'S SIGNATURE: Janet Stark

25. EMBALMER: Richard W Messenbrink LICENSE NO.: E-487

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5388
Local Reg. No. 1
Reg. Dist. No. 3 6 0

BIRTH NO.

RECEIVED JAN 1 01966 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (In this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 140
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wilder
d. STREET ADDRESS (If rural, give location) Rt. # 2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mae	NMI	Mercer	Dec. 24, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never Married 1	March 29, 1880	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired School Teacher 12	01	Fonda, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Mercer	Galt, Canada	Anna Stewart	Dublbndn, Irela

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
			x Mrs Donna Moore	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 428.9 Shock — INTERVAL BETWEEN ONSET AND DEATH 4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12-24-59, 19____, *to* 12-10-65, 19____, *that I last saw the deceased alive on* 12-10-65, 19____, *and that death occurred at* 5:07A. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 178	MD	222 East Elm--Caldwell, Idaho	1-4-66

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 28, 1965	Wilder Cemetery	Wilder, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-6-1966	Vera Dakan	[signature]	E-285

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5389
Local Reg. No. 3
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

BIRTH NO.

JAN 1 0 1966
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 3003 So. Illinois

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Josephine
c. (Last): Harper

4. DATE OF DEATH (Month) (Day) (Year): Dec. 25, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 21, 1881
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 8, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Shubert, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles L. Zehner — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Mary Benner — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-24-4707
17. INFORMANT'S OWN SIGNATURE: X Marvin R. Baker — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic heart disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-23-64, 19__, *to* 12-25-65, 19__, *that I last saw the deceased alive on* 12-25-65, 19__, *and that death occurred at* 12:25A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lyle Stones, M.D. 505
23b. ADDRESS: 222 East Elm—Caldwell, Idaho
23c. DATE SIGNED: 1-4-66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 29, 1965
24c. NAME OF CEMETERY OR CREMATORY: Roswell Cemetery
24d. LOCATION (City, town, or county) (State): Roswell, Idaho

DATE REC'D BY LOCAL REG.: 1-7-1966
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Merville D. Davis — LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 17 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5390
Local Reg. No. 1
Reg. Dist. No. 362

RECEIVED JAN 12 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route # 5 Nampa
d. STREET ADDRESS (If rural, give location): Route # 5 Nampa

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lucy	Belle	Swindle	12	25	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	White	Married 3	1 31 1907	58				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
house wife 01	Home Care 01	Reno, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lewis Barnhart	Missouri	Sarah Sportsman	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	500-12-8750	Raymond Swindle	Nampa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1377

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) & Retroperitoneal Extension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Dec 1965	as above #18	YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 2:30A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] MD	Nampa	12/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-28-1965	Hillcrest Memorial Gardens	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 8 1966	Jane Steck	Jerry S. Yourk	E-447

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 216.] Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5391
Local Reg. No. 6
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JAN 1 01966 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1722 Dearborn St.

3. NAME OF DECEASED (Type or Print): a. (First) Mary; b. (Middle) D.; c. (Last) Springer

4. DATE OF DEATH: (Month) Dec. (Day) 25, (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: August 22, 1880

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months 4 Days 3
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00

10b. KIND OF BUSINESS OR INDUSTRY: 69

11. BIRTHPLACE (State or foreign country): East Fairfield, Ohio

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Francis Scott
BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Adelaide Crawford
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Edwin D Springer
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) 572.1 Sigmoid Diverticulosis Bleed — INTERVAL BETWEEN ONSET AND DEATH: Unk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diverticulosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Dimentia

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec. 6, 1965 *to* Dec. 25, 1965, *that I last saw the deceased alive on* Dec. 25, 1965, *and that death occurred at* 12:00 P.M., *from the cause(s) and on the date stated above.*

23a. SIGNATURE (Degree or title): 258 M.D.

23b. ADDRESS: 222 EAST LOGAN CALDWELL IDAHO

23c. DATE SIGNED: DEC 29 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 28, 1965

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 1-7-1966

REGISTRAR'S SIGNATURE: Vera Dakan

25. EMBALMER: Merville D Davis

LICENSE NO.: E-399

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5392
Local Reg. No. 168
Reg. Dist. No. 360

Certificate of Death

RECEIVED
JAN 3 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (Hours): 57
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blakely Nursing Home 177

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4406 Camas Street

3. NAME OF DECEASED (Type or Print)
a. (First): Thora
b. (Middle): Wilhelmina
c. (Last): Morton

4. DATE OF DEATH (Month) (Day) (Year): 12/26/65

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 2, 1872
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook-N.W. Nazerine 49
10b. KIND OF BUSINESS OR INDUSTRY: retired 02
11. BIRTHPLACE (State or foreign country): Olso, Norway
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Andrew A. Storm — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Andria Greaker — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Russell A. Morton — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 334X Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senile agitation

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 30, 1965, *to* Dec 28, 1965, *that I last saw the deceased alive on* Nov. 15, 1965, *and that death occurred at* 1:50 am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. Kellogg 275 M.D.
23b. ADDRESS: 1201 S. Kimball, Caldwell Ida.
23c. DATE SIGNED: 28 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 12/29/65
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Crematory
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Dec 28 1965
REGISTRAR'S SIGNATURE: Freda G. Hunt, Deputy
25. EMBALMER: Richard L. Maus
LICENSE NO.: E-443
FIRM NAME: Mountain View Funeral Home, Boise

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5393
Local Reg. No. 2
Reg. Dist. No. 362

Certificate of Death

RECEIVED
JAN 12 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 142
a. COUNTY: Canyon 100
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1619-4th. St. South 100

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1619-4th. St. South

3. NAME OF DECEASED (Type or Print)
a. (First): Dr. Harold
b. (Middle): Raymond
c. (Last): Walmsley

4. DATE OF DEATH (Month) (Day) (Year): December 26, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 29, 1903
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Chiropractor 14
10b. KIND OF BUSINESS OR INDUSTRY: 03
11. BIRTHPLACE (State or foreign country): Longmont Colorado
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frederick J. Walmsley — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Jennie E. Price — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 36 1673
17. INFORMANT'S OWN SIGNATURE: Lela N. Walmsley — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH 154X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of Rectum & Metastasis — INTERVAL BETWEEN ONSET AND DEATH: Jan 1963

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* 12-26, 1965, *that I last saw the deceased alive on* 12-26, 1965, *and that death occurred at* 8:05P. *m., from the causes and on the date stated above.*

23a. SIGNATURE 559 (Degree or title): Gerald E. Weeks MD
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 12-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 28, 1965
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Canyon County Idaho

DATE REC'D BY LOCAL REG.: Jan. 8, 1966
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Larry T. Brouch — LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 12 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 26 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5394
Local Reg. No. 16
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JAN 1 8 1966 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 14 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 057

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 511 -So. St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Jennie	E.	Van Horne	Dec. 27, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Jan. 12, 1895	70	11	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00	00	Dallas, Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ira Le Forrest Van Sickle	Wis.	Mary E. Dissnore	Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	516-16-7221	Mrs. James P. Smith	Box 3021 Salem Ore

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 332X Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 Wk

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-27-65, 19___, to 12-27-65, 19___, *that I last saw the deceased alive on* 12-27-65, 19___, *and that death occurred at* 7:15A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
250 W Mueller MD	222 East Elm--Caldwell, Idaho	1-4-66

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 30, 1965	Cloverdale Memorial Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-15-1966	Vera Dakan	Melville D. Davis	E-399

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 18 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

65-13042 RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 5395
Local Reg. No. 3
Reg. Dist. No. 362

BIRTH NO.

JAN 1 21966

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route # 1 Nampa

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Allen	Robert	Werre		12	27	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
m	white	never married	12-26-1965			1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
02	00	Nampa Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dennis D. Werre	No. Dakota	Kay I. Rupert	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
—			X Dennis Werre	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Cardiac Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypoplasia of Myocardium
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 12-27, 1965, *to* 12-27, 1965, *that I last saw the deceased alive on* 12-27, 1965, *and that death occurred at* 4:05P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. R. Farber	M.D.	Nampa, Idaho	12.31.65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-30-1965	Hillcrest Memorial Gardens	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 8, 1966.	Jane Funk	Jon W. Smigiel	E-496

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5396
Local Reg. No. 4
Reg. Dist. No. 362

RECEIVED JAN 1 21966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY CANYON 142
b. CITY OR TOWN NAMPA
Length of Stay (in this place) D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MERCY HOSPITAL 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO 142 b. COUNTY CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
d. STREET ADDRESS (If rural, give location) 1716 EAST SHERMAN

3. NAME OF DECEASED (Type or Print) a. (First) GRANT b. (Middle) A. c. (Last) BLAUSER

4. DATE OF DEATH (Month) (Day) (Year) DEC. 27, 1965

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 3
8. DATE OF BIRTH JAN. 22, 1908
9. AGE (In years last birthday) 57 If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TIRE MAN 06
10b. KIND OF BUSINESS OR INDUSTRY RETAIL SALES 02
11. BIRTHPLACE (State or foreign country) TECUMSEH, NEBRASKA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME GRANT A. BLAUSER BIRTHPLACE INDIANA
14. MOTHER'S MAIDEN NAME ROBERTA RARICK BIRTHPLACE MISSOURI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 578-03-1682
17. INFORMANT'S OWN SIGNATURE X Della Blauser ADDRESS NAMPA, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

INSPECTION ONLY

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE James Jenkins M.D. Coroner 582 (Degree or title)
23b. ADDRESS NAMPA, IDAHO
23c. DATE SIGNED 12-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 12-30-65
24c. NAME OF CEMETERY OR CREMATORY TERRACE LAWN CEMETERY
24d. LOCATION (City, town, or county) ADA, IDAHO (State)

DATE REC'D BY LOCAL REG. Jan 8 1966
REGISTRAR'S SIGNATURE June Steck
25. EMBALMER W. B. Shepherd
LICENSE NO. E 473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 14 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr Donald D Price
Caldwell

Certificate of Death

STATE OF IDAHO

State File No. 5397
Local Reg. No. 9
Reg. Dist. No. 360

RECEIVED
JAN 12 1966
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 3121 College Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): K.
c. (Last): Albiston

4. DATE OF DEATH (Month) 12 (Day) 28 (Year) 65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: 9-4-1893
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 3, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: dairyman 01
11. BIRTHPLACE (State or foreign country): Lewiston, Ut.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph A. Albiston — BIRTHPLACE: Stockport, Eng.
14. MOTHER'S MAIDEN NAME: Lowna Adella Rice — BIRTHPLACE: Farmington, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Jessie J. Albiston — ADDRESS: Caldwell, Ida.

18. CAUSE OF DEATH 428.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CONGESTIVE HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ASHD — 10 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
MARKED IDIOPATHIC PULMONARY FIBROSIS — 8 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1965, *to* Dec, 1965, *that I last saw the deceased alive on* 12/28, 1965, *and that death occurred at* 10 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald D Price 424 MD
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: 1/4/66

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 1-3-66
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county): Boise — (State): Idaho

DATE REC'D BY LOCAL REG.: 1-10-1966
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Earl G Sears — LICENSE NO. E460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Belyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 13 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 5398
Local Reg. No. 12
Reg. Dist. No. 36

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 140 — JAN 1 21966 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 000

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ray	L.	Gould	Dec. 29, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 2	April 15, 1912	53		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00	00	Comstock, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred Gould	Michigan	Anna Johns	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	503-05-7066	Mrs Ray Gould	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 420.1 Coronary Artery Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* December, 1961, *to* Dec 29, 1965, *that I last saw the deceased alive on* Dec 20, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J K McGregor MD	1305 3rd St So Nampa Idaho	1-4-66

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 3, 1966	Hillcrest Memorial Garden	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-10-1966	Vera Dakan	Merville D Davis	E-399

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 17 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5399
Local Reg. No. 7
Reg. Dist. No. 362

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 140 JAN 19 1966 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa-Rural
c. LENGTH OF STAY (in this place): Bureau of Vital
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Midby Nursing Home 055

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): R# 6

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Osborn
c. (Last): Downs

4. DATE OF DEATH (Month) (Day) (Year): December 30, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 4, 1888
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Stone County, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Rush Downs — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Sarah Brigman — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 526 22 1612
17. INFORMANT'S OWN SIGNATURE: Alsip Funeral Chapel — ADDRESS: Family Records; Richard W. Mesenbrink

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Aspiration pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Paralysis of swallowing — 2 months
DUE TO (c): Generalized Arteriosclerosis — 5 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Hypertensive Heart disease — 5 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-7-, 1965, *to* 12-30-, 1965, *that I last saw the deceased alive on* 12-30-, 1965, *and that death occurred at* 4:00A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold Brown MD 062
23b. ADDRESS: 619 So. Canyon, Nampa, Idaho
23c. DATE SIGNED: 1-6-66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 3, 1966
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county): Nampa — (State): Idaho

DATE REC'D BY LOCAL REG.: Jan. 14, 1966
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Terry S. Krouse — LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 5400
Local Reg. No. 18
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 141 Canyon JAN 12 1966
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell, Idaho
c. LENGTH OF STAY (If in hospital or institution) Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 141
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell, Idaho
d. STREET ADDRESS (If rural, give location) Kessler Rest Home

3. NAME OF DECEASED (Type or Print)
a. (First) JENNIE
b. (Middle) BELLE 051
c. (Last) MARSH

4. DATE OF DEATH (Month) 12 (Day) 31 (Year) 65

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH March 24, 1886
9. AGE (In years last birthday) 89 — IF UNDER 1 YEAR Months 9 Days 17 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Self 01
11. BIRTHPLACE (State or foreign country) Wellsville. Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Grafton — BIRTHPLACE Baltimore, Maryland
14. MOTHER'S MAIDEN NAME Bellmina Fredrick — BIRTHPLACE Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Florence Gibbs — ADDRESS

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	CONGESTIVE HEART FAILURE	5 days
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	ASHD	20 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	FRACTURE RT HIP	6 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1962, *to* Dec, 1965, *that I last saw the deceased alive on* ~~28~~ Dec 3/1965, *and that death occurred at* 11:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Donald D. Price MD 424 (Degree or title)
23b. ADDRESS Caldwell Ida
23c. DATE SIGNED 1/5/66

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/4/66
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill
24d. LOCATION (City, town, or county) Caldwell, Idaho (State)

DATE REC'D BY LOCAL REG. 1-10-1966
REGISTRAR'S SIGNATURE Vera Dakan
25. EMBALMER Leonard C. Flatiff
LICENSE NO. E-4

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 14 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5401
Local Reg. No. 13
Reg. Dist. No. 360

RECEIVED JAN 18 1966 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 301 Dearborn St.

3. NAME OF DECEASED (Type or Print)
a. (First): Jake
b. (Middle): Jesse 051
c. (Last): Schafer

4. DATE OF DEATH (Month) (Day) (Year): Dec. 31, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 2, 1903
9. AGE (In years last birthday): 62 — If under 1 year: Months 9, Days 29 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Schafer — BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: Alice Offelman — BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 712-12-4421
17. INFORMANT'S OWN SIGNATURE: X Mrs Jake Schafer — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — indefinite

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 18, 1965, *to* Dec 31, 1965, *that I last saw the deceased alive on* Dec 31, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chale Ekernik 280 M.D.
23b. ADDRESS: 1819 Ellis St Caldwell Idaho
23c. DATE SIGNED: 1-5-66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 4, 1966
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Memorial Garden
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 1-12-1966
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: [signature] Dakan
LICENSE NO.: E-285

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis, Caldwell

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 20 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 8 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5402
Local Reg. No. 20
Reg. Dist. No. 520-521

RECEIVED
DEC 24 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Caribou 150
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Soda Springs
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 150
b. COUNTY Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Soda Springs Idaho
d. STREET ADDRESS (If rural, give location) 151 East 3rd So

3. NAME OF DECEASED (Type or Print)
a. (First) Wallace
b. (Middle) Shirley 069
c. (Last) Brown

4. DATE OF DEATH (Month) (Day) (Year) Dec. 2 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH May 23 1896
9. AGE (In years last birthday) 69 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Manti, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David C Brown BIRTHPLACE Glasgow Scotland
14. MOTHER'S MAIDEN NAME Altina Witbeck BIRTHPLACE Springville Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. 3519-01-7119
17. INFORMANT'S OWN SIGNATURE Mrs. W. Shirley Brown ADDRESS Soda Springs Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia — INTERVAL BETWEEN ONSET AND DEATH 15 mo's

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1964, *to* Dec, 1965, *that I last saw the deceased alive on* Dec 1, 1965, *and that death occurred at* 6:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Russell Tigert, M.D. 535 (Degree or title).
23b. ADDRESS Soda Springs Idaho
23c. DATE SIGNED 12-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 6, 1965
24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery
24d. LOCATION (City, town, or county) (State) Soda Springs, Idaho

DATE REC'D BY LOCAL REG. 12-15-65
REGISTRAR'S SIGNATURE Darhl Cherrett
25. EMBALMER Nile Matthews
LICENSE NO. E359

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Whitman Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 30 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 26 1986

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5403
Local Reg. No. 21
Reg. Dist. No. 520-521

RECEIVED
DEC 28 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou 150
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 150
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) 069 c. (Last): Lois Ellen Steed Munk

4. DATE OF DEATH (Month) (Day) (Year): December 7, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: April 9, 1918
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Clearfield, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Virgil Steed — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Elizabeth Beunot — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Jesse K Munk — ADDRESS: Grace, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno carcinoma of colon — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-19, 1965, *to* 12-7, 1965, *that I last saw the deceased alive on* 12-7, 1965, *and that death occurred at* 11:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 535 Russell Tigert MD
23b. ADDRESS: Soda Springs Idaho
23c. DATE SIGNED: 12-18-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/11/65
24c. NAME OF CEMETERY OR CREMATORY: Grace Cemetery
24d. LOCATION (City, town, or county) (State): Grace, Caribou, Idaho

DATE REC'D BY LOCAL REG.: 12-23-65
REGISTRAR'S SIGNATURE: Darhl Cherriet
25. EMBALMER: Theodore S Allen
LICENSE NO.: E370

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 1 1 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5404
Local Reg. No. 22
Reg. Dist. No. 520-521

RECEIVED JAN 1 4 1966 Bureau of Vital Statistics

BIRTH NO. 3-08

1. PLACE OF DEATH
a. COUNTY Caribou 150
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Soda Springs
LENGTH OF STAY (in this place) 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 030 b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lava Hot Springs
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Jeannette b. (Middle) Gummersall 069 c. (Last) Cheirrett

4. DATE OF DEATH (Month) (Day) (Year) Dec. 31, 1965

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Dec. 29, 1884

9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01

10b. KIND OF BUSINESS OR INDUSTRY 01

11. BIRTHPLACE (State or foreign country) Bradford, England

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Smith Gummersall BIRTHPLACE England

14. MOTHER'S MAIDEN NAME Phoebe Hodges BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE ADDRESS Soda Springs, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease 420.0 — INTERVAL BETWEEN ONSET AND DEATH 6 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 10, 1965, *to* Dec 31, 1965, *that I last saw the deceased alive on* Dec 30, 1965, *and that death occurred at* 8:20A m., *from the causes and on the date stated above.*

23a. SIGNATURE Allen H. Sigwart (Degree or title) M.D.

23b. ADDRESS Soda Springs, Idaho

23c. DATE SIGNED 1-7-66

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1/4/66

24c. NAME OF CEMETERY OR CREMATORY Turner Cemetery

24d. LOCATION (City, town, or county) (State) Turner, Caribou, Idaho

DATE REC'D BY LOCAL REG. 1-7-66

REGISTRAR'S SIGNATURE David Cheirrett

25. EMBALMER Theodore N Allen

LICENSE NO. E370

FIRM NAME: Allen Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5405
Local Reg. No. 1493
Reg. Dist. No. 470

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

DEC 17 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (In this place) 31
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1559 Normal Ave. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 161
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
d. STREET ADDRESS (If rural, give location) 1559 Normal Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Maude
b. (Middle) J.
c. (Last) Stephenson

4. DATE OF DEATH (Month) (Day) (Year) Dec. 3 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Aug. 5, 1883
9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR Months 3 Days 28 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Sulphur Springs, Texas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Wesley Jones- BIRTHPLACE Illinois
14. MOTHER'S MAIDEN NAME Melinda Poff -Hopkins County, Texas BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-36-9327
17. INFORMANT'S OWN SIGNATURE Mrs. Marvin Kenner ADDRESS Bryant

18. CAUSE OF DEATH 204.3
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myelogenous leukemia — INTERVAL BETWEEN ONSET AND DEATH approx. 3 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Anemia profound

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-27, 1950, *to* 12-3-, 1965, *that I last saw the deceased alive on* 11-23, 1965, *and that death occurred at* 5 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE J. Arnett 012 (Degree or title) KA
23b. ADDRESS Snow Bldg. Burley, Idaho
23c. DATE SIGNED 12-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 7, 1965
24c. NAME OF CEMETERY OR CREMATORY Pleasant View
24d. LOCATION (City, town, or county) Burley (State) Idaho

DATE REC'D BY LOCAL REG. Dec. 10, 1965
REGISTRAR'S SIGNATURE Beth H. Pearson
25. EMBALMER Ormand F. Burch
LICENSE NO. E-471

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: CCULLOCH FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 13 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 12 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 5406
Local Reg. No. 1494
Reg. Dist. No. 470

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Cassia 161 — DEC 17 1965 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Burley Nursing Home 290

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 161
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): Grandview Addn.

3. NAME OF DECEASED (Type or Print): a. (First) Margaret — b. (Middle) Roberta — c. (Last) Thomas

4. DATE OF DEATH: (Month) Dec. (Day) 7, (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Jan 2, 1868

9. AGE (In years last birthday): 97 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home 01

11. BIRTHPLACE (State or foreign country): Logan, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Edward Nelson — BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Anna Edwards — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: E M Thomas Jr — ADDRESS: Burley, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4438

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myo Cardial failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertensive - arteriosclerotic heart disease - 2

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1963 19____, *to* 1965, 19____, *that I last saw the deceased alive on* Nov 22 19 65, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: R L Sutton — (Degree or title): MD — **23b. ADDRESS**: Burley Idaho — **23c. DATE SIGNED**: 12/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 12/9/65 — **24c. NAME OF CEMETERY OR CREMATORY**: Pleasant View Cem. — **24d. LOCATION** (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Dec. 13, 1965 — REGISTRAR'S SIGNATURE: Beth H. Pearson — **25. EMBALMER**: Martha Payne — LICENSE NO.: E-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAR 27 1980

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 - inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 31 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5407
Local Reg. No. 1497
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 23 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 161
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	Harushige 870	Nishibue	Dec. 9, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Japanese 5	Never Married 1	March 1, 1887	78	9	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook 49	Cafe 07	Kochi City, Japan	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	516-05-2505	H K Nishibue	1327 Almond

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Bilateral Pneumonia 5226X	4-5 days.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Extensive Bronchiectasis Bil - ?	
DUE TO (c)	Obstructive pulmonary disease - ?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	none	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
none		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
none	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1963, 19__ *to* 12-9-, 1965, *that I last saw the deceased alive on* 12-9-, 1965, *and that death occurred at* 11:45 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R Sutton 514	MD	Burley Idaho	12/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Dec. 13, 1965	Pleasant View Cemetery, Burley,	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 29, 1965	Buck H. Pearson	Ormand Burch	E-471

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: McCULLOCH FUNERAL HOME

DUTIES:

JAN 26 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5408
Local Reg. No. 1496
Reg. Dist. No. 470

65-12503
BIRTH NO.

RECEIVED
DEC 24 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH 161
a. COUNTY Cassia 4-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place) 2 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 161
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
d. STREET ADDRESS (If rural, give location) 1643 Schodde Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Virginia
b. (Middle) Rae 070
c. (Last) Fillmore

4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Dec. 14, 1965
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 2 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Burley, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME BIRTHPLACE
J. Grant Fillmore - Twin Falls, Ida.
14. MOTHER'S MAIDEN NAME BIRTHPLACE
Virginia P. Culley - Rupert, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Grant Fillmore ADDRESS Burley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 14, 1965, *to* Dec 14, 1965, *that I last saw the deceased alive on* Dec 14, 1965, *and that death occurred at* 11:25 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE J. B. Kircher 283 (Degree or title) MD
23b. ADDRESS Burley Idaho
23c. DATE SIGNED 12-16-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE Dec. 16, 1965
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert, Idaho

DATE REC'D BY LOCAL REG. Dec. 21, 1965
REGISTRAR'S SIGNATURE Beth H. Pearson
25. EMBALMER Kenneth Payne
LICENSE NO. E-389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5409
Local Reg. No. 1495
Reg. Dist. No. 470

RECEIVED
DEC 24 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 20 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1100 Block Albion Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 161
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1000 Miller Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): George 000
c. (Last): Neckar

4. DATE OF DEATH (Month) (Day) (Year): Dec. 16, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Aug. 22, 1908
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months 3, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wheat Blender 09
10b. KIND OF BUSINESS OR INDUSTRY: Burley Flour Mill 00
11. BIRTHPLACE (State or foreign country): Waco, Texas
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): World War II 4
16. SOCIAL SECURITY NO.: 558-12-5551
17. INFORMANT'S OWN SIGNATURE: Alice Neckar — ADDRESS: Burley, Idaho 1000 Mellerton

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.11

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): natural causes probably myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis — yes.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* investigated the death of *, 19*__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred during* P*m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leslie L Fellmore MD 168
23b. ADDRESS: Box 668 Burley Ida Carmer
23c. DATE SIGNED: 12-18-65.

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Dec. 21, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Dec. 21 1965
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: Ormand F Burch
LICENSE NO.: E-471

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MC CULLOCH FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 29 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 14 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 31 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

FEB 8 1966

APR 5 1966

MAY 4 1966

OCT 4 1966

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of disposition of the deceased.

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5410
Local Reg. No. 7479
Reg. Dist. No. 470

Certificate of Death

RECEIVED
JAN 10 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 161
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 161
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 2242 Almo Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Douglas
b. (Middle): Kay 070
c. (Last): Coleman

4. DATE OF DEATH (Month) (Day) (Year): Dec. 27, 1965

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Aug. 27, 1903
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 4, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Marysville, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME — BIRTHPLACE: Hyrum Coleman, Smithfield, Utah
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Sarah Ann Kay, Paradise, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: 700-09-3556
17. INFORMANT'S OWN SIGNATURE: Mrs Doris G. Coleman — ADDRESS: 2242 Almo Burley

18. CAUSE OF DEATH 600.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) Chronic Pyelonephritis & Hydronephrosis	2 years
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) Ascending urinary infection	2 years
	DUE TO (c) Indwelling Catheter	2 years
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Multiple Schrosis	8 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-1, 1957, *to* 12-27, 1965, *that I last saw the deceased alive on* 12-26, 1965, *and that death occurred at* 250 *A.m., from the causes and on the date stated above.*

23a. SIGNATURE 283 (Degree or title): J B Bircher MD
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 1-3-66

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Dec. 30, 1965
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Heyburn, Minidoka Co. Idaho

DATE REC'D BY LOCAL REG.: Jan. 6, 1966
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: Ormand F Burch
LICENSE NO.: E-471

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MC CULLOCH FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 13 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Do Correct

Certificate of Death

STATE OF IDAHO

State File No. 5411
Local Reg. No. 1498
Reg. Dist. No. 470

BIRTH NO.

RECEIVED
JAN 10 1966
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Cassia 16 4-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place) 7 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340 b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Acequia
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Marcia b. (Middle) Faye 070 c. (Last) KENT

4. DATE OF DEATH (Month) (Day) (Year) December 27, 1965

5. SEX Female
6. COLOR OR RACE Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 1
8. DATE OF BIRTH October 29, 1952
9. AGE (In years last birthday) 13 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 77
10b. KIND OF BUSINESS OR INDUSTRY Public Schools 03
11. BIRTHPLACE (State or foreign country) Rupert, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Irel Thomas Kent BIRTHPLACE Fairview, Idaho
14. MOTHER'S MAIDEN NAME Rena Louise McQuire BIRTHPLACE Maine Leeds Center,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - - -
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Joel Kent ADDRESS Acequia, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

902.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture, basillar, severe — INTERVAL BETWEEN ONSET AND DEATH 7½ hrs.apprx

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Severe trauma, accident.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. severe bleeding from the nose and posterior pharynx.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) LAccident 12
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on mountain 1
21c. (CITY, TOWN, OR TOWNSHIP) 160 (COUNTY) 3 Pomerelle Ski Area Cassia (STATE) Idaho

21d. TIME OF INJURY (Month) 12 (Day) 27 (Year) 65 (Hour) 2:30 p.m. 2
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Went over a cliff and struck head on road.

22. *I hereby certify that I attended the deceased from* 12-27-65, 19___, *to* 12-27-65, 19___, *that I last saw the deceased alive on* 12-27-65, 19___, *and that death occurred at* 9:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) MD
23b. ADDRESS Snow Bldg. Burley, Idaho
23c. DATE SIGNED 1-3-66

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 31, 1965
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) Rupert, Idaho (State)

DATE REC'D BY LOCAL REG. Jan 6, 1966
REGISTRAR'S SIGNATURE Beth A. Pearson
25. EMBALMER Robert E Walk
LICENSE NO. E 294
FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JAN 1 1 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5412
Local Reg. No. 1500
Reg. Dist. No. 470

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 10 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Cassia 161 3-19
b. CITY OR TOWN Burley
LENGTH OF STAY (in this place) 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 160 b. COUNTY Cassia
c. CITY OR TOWN Oakley
d. STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print) a. (First) Emily b. (Middle) 070 c. (Last) Tooth

4. DATE OF DEATH (Month) (Day) (Year) Dec. 28, 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH Jan 10, 1887

9. AGE (In years last birthday) 78
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Home 01

11. BIRTHPLACE (State or foreign country) Yost, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME W. E. Tracy BIRTHPLACE Ogden, Utah

14. MOTHER'S MAIDEN NAME Hannah Holden BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-12-6807

17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS Oakley, Idaho

18. CAUSE OF DEATH 153.8
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Colon — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1/10/65
19b. MAJOR FINDINGS OF OPERATION Metastatic carcinoma of supra-clavicular [illegible]
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1965 to Dec 28, 1965, that I last saw the deceased alive on Dec 28, 1965 and that death occurred at 2 8 m., from the causes and on the date stated above.

23a. SIGNATURE John W. Evans 135 (Degree or title) M.D.
23b. ADDRESS Burley Idaho
23c. DATE SIGNED Dec 30, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12/31/65
24c. NAME OF CEMETERY OR CREMATORY Marion Cemetery
24d. LOCATION (City, town, or county) (State) Cassia County, Idaho

DATE REC'D BY LOCAL REG. Jan 6 1966
REGISTRAR'S SIGNATURE Bill N. Pearson
25. EMBALMER [signature]
LICENSE NO. E-389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5413
Local Reg. No. 660
Reg. Dist. No.

BIRTH NO. RECEIVED

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Clark JAN 6 1966 170
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spencer
c. LENGTH OF STAY (in this place): 16 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 660

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 170
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spencer
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LAWRENCE	D.	YOUNG	December 30, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Caucasian	Married 3	Nov. 21, 1903	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 70	Railroad 10	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ernest Young	Utah	Mary Draper	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	519-14-4815	Mrs Laurence Young	Spencer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cause unknown, prpbable coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Spencer	Clark	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. W. Tavernier 583	Coroner 4	Dubois, Idaho	1/4/66

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	Jan. 4, 1966	Wilford Cemetery	Fremont County, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1/4/66	Jo Ann Tavernier	R. M. Mallard	E-468

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Buck Funeral Home

DUTIES:

JAN 13 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 8 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 29 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

NOV 28 1967

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

M. TAVERNIER Coroner

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5414
Local Reg. No. 183
Reg. Dist. No. 210

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater 180 DEC 13 1965 3-01
b. CITY OR TOWN Orofino
LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION Clearwater Valley Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 180 b. COUNTY Clearwater
c. CITY OR TOWN Orofino
d. STREET ADDRESS 1245 Michigan (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) JESSE b. (Middle) 673 ALBERT c. (Last) OLIVER

4. DATE OF DEATH (Month) Dec. (Day) 1 (Year) 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Feb. 26, 1891
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: agriculture 01
11. BIRTHPLACE (State or foreign country): Amber Michigan
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Oliver — BIRTHPLACE: Michigan
14. MOTHER'S MAIDEN NAME: Laura Bell Townsend — BIRTHPLACE: Michigan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW I 3
16. SOCIAL SECURITY NO. 518-20-6351
17. INFORMANT'S OWN SIGNATURE: X Mrs Kester Oliver — ADDRESS: Orofino Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction 420.1
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH
(a) 30 min
(b) years
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-22-65, 19__, *to* 12-1, 19 65, *that I last saw the deceased alive on* 12-1-65, 19__, *and that death occurred at* 7:15 a m., *from the causes and on the date stated above.*

23a. SIGNATURE W Beckett 1038 (Degree or title)
23b. ADDRESS Orofino, Idaho
23c. DATE SIGNED 12-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12-4-1965
24c. NAME OF CEMETERY OR CREMATORY: Weseman
24d. LOCATION (City, town, or county): Orofino (State): Idaho

DATE REC'D BY LOCAL REG.: 12-6-1965
REGISTRAR'S SIGNATURE: Josephine K. Gilbert
25. EMBALMER: Ly C. Stoltzmann
LICENSE NO. 476
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 16 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 17 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 5 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5415
Local Reg. No. 102
Reg. Dist. No. 2-10

RECEIVED
DEC 13 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater 180 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Clearwater Valley Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 180 b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weippe
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) RUDOLPH b. (Middle) ALVIN 573 c. (Last) UREMOVICH

4. DATE OF DEATH (Month) (Day) (Year) Dec. 3 1965

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 4

8. DATE OF BIRTH Oct. 22, 1921

9. AGE (In years last birthday) 44
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) woodsworker 08

10b. KIND OF BUSINESS OR INDUSTRY Timber 00

11. BIRTHPLACE (State or foreign country) Roundup Montana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Paul Uremovich
BIRTHPLACE Hungary

14. MOTHER'S MAIDEN NAME Helen Matkovich
BIRTHPLACE Yugoslavia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 516-30-3064

17. INFORMANT'S OWN SIGNATURE x Thomas L. Uremovich
ADDRESS Portland, Ore.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

904.9

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Contusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Sub arachnoid Hemorrhage

DUE TO (c) Skull fracture

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Dec, 1965, *to* 3 Dec, 1965, *that I last saw the deceased alive on* 3 Dec, 1965, *and that death occurred at* 9.00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE 340 (Degree or title) MD

23b. ADDRESS Orofino, Idaho

23c. DATE SIGNED 12-6-1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3

24b. DATE 12-6-1965

24c. NAME OF CEMETERY OR CREMATORY J. A. Wier Funeral Ser.

24d. LOCATION (City, town, or county) Roundup (State) Mont.

DATE REC'D BY LOCAL REG. 12-6-1965

REGISTRAR'S SIGNATURE Josephine K. Gilbert

25. EMBALMER

LICENSE NO. 476

FIRM NAME: GILBERT'S FUNERAL CHAPEL, INC.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

DEC 17 1965

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

DEC 30 1965

JAN 31 1972

MAR 5 1982

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Verdict Favors Ball; Cites "Excusable Circumstances"

A coroner's jury Tuesday determined that Randy Ball, 26, Orofino woods worker, was responsible for the death of Rudolph A. Uremovich, 44, after a bar altercation last Thursday at Eddies Bar.

The verdict read by Foreman Vernon W. Butler said "death was from brain damage by the involuntary act of Randy Ball under excusable circumstances."

Testimony of 14 witnesses brought out that Rudy Uremovich had previously been ejected by the tavern proprietor, Clinton Philpot, after starting an argument with Ball and calling him a "Chicken .... S.. .. . ."

Had Scuffle

Ball said he had offered to settle the argument outside the tavern and walked out the back door but Rudy did not follow. When he came back in, the argument and a scuffle resumed and Uremovich was escorted out by Philpot.

About five minutes later the victim came back into the tavern and advanced toward Ball who said he saw him enter and stood up to "avoid being clobbered."

Witnesses said Ball advanced a step or two and struck Uremovich with a left punch knocking him down. Ball said he heard Rudy's tin hat strike the tile-covered concrete floor. Testimony was contradictory about how far each man had advanced.

Philpot said he and Dave McEntire dragged Rudy over to a raised musicians stand and applied ice to the back of his neck but could not revive him and blood started seeping from his nose.

Ball offered assistance and with McEntire took him to CV hospital. He said the injured man mumbled a little but did not regain consciousness. Uremovich died at 9 p.m. Friday, 24 hours after the incident.

Philpot testified that Uremovich was often smart alecky and argumentative when he had been drinking. He said the victim had come back into the tavern with Ed Carr next door tavern owner, who bought him a beer and left in 3 or 4 minutes. Carr said Rudy had been quarrelsome in his Orofino club and he had asked him to leave.

Ball said that Rudy sat down by him and said, "I'm the toughest man that ever wore a pair of black boots." Their first scuffle started when he tried to pull away, Ball added.

Other witnesses were Don Youngman, Mrs. Elda Wood, Charlotte Warmdahl, Fritz Kauffman, Bill Stewart, Dr. Calvin Reber, Bill Wineteer, Albert Nelson, Jack Mills, Robert Kline, Dave McEntire and Bernard Bloom.

Members of the jury besides Butler were Martha Una, Emma Ladd, Mrs. Art Westfall, Earl Williams and Lyle Mullikin.

Coroner Larry D. Wunderlich was in charge of the inquest, his first such inquiry since taking office last January. He was assisted by County Prosecutor Ralph H. Haley. The latter said on the basis of the testimony he felt inclined to go along with the verdict and not file further charges. He expressed a belief, that in any event any criminal conviction would be difficult to obtain.

Uremovich was born Oct. 22, 1921 at Roundup, Mont., the son of Mr. and Mrs. Paul Uremovich. He had lived briefly at Spokane and at Orofino and Weippe for the past 10 or 12 years.

Surviving besides his parents are two brothers and a sister, William of Portland, Edward and Mrs. Jay Brown of Salt Lake City.

The remains were shipped to Roundup, Montana by the Gilbert chapel Monday for funeral services today.

State File No. 5416
Local Reg. No. 106
Reg. Dist. No. 210

Certificate of Death

RECEIVED
DEC 21 1965
Bureau of V

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 180 000
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) unk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Own Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 180
b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN
b. (Middle) ANGUS
c. (Last) MC DONALD

4. DATE OF DEATH (Month) Dec. (Day) 4 (Year) 1965

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH Oct. 26 1886
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) woodsworker 08
10b. KIND OF BUSINESS OR INDUSTRY timber 00
11. BIRTHPLACE (State or foreign country) Mt. Pleasant Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME unknown — BIRTHPLACE
14. MOTHER'S MAIDEN NAME unknown — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-01-2420
17. INFORMANT'S OWN SIGNATURE Josephine K. Gilbert — ADDRESS Orofino, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH unk.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* never, *19*___, *to* _____, *19*___, *that I last saw the deceased alive on* _____, *19*___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Larry Wunderlich 583 (Degree or title) Coroner 4
23b. ADDRESS Orofino, Idaho
23c. DATE SIGNED Dec. 14, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Dec. 9 1965
24c. NAME OF CEMETERY OR CREMATORY Riverside
24d. LOCATION (City, town, or county) Orofino (State) Idaho

DATE REC'D BY LOCAL REG. Dec. 14, 1965
REGISTRAR'S SIGNATURE Ruth Zeller
25. EMBALMER Lyle A. Strottmann
LICENSE NO. 476

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5417
Local Reg. No. 101
Reg. Dist. No. 210

Certificate of Death

RECEIVED DEC 13 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater 180 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 10 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North 074

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 401
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg, Idaho
d. STREET ADDRESS (If rural, give location): Sunshine Route

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): George
c. (Last): Erhard

4. DATE OF DEATH (Month) (Day) (Year): 12 - 4 - 65

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: 7-23-1881
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John G. Erhard — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Unkn — BIRTHPLACE: Unkn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 517-12-1335
17. INFORMANT'S OWN SIGNATURE: Records Alice Hansen — ADDRESS: Box 670 Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease with failure

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-28, 1965 *to* 12-4, 1965, *that I last saw the deceased alive on* 12-4, 1965, *and that death occurred at* 5:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William M. Russell 595
23b. ADDRESS: Box 672, Orofino, Idaho
23c. DATE SIGNED: 12-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 12-6-1965
24c. NAME OF CEMETERY OR CREMATORY: Gompf Funeral Home
24d. LOCATION (City, town, or county) (State): Libby Montana

DATE REC'D BY LOCAL REG.: 12-6-1965
REGISTRAR'S SIGNATURE: Josephine K. Gilbert
25. EMBALMER: Lyle A. Strollmann
LICENSE NO.: 476

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 3 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5418
Local Reg. No. 104
Reg. Dist. No. 210

RECEIVED DEC 2 1 1965

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Clearwater (180) — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino — c. LENGTH OF STAY (in this place): 3½ mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North (074)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho (351) — b. COUNTY: Nez Perce — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston — d. STREET ADDRESS (If rural, give location): 3718 - 18th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JESSE		TALLANT	12	6	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	Married 2	12-24-83	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic (10)	OD	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Nathan Tallant	Kentucky	Unknown	Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-01-5370	Barbara Bray	Records, SHN, Orofino, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uremia	4 months
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerosis	unknown
DUE TO (c)	Diabetes mellitus	unknown
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* August 15, *19*65, *to* December 6 *19*65, *that I last saw the deceased alive on* December 4 *19*65, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Merrill W. Pullen, Jr. (595)	M.D.	Box 672 Orofino, Idaho	12/7/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 2	Dec. 6, 1965	Lewis-Clark Memmial Gar.	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 13, 1965	Ruth Zeller	L. E. DeBoer	E-295

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5419
Local Reg. No. 109
Reg. Dist. No. 210

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

JAN 7 1966
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Clearwater 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Greer
c. LENGTH OF STAY (In this place) 4 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Arcadian Nursing Home 075

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 180
b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) MARGARET
b. (Middle) R.
c. (Last) CARROLL

4. DATE OF DEATH (Month) Dec. (Day) 6 (Year) 1965

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH Aug. 12, 1872
9. AGE (In years last birthday) 93 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) domestic work 01
10b. KIND OF BUSINESS OR INDUSTRY homes 01
11. BIRTHPLACE (State or foreign country) Duluth Minnesota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Matthew Carroll — BIRTHPLACE Ireland
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE X Stila Gleason — ADDRESS Orofino Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gen. arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Blind — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1964 *to* Dec, 1965, *that I last saw the deceased alive on* 12-10, 1965, *and that death occurred at* 10 30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 038 (Degree or title)
23b. ADDRESS Orofino Idaho
23c. DATE SIGNED 12-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 12-10-1965
24c. NAME OF CEMETERY OR CREMATORY Hill
24d. LOCATION (City, town, or county) Orofino (State) Idaho

DATE REC'D BY LOCAL REG. Dec. 23, 1965
REGISTRAR'S SIGNATURE Josephine K. Gilbert
25. EMBALMER [signature]
LICENSE NO. 476

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5420
Local Reg. No. 107
Reg. Dist. No. 210

BIRTH NO.

180 JAN 7 1966 5-105
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN: Orofino
c. LENGTH OF STAY (in this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION: Clearwater Valley Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 318 b. COUNTY: Lewis
c. CITY OR TOWN: Kamiah
d. STREET ADDRESS (If rural, give location): Kamiah

3. NAME OF DECEASED (Type or Print): a. (First) DAVID b. (Middle) W. 073 c. (Last) Ball Jr.

4. DATE OF DEATH (Month) (Day) (Year): Dec 7, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: June 4, 1907

9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sawyer 09

10b. KIND OF BUSINESS OR INDUSTRY: Lumber 01

11. BIRTHPLACE (State or foreign country): Orofino, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David W. Ball Sr. — BIRTHPLACE: West Virginia

14. MOTHER'S MAIDEN NAME: Elizabeth Payne — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518 05 3457

17. INFORMANT'S OWN SIGNATURE: Dale Ball — ADDRESS: Kamiah, Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 7, 1965 *to* Dec 7, 1965 *that I last saw the deceased alive on* Dec 7, 1965 *and that death occurred at* P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 652 — **23b. ADDRESS**: Kamiah — **23c. DATE SIGNED**: 12-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 12/11/65 — **24c. NAME OF CEMETERY OR CREMATORY**: Kamiah — **24d. LOCATION** (City, town, or county) (State): Kamiah Idaho

DATE REC'D BY LOCAL REG.: Dec. 19, 1965 — **REGISTRAR'S SIGNATURE**: Josephine K. Gillett — **25. FUNERAL DIRECTOR**: Robert R Hansen — **ADDRESS**: E 453 Grangeville Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert R Hansen Lic. No E 433 at Kamiah on 12/7/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 5421
Local Reg. No. 105
Reg. Dist. No. 210

BIRTH NO.

RECEIVED DEC 21 1965 Bureau of Vital Statistics

1. PLACE OF DEATH — a. COUNTY: Clearwater (180) — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino — c. DURATION OF STAY (in this place): Approx. 3 hrs. — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater Valley Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho — b. COUNTY: Lewis (310) — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah — d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) — a. (First): Jay — b. (Middle): Roy (073) — c. (Last): Randall

4. DATE OF DEATH — (Month): Dec. — (Day): 13 — (Year): 1965

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married (2)

8. DATE OF BIRTH: Dec. 14, 1889

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elevator manager (74)

10b. KIND OF BUSINESS OR INDUSTRY: Grain Warehouse (44)

11. BIRTHPLACE (State or foreign country): Falls Creek, Oregon

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John Randall — BIRTHPLACE: Unk.

14. MOTHER'S MAIDEN NAME: Elnora Pearson — BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-01-3176

17. INFORMANT'S OWN SIGNATURE: May Randall — ADDRESS: Kamiah Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial Occlusion (420.1) — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Coronary Thrombosis

DUE TO (c): Arteriosclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY — (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct *, 19*64 *to* 13 Dec *, 19*65*, that I last saw the deceased alive on* 13 Dec *, 19*65*, and that death occurred at* 4:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (340) — (Degree or title): M.D. — 23b. ADDRESS: Orofino, Idaho — 23c. DATE SIGNED: 16 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: Dec. 15, 1965 — 24c. NAME OF CEMETERY OR CREMATORY: Kamiah Cemetery — 24d. LOCATION (City, town, or county) (State): Kamiah Idaho

DATE REC'D BY LOCAL REG.: Dec. 17, 1965 — REGISTRAR'S SIGNATURE: Jack Zeller

25. EMBALMER: [signature] — LICENSE NO.: 476

FIRM NAME: Trenary Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5422
Local Reg. No. 110
Reg. Dist. No. 210

BIRTH NO.

180 JAN 7 1966 4-01

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater Valley Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 180
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LEVI	073	CORBETT	Dec. 16, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	Indian	widowed	Feb. 16, 1879	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: agriculture 01
11. BIRTHPLACE (State or foreign country): Ahsahka, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Billy Corbett — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Annie Davis — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: unk
17. INFORMANT'S OWN SIGNATURE: X Lewis B. Holt — ADDRESS: Hamilton, Montana

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary attack 12-20-65 — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Failure 24645*

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-30-65, 19__, *to* 12-16, 1965, *that I last saw the deceased alive on* 12-16, 19 65, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
405 O B Rasmussen	M. D.	Orofino Idaho	12-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Dec. 20, 1965	Ahsahka	Ahsahka Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 23, 1965	Josephine K. Gilbert	Lyle A. Boettcher	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5423
Local Reg. No. 108
Reg. Dist. No. 210

BIRTH NO.

RECEIVED JAN 7 1966 Bureau of Vital Statistics

1. PLACE OF DEATH (180) (1-02)
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
LENGTH OF STAY (in this place): 21 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North (024)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (350)
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kendrick, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HERMAN		SILFLOW	Dec. 18, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Never married	Jan. 30, 1892	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer (04)	(01)	Cameron, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ferdinand Silflow	unk	Ida Lowman	unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWI, ARMY 1918	518-40-8126	Alice Lawson by J.L.	Records, Box 672, Orofino

18. CAUSE OF DEATH (3450.0)
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia (Broncho) — INTERVAL BETWEEN ONSET AND DEATH: 9 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Artenosclerosis Generalized — 2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 19, 1964, *to* Dec. 18, 1965, *that I last saw the deceased alive on* Dec. 18, 1965, *and that death occurred at* 2:37P *m., from the causes and on the date stated above.*

23a. SIGNATURE (595)	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Myrvin W. Fuller, Jr.	M.D.	State Hospital North	Dec. 18, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Dec. 21, 1965	Cameron	Nez Perce Co. Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 19, 1965	Josephine K. Gilbert	Lyle A. Stroltmann	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JAN 11 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5424
Local Reg. No. 111
Reg. Dist. No. 210

RECEIVED JAN 7 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Clearwater (180) — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino — DURATION OF STAY (in this place): 2 years

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho (35) — b. COUNTY: Nez Perce — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North (074) — d. STREET ADDRESS (If rural, give location): Sommerville Home

3. NAME OF DECEASED (Type or Print) — a. (First): BASTIN — b. (Middle): — c. (Last): MIDDLEKOOP

4. DATE OF DEATH (Month) (Day) (Year): December 18, 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed (2)

8. DATE OF BIRTH: March 13, 1880

9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (04)

10b. KIND OF BUSINESS OR INDUSTRY: (01)

11. BIRTHPLACE (State or foreign country): Holland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adrian Middlekoop — BIRTHPLACE: Holland

14. MOTHER'S MAIDEN NAME: Elizabeth Koole — BIRTHPLACE: Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 701-16-1191

17. INFORMANT'S OWN SIGNATURE: Barbara Bray — ADDRESS: Records, SHN, Orofino, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerosis generalized with cerebralarteriosclerosis — over 3 years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) — 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 16, 1963, *to* Dec. 18, 1965, *that I last saw the deceased alive on* Dec. 18, 1965, *and that death occurred at* 7:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Merrick W. Pullen, M.D. (595) — (Degree or title): M. D. — 23b. ADDRESS: Box 672, Orofino, Idaho — 23c. DATE SIGNED: 12-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial — 24b. DATE: 12-24-65 — 24c. NAME OF CEMETERY OR CREMATORY: Riverside — 24d. LOCATION (City, town, or county) (State): Orofino, Idaho

DATE REC'D BY LOCAL REG.: Dec. 23, 1965 — REGISTRAR'S SIGNATURE: Josephine K. Gilbert — 25. EMBALMER: Lyle A. Strottmann — LICENSE NO.: 476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 5425
Local Reg. No. ~~100~~ 112
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH 180 JAN 7 1966
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
LENGTH OF STAY (in this place): 5½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North 074

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 050
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Unknown
d. STREET ADDRESS (If rural, give location): Unknown

Bureau of Vital Statistics

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
KATIE	FLORENCE	JOHNSON	December 18 65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	single	March 21, 1905	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown 00	00	Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James H. Johnson	Michigan	Maud Slye	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	Unknown	Barbara Bray	Records, SHN, Orofino, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes — 2 years
DUE TO (c) Arteriosclerotic heart disease (Hypertensive) — over 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia — 3 hours

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Apr. 11, 19 60, *to* Dec. 18, 19 65, *that I last saw the deceased alive on* Dec. 18, 1965, *and that death occurred at* 9:20pm., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Myrick W. Fuller Jr. 595	M. D.	Box 672, Orofino, Idaho	12-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	12-22-65	Riverside	Orofino, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 23, 1965	Josephine K. Gilbert	Fyke A. Stratemann	476

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: GILBERT'S FUNERAL CHAPEL

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5426
Local Reg. No. ~~XXX~~ 113
Reg. Dist. No. 210

Certificate of Death

RECEIVED
JAN 7 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 180 2-06
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 6 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 219 Main St. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 350
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spalding
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): E.
c. (Last): Leeper

4. DATE OF DEATH (Month) (Day) (Year): Dec. 20, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: June 24, 1877
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer&millwork 04
10b. KIND OF BUSINESS OR INDUSTRY: grain & lumber 01
11. BIRTHPLACE (State or foreign country): Grants Pass, Ore.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unk. BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unk. BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 531-07-0663
17. INFORMANT'S OWN SIGNATURE: Lyle A. Strottmann — ADDRESS: Orofino

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular Accident

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1964, *to* Dec, 1965, *that I last saw the deceased alive on* 20 Dec, 1965, *and that death occurred at* 5:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE 340 (Degree or title): [signature] M.D.
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 22 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12-22-65
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Orofino, Idaho

DATE REC'D BY LOCAL REG.: Dec. 23, 1965
REGISTRAR'S SIGNATURE: Josephine K Gilbert
25. EMBALMER: Lyle A. Strottmann
LICENSE NO.: 476

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5427
Local Reg. No. ~~133~~ 114
Reg. Dist. No. 210

Certificate of Death

RECEIVED
JAN 7 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF [illegible] (In this place): 26½ years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 091
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): unknown

3. NAME OF DECEASED (Type or Print)
a. (First): LEONA
b. (Middle): 074
c. (Last): McHENRY

4. DATE OF DEATH (Month) (Day) (Year): December 24, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced 4
8. DATE OF BIRTH: January 17, 1909
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: home 01
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Lincoln Huntoon — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Cora Lulu Campbell Nighswonger — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Medical Records Box 672 Evelyn Olsen — ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uremia	2 weeks
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Pneumonia	2 weeks
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Chronic schizophrenia	26½ years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 15, 1965, *to* Dec. 24, 1965, *that I last saw the deceased alive on* Dec. 24, 1965, *and that death occurred at* 10:01 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David W. Baker 595 M.D.
23b. ADDRESS: Box 672, Orofino, Idaho
23c. DATE SIGNED: Dec. 24, 196[illegible]

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Dec. 26, 1965
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: Dec. 27, 1965
REGISTRAR'S SIGNATURE: Josephine K. Gilbert
25. EMBALMER: Lyle A. Strottmann
LICENSE NO.: 476

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5428
Local Reg. No. ~~123~~ 115
Reg. Dist. No. 210

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 7 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 17 days 3-17
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North 074

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 180
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ahsahka
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): P.
c. (Last): WOHL

4. DATE OF DEATH (Month) (Day) (Year): December 28 65

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married 1
8. DATE OF BIRTH: March 29, 1882
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woods Worker 08
10b. KIND OF BUSINESS OR INDUSTRY: Lumbering 00
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-01-2271
17. INFORMANT'S OWN SIGNATURE: Barbara Bray — ADDRESS: Records, SHN, Box 672, Orofino Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

792X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Pneumonia — 2 weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 11, 1965, *to* Dec. 28, 1965, *that I last saw the deceased alive on* Dec. 28, 1965, *and that death occurred at* 2:25 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David U. Baker 595 M.D.
23b. ADDRESS: Box 672, Orofino, Idaho
23c. DATE SIGNED: 12-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 1
24b. DATE: Dec. 31, 1965
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: Dec. 30, 1965
REGISTRAR'S SIGNATURE: Josephine K. Gilbert
25. EMBALMER: Lyle A. Strottmann
LICENSE NO.: 476

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 1 1 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 5429
Local Reg. No. 680
Reg. Dist. No. 20

BIRTH NO.

DEC 28 1965

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 190 Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Challis
c. LENGTH OF STAY (in this place) 8½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) On Morgan Creek 100

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 190 b. COUNTY Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Challis
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Miles b. (Middle) Edward c. (Last) Rice

4. DATE OF DEATH (Month) (Day) (Year) Dec. 15, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH March 5, 1955

9. AGE (In years last birthday) 10 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student 03

10b. KIND OF BUSINESS OR INDUSTRY 01

11. BIRTHPLACE (State or foreign country) Boise, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Elmer E. Rice — BIRTHPLACE unknown

14. MOTHER'S MAIDEN NAME Hattie Murphy — BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT'S OWN SIGNATURE Paul Howard — ADDRESS Challis, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Fracture of 3rd Cervical Vertebra — INTERVAL BETWEEN ONSET AND DEATH instantaneous

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm Road (Car)

21c. (CITY, TOWN, OR TOWNSHIP) 190 (COUNTY) 13 Rural (STATE) Custer, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Wed. Dec 15, 65 4:10 PM

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Head on collision with another car

22. *I hereby certify that I attended the deceased from* Dec 15 *1965, to* Dec 15 *, 1965, that I last saw the deceased alive on* ——— *, 19—, and that death occurred at* 4:10 *m., from the causes and on the date stated above.*

23a. SIGNATURE Paul C. Howard, M.D. (Degree or title) 734

23b. ADDRESS Challis Idaho Box 476

23c. DATE SIGNED 12-18-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-20-65

24c. NAME OF CEMETERY OR CREMATORY Dry Creek

24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. Dec 24, 1965

REGISTRAR'S SIGNATURE Mrs. Pauline J. Mulder

25. FUNERAL DIRECTOR Delbert C. Jones — ADDRESS Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Delbert C. Jones Lic. No E369 at Salmon, Ida on 12-15-65

ADDITIONAL REMARKS by Physician

Amended May 17, 1966

Certificate of Death

STATE ~~OF IDAHO~~

State File No. 5430
Local Reg. No. 70
Reg. Dist. No. 380-391

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore 200 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt. Home AFB
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4474-A Ivy 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 37 Oklahoma
b. COUNTY: 555 Kay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Newkirk
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Viola	Elizabeth	Howard	December 1, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	August 9, 1887	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	01	Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Columbus Watson	Alabama	Judith Thomas Edwards	Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		G O Howard	Soda Springs Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ac. Cardiac Arrhythemia — Interval between onset and death: Second

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Myocardial Infarct — 10 days
DUE TO (c) Art Sc. Card-Vas Disease — Years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

420.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* November, 1965, *to* Dec 1, 1965, *that I last saw the deceased alive on* Nov 30, 1965, *and that death occurred at* 9 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
145 Joseph C M Downs, M.D.	890 N 6 E, Mtn Home, Idaho	12-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	Dec 3, 1965	Newkirk	Kay County, Oklahoma

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-3-65	C. P. Anderson	Arthur Smith	

FIRM NAME: Smith Mortuary, Mtn Home, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 1 61966
Bureau of Vital Statistics

State of ..... } ss
County of ..... }

Certificate No. 5430

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)
for Viola Elizabeth Howard (Name on Original Certificate) who died (Was Born or Died) on Dec 1, 1965 (Date of Event)
in Mtn Home, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#14 Mother's Maiden Name	Elizabeth Edwards	Judith Thomas Edwards

Subscribed and sworn to before me this 25th day of April, 19 66

Angela W. Logan

Notary Public, residing at Wewoka, Okla.

My commission expires 5-23-69

(Seal)

Signed Mrs. Frances Wyatt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

224 W. 4, Wewoka Okla.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oklahoma } ss.
County of Seminole }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of April, 19 66

Angela W. Logan

Notary Public, residing at Wewoka, Okla.

My commission expires 5-23-69

(Seal)

Signed J. R. Wyatt
(Signature of Any Credible Person)

224 W. 4 Wewoka, Okla
(Street Address, City, State)

FORM DH 60-155

L. 3-9-66 RR

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5430
Local Reg. No. 70
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED
DEC 2 1 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt. Home AFB
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4474-A Ivy

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Oklahoma
b. COUNTY: Kay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Newkirk
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): VIOLA
b. (Middle): ELIZABETH
c. (Last): HOWARD

4. DATE OF DEATH (Month) (Day) (Year): Dec. 1, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: August 9, 1887
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Columbus Watson — BIRTHPLACE: Alabama
14. MOTHER'S MAIDEN NAME: Elizabeth Edwards — BIRTHPLACE: Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Idaho Soda Springs

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ac. Cardiac Arrhythmia — INTERVAL BETWEEN ONSET AND DEATH: Second

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Infarct — 10 days
DUE TO (c) Ant. Sc. Cord. Vas Disease — years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* November 65, *to* Dec 1, 1965, *that I last saw the deceased alive on* Nov 30, 1965, *and that death occurred at* 9:15 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Cecil Downs MD
23b. ADDRESS: 890 N 6 E Mt Home Idaho
23c. DATE SIGNED: 12/6/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Dec. 3, 1965
24c. NAME OF CEMETERY OR CREMATORY: Newkirk
24d. LOCATION (City, town, or county) (State): Kay County Oklahoma

DATE REC'D BY LOCAL REG.: 12-3 65
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: Mtn. Home, Ida.
Smith Mortuary

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under DEC 23 1965 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 16 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

MAY 17 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5431
Local Reg. No. 72
Reg. Dist. No. 380 391

RECEIVED DEC 21 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 200
a. COUNTY Elmore 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 401 Cedar 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 200
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
d. STREET ADDRESS (If rural, give location) 401 Cedar

3. NAME OF DECEASED (Type or Print)
a. (First) BERTON
b. (Middle) LESLIE
c. (Last) GIBBENS

4. DATE OF DEATH (Month) Dec. (Day) 1, (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH March 25, 1915
9. AGE (In years last birthday) 50 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Public Relations 06
10b. KIND OF BUSINESS OR INDUSTRY Natural Gas Company 00
11. BIRTHPLACE (State or foreign country) Meridian, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Berton Gibbons — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes 1 — (If yes, give war or dates of service) WW II 4
16. SOCIAL SECURITY NO. 518-18-3915
17. INFORMANT'S OWN SIGNATURE Victoria C. Gibbens — ADDRESS Mt. Home, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

416 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ac. Cardiac Anhy. Thoracic — INTERVAL BETWEEN ONSET AND DEATH second

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) R.H.D. Hypertensive — yeno

DUE TO (c) Rheumatic fever Chr. Pyelo Pyelophilia — yeno

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1963, *to* Dec 1, 1965, *that I last saw the deceased alive on* Nov 10, 1963, *and that death occurred at* 8:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Joseph Cline Downs MD (Degree or title) 145
23b. ADDRESS 890 N6E Mt Home Idaho
23c. DATE SIGNED 12/6/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1
24b. DATE Dec. 6, 1965
24c. NAME OF CEMETERY OR CREMATORY Mountain View
24d. LOCATION (City, town, or county) Mountain Home, (State) Idaho

DATE REC'D BY LOCAL REG. Dec 8 1965
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR Arthur Smith — ADDRESS Mtn. Home

Smith Mortuary

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 22 1965
JAN 6 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

APR 1 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

SEP 8 1966

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

JUN 4 1968

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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State File No. 5432
Local Reg. No.
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED DEC 13 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
c. LENGTH OF STAY (In this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 707 East Garfield 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 200
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
d. STREET ADDRESS (If rural, give location): 707 East Garfield

3. NAME OF DECEASED (Type or Print)
a. (First): MRS. SARAH
b. (Middle): ELIZABETH
c. (Last): RIECHELLE

4. DATE OF DEATH (Month) (Day) (Year): December 4, 1965

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: June 14, 1896
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home 01
11. BIRTHPLACE (State or foreign country): Olive Hill, Kentucky
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: G. W. Jessee — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Rosetta Stomoer — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-16-0261
17. INFORMANT'S OWN SIGNATURE: John E Riechelle — ADDRESS: Glenns Ferry

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of both breasts — INTERVAL BETWEEN ONSET AND DEATH: 5 1/2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 1960 Sept 1965
19b. MAJOR FINDINGS OF OPERATION: Carcinoma right breast May 1960 Carcinoma left breast 1965
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 30, 1965, *to* Dec 4, 1965, *that I last saw the deceased alive on* Dec 2, 1965, *and that death occurred at* 9:15 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ward A. Richey M.D. 451 (Degree or title)
23b. ADDRESS: Glenns Ferry Idaho
23c. DATE SIGNED: Dec 7, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/7/65
24c. NAME OF CEMETERY OR CREMATORY: Glenn Rest Cemetery
24d. LOCATION (City, town, or county) (State): Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.: Dec 8-65
REGISTRAR'S SIGNATURE: Mary Sullivan
25. FUNERAL DIRECTOR: Arthur Smith — ADDRESS: Mtn. Home, Idaho — Smith Mortuary

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 15 1965

DEC 21 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to certify the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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State File No. 5433
Local Reg. No. 71
Reg. Dist. No. 380 391

RECEIVED
DEC 21 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 200
a. COUNTY Elmore 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Elmore Mem. Hospital 080

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 200
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Justo
b. (Middle)
c. (Last) Zabala

4. DATE OF DEATH (Month) (Day) (Year) Dec. 7, 1965

5. SEX Male
6. COLOR OR RACE Spanish
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Jan. 16, 1902
9. AGE (In years last birthday) 63 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cement Mason 81
10b. KIND OF BUSINESS OR INDUSTRY Cement Mason 00
11. BIRTHPLACE (State or foreign country) Viscoya Province, Spain
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jim Zabala BIRTHPLACE Viscoya Province, Spain
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Viscoya Province, Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 530-03-9134
17. INFORMANT'S OWN SIGNATURE Robert Meyer ADDRESS Thompson Chapel Records

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus, Coma — INTERVAL BETWEEN ONSET AND DEATH years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary Art. Disease years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1963, *to* Dec 7, 1965, *that I last saw the deceased alive on* Dec 6, 1965 *and that death occurred at* 5:25a *m., from the causes and on the date stated above.*

23a. SIGNATURE Malone & Koelsch 289 (Degree or title) Mtl
23b. ADDRESS Mountain Home Idaho
23c. DATE SIGNED Dec. 8, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 11, 1965
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
24d. LOCATION (City, town, or county) (State) Gooding, Idaho

DATE REC'D BY LOCAL REG. Dec 8 1965
REGISTRAR'S SIGNATURE C. Anderson
25. EMBALMER Arthur Smith
LICENSE NO. E-403

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Thompson Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 22 1990

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5434
Local Reg. No. 73
Reg. Dist. No. 380 391

BIRTH NO.

DEC 28 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ELMORE 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MTN HOME AFB, IDAHO
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): USAF HOSP, MTN HOME AFB 588

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 380
b. COUNTY: PAYETTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FRUITLAND
d. STREET ADDRESS (If rural, give location): BOX 407

3. NAME OF DECEASED (Type or Print): a. (First) GWENDOLINE b. (Middle) CATHERINE c. (Last) STEGALL

4. DATE OF DEATH: (Month) DEC (Day) 14 (Year) 1965

5. SEX: FEMALE

6. COLOR OR RACE: CAU

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 3

8. DATE OF BIRTH: 7 NOV 1921

9. AGE (In years last birthday): 44
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 01

10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE 01

11. BIRTHPLACE (State or foreign country): AUSTRALIA

12. CITIZEN OF WHAT COUNTRY?: AUSTRALIA

13. FATHER'S NAME: DECEASED
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: MARIA BISHOP
BIRTHPLACE: AUSTRALIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NA

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Elmer H. Stegall
ADDRESS: Fruitland, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

5271

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Vascular Hypertension — 1 Year
DUE TO (c) Pulmonary Emphysema — 10 Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 14 Dec, 19 65, *to* 14 Dec, 19 65, *that I last saw the deceased alive on* 14 Dec, 1965, *and that death occurred at* 8:25 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] 585 MD (Degree or title)
23b. ADDRESS: MTN HOME AIR FORCE BASE
23c. DATE SIGNED: 14 DEC 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12-15-1965
24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery
24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: Dec 20 1965
REGISTRAR'S SIGNATURE: [illegible] Anderson
25. EMBALMER: Gifford R. Shaffer
LICENSE NO.: E-344
FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5435
Local Reg. No. 74
Reg. Dist. No. 380 391

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 28 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 200
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elmore Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 200
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): 865 E 16 N

3. NAME OF DECEASED (Type or Print)
a. (First): JULIA
b. (Middle): WIGGINS 080
c. (Last): WILLETS

4. DATE OF DEATH (Month) (Day) (Year): December 17, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: February 5, 1890
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Schoolteacher 12
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Nichols Tioga, New York
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Absolam Wiggins — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 143-30-9257
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH 260X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arct. sch Card Vas Leso — years
DUE TO (c): Diabetes mel. — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chronic liver Syndrome — 2 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1963, *to* Dec 17, 1965, *that I last saw the deceased alive on* Dec 17, 1965, *and that death occurred at* 7:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Cell Downs MD 145
23b. ADDRESS: 890 N 6 E Mt Home
23c. DATE SIGNED: 12/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 20, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cem.
24d. LOCATION (City, town, or county) (State): Mountain Home, Elmore, Idaho

DATE REC'D BY LOCAL REG.: Dec 20 1965
REGISTRAR'S SIGNATURE: P Anderson
25. FUNERAL DIRECTOR: Arthur Smith E-403 — ADDRESS: Mtn. Home, Ida.
Smith Mortuary

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 6 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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State File No. 5436
Local Reg. No. 1
Reg. Dist. No. 380 391

RECEIVED
JAN 10 1966
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 200
a. COUNTY: Elmore 080
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 360 N 7 E

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 200
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): 360 N 7 E

3. NAME OF DECEASED (Type or Print)
a. (First): ETHEL
b. (Middle): B. 080
c. (Last): STEIN

4. DATE OF DEATH (Month) (Day) (Year): December 20, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 13, 1887
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Mountain Home, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Richard Bennett — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Flora Anna Benney — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: J. Gordon Bennett — ADDRESS: Mt. Home, Ida

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pernicious Anemia; Old Cerebral vascular accident — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1961, *to* Dec. 20, 1965, *that I last saw the deceased alive on* Dec. 10, 1965, *and that death occurred at* 8:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Malone N Koelsch 289 M.D.
23b. ADDRESS: Mountain Home Idaho
23c. DATE SIGNED: Dec 21, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 22, 1965
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cem.
24d. LOCATION (City, town, or county) (State): Mountain Home, Elmore, Idaho

DATE REC'D BY LOCAL REG.: 1 4 66
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR E-403: Arthur Smith — ADDRESS: Mtn. Home, Ida.
Smith Mortuary

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DEC 7 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 5 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5437
Local Reg. No. 2
Reg. Dist. No. 380 391

RECEIVED JAN 1 01966

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
DURATION OF STAY (In this place) 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 825 So. 12th East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
d. STREET ADDRESS (If rural, give location) 825 So. 12th East

3. NAME OF DECEASED (Type or Print) a. (First) MRS. b. (Middle) MARY VIRGINIA c. (Last) MACKINTOSH WILSON

4. DATE OF DEATH (Month) (Day) (Year) December 27, 1965

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH Feb. 2, 1940
9. AGE (In years last birthday) 25 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY own home 01
11. BIRTHPLACE (State or foreign country) Barksdale Field, Louisiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME I. W. Mackintosh BIRTHPLACE British W. Indies.
14. MOTHER'S MAIDEN NAME Ruth Gault BIRTHPLACE Mississippi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 267-58-5802
17. INFORMANT'S OWN SIGNATURE David M. Wilson ADDRESS Mt. Home, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

433.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ac. Card. Arrhy Hemia Pulmonalis — Interval between onset and death: Secondary.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrombosis — Interval: Months.
DUE TO (c) Hyp. Gastric Cont. Pul. Congs — Interval: Minutes.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Pul Art. of Aorta, Thrombus — Interval: Time Unk.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 27, 19 65 to Time of Death, that I last saw the deceased alive on Dec 26 1965, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE Joseph A. Davis (Degree or title) MD
23b. ADDRESS 890 N 6E Mt Home
23c. DATE SIGNED 12/29/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 12/31/65
24c. NAME OF CEMETERY OR CREMATORY Tampa, Florida
24d. LOCATION (City, town, or county) (State) Tampa, Florida

DATE REC'D BY LOCAL REG. Jan 4 1966
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR Clifford Smith ADDRESS Mtn. Home, Idaho
Smith Mortuary

Federal Security Agency
United States Public Health Service
Form DPH-48021

Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 1 1 1966

APR 1 9 1967

SEP 2 1 1983

SEP 1 2 1985

JUL 2 9 1999

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to record the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5438
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED JAN 1 2 1966 Bureau of Statistics

1. PLACE OF DEATH
a. COUNTY: Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Glenns Ferry 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 200
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
d. STREET ADDRESS (If rural, give location): Glenns Ferry

3. NAME OF DECEASED (Type or Print): a. (First) SHERRILL b. (Middle) ANN c. (Last) BROWN

4. DATE OF DEATH (Month) (Day) (Year): December 27, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	never married 7	Dec. 13, 1963	2				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant 02	00	Kellogg, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William F. Brown	Washington	Kathy Peterson	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		William F. Brown	Glenns Ferry

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Accidental hanging 936.0
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 200 (COUNTY) (STATE)
Accident	01 Home	Glenns Ferry, Elmore, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Dec. 27, 1965 12m. 25 2	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Child attempted to crawl out of bed backwards, hung by neck and shoulders.

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.* Investigation only

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Arthur Smith Coroner	Mountain Home, Idaho	12/28/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	12/28/65	Kellogg, Idaho	Kellogg, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-28-65		Arthur Smith Smith Mortuary	Mtn. Home, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5439
Local Reg. No. 17
Reg. Dist. No. 540

RECEIVED JAN 3 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin 210
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Franklin
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin DOA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 210
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Franklin
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Alma; b. (Middle) Wright; c. (Last) Biggs

4. DATE OF DEATH: (Month) (Day) (Year): Nov 28, 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Oct 20, 1886

9. AGE (In years last birthday): 79 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 01

11. BIRTHPLACE (State or foreign country): Cove, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Biggs — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Jane Wright — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ethel G. Biggs — ADDRESS: Franklin, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Ca of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 8 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 1, 1965, *to* Nov 28, 1965, *that I last saw the deceased alive on* Nov 21, 1965, *and that death occurred at* 9:12 *m., from the causes and on the date stated above.*

23a. SIGNATURE: O. R. Cutler (Degree or title): M.D. — **23b. ADDRESS**: Preston Idaho — **23c. DATE SIGNED**: 11-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Dec 1, 1965 — **24c. NAME OF CEMETERY OR CREMATORY**: Franklin Cemetery — **24d. LOCATION** (City, town, or county) (State): Franklin, Idaho

DATE REC'D BY LOCAL REG.: 12-1-65 — **REGISTRAR'S SIGNATURE**: Eppie W. Brower

25. EMBALMER: O. Sherwin Webb — **LICENSE NO.**: 316

FIRM NAME: WEBB FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 19 1982

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 3 1966 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5440
Local Reg. No. 18
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Franklin 211
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
LENGTH OF STAY (in this place) 13 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 165 East 1st North 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 211
b. COUNTY Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
d. STREET ADDRESS (If rural, give location) 165 East 1st North

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Oliver c. (Last) Erickson

4. DATE OF DEATH (Month) (Day) (Year) Dec. 2, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH May 22, 1882

9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired 04

10b. KIND OF BUSINESS OR INDUSTRY Own Farm 01

11. BIRTHPLACE (State or foreign country) Sandy, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Erickson
BIRTHPLACE Sweden

14. MOTHER'S MAIDEN NAME Anna Amalia Jonnson
BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Grant B. Erickson
ADDRESS Idaho Soda Springs

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 4209.1 Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 5 yrs
DUE TO (c) Arteriosclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 19 65, *to* Dec 2, 19 65, *that I last saw the deceased alive on* Dec 2, 19 65, *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) R. Cutler MD

23b. ADDRESS Preston Idaho

23c. DATE SIGNED 12. 2. 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec. 6, 1965

24c. NAME OF CEMETERY OR CREMATORY Lewiston

24d. LOCATION (City, town, or county) (State) Lewiston utah

DATE REC'D BY LOCAL REG. 12-6-65

REGISTRAR'S SIGNATURE Eyre W. Brower

25. EMBALMER O. Sherwin Webb
LICENSE NO. 316

FIRM NAME: Webb Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5441
Local Reg. No. 19
Reg. Dist. No. 540

RECEIVED JAN 3 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN Preston
LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Franklin
c. CITY OR TOWN Whitney
d. STREET ADDRESS (If rural, give location)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Loren	Richard	Dunkley	Dec. 2 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 6, 1884	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Franklin, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Dunkley	England	Margaret Wright	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	528-32-0767	Mayble W. Dunkley	Salt Lake City Ut

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 1 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Gastro Intestinal Bleeding — 1 month

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan 1 19 64, *to* Dec 2, 19 65, *that I last saw the deceased alive on* Dec 2, 19 65, *and that death occurred at* 5 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. R. Cullen M.D.	Preston Idaho	12 2 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 6, 1965	Whitney Cemetery	Whitney, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-6-65	Eppie W. Brouse	O. Sherwin Webb	316

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Webb Funeral Home

DUTIES:

JAN 4 1966

JUN 14 1976

MAR 27 1981

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5442
Local Reg. No. 20
Reg. Dist. No. 540

RECEIVED JAN 3 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin 21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 110 S 1st E

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 21
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 110 S 1st E

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Bertha	Christina	Jensen	Dec 10 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	never married	Feb 6, 1907	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper 01	Own home 01	Preston, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fredrick C. Jensen	Preston, Idaho	Dagmar Lund	Preston Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			x Sarah D Jensen	Cudahy, Calif.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12-10-65

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12-10, 1965, *to* 12-16, 1965, *that I last saw the deceased alive on* 12-16, 1965 *and that death occurred at* 4:17 m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
O. R. Cutler 122 (Degree or title) MD	Preston Idaho	12-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec 13, 1965	Preston Cemetery	Preston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-13-65	Esma W. Brewer	Douglas S. Webb	488

FIRM NAME: Webb Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5443
Local Reg. No. 1
Reg. Dist. No. 540

BIRTH NO.

RECEIVED JAN 21 1966 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial 082

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 202 North State

3. NAME OF DECEASED (Type or Print): a. (First) Clara Mae; b. (Middle) Wood; c. (Last) Glasscock

4. DATE OF DEATH (Month) (Day) (Year): December 17, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Oct. 24, 1898

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own home 01

11. BIRTHPLACE (State or foreign country): Willoughly, Ohio

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alfred Wood
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Clara Price
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE: George Schrock
ADDRESS: Tampa, Flordia

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 331X Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cellulitis Leg — 2 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 16, 1965, *to* Dec 17, 1965, *that I last saw the deceased alive on* Dec 17, 1965, *and that death occurred at* 11 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. R. Cutler (Degree or title) MD
23b. ADDRESS: Preston Idaho
23c. DATE SIGNED: 12-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: December 20, 1965
24c. NAME OF CEMETERY OR CREMATORY: Garden City Cemetery
24d. LOCATION (City, town, or county) (State): Garden City, Utah

DATE REC'D BY LOCAL REG.: 12-20-65
REGISTRAR'S SIGNATURE: Eggie W. Brower

25. EMBALMER: O. Sherwin Webb
LICENSE NO.: 316

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Webb Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 21 1966

JAN 31 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 3 1966 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5444
Local Reg. No. 21
Reg. Dist. No. 1-40

BIRTH NO.

1. PLACE OF DEATH 210
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mink Creek
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mink Creek 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). 211
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 139 N 2nd E

3. NAME OF DECEASED (Type or Print): a. (First) Esther; b. (Middle) Elizabeth; c. (Last) Olson Westerberg

4. DATE OF DEATH (Month) (Day) (Year): Dec. 20, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: March 26, 1875

9. AGE (In years last birthday): 90
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own home 01

11. BIRTHPLACE (State or foreign country): Vingoker, Sweden

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lars Olson
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Anna Pehrson
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Russell D Westerberg
ADDRESS: Mink Creek, Ida

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 18 yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 19 65 *to* Dec 20 19 65, *that I last saw the deceased alive on* Dec 16, 19 65, *and that death occurred at* 1 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: O R Cutler (Degree or title) MD

23b. ADDRESS: Preston Idaho

23c. DATE SIGNED: 12-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 23, 1965

24c. NAME OF CEMETERY OR CREMATORY: Richmond Cemetery

24d. LOCATION (City, town, or county) (State): Richmond, Utah

DATE REC'D BY LOCAL REG.: 12-24-65

REGISTRAR'S SIGNATURE: Eyre W. Brower

25. EMBALMER: O. Sherwin Webb
LICENSE NO.: 316

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Webb Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5445
Local Reg. No. 1
Reg. Dist. No. 540

RECEIVED
JAN 21 1966
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Whitney
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Whitney
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Alvin	'C'	Hull	Dec. 24 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Feb. 12, 1881	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	Whitney, Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert M. Hull	Antrim County, Ireland	Mary Ann Chadwick Oldham	Lancastershire, E

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 03 9608	Ella M. Hull	Whitney, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	INTERVAL BETWEEN ONSET AND DEATH
(a)	Coronary Occlusion	1 hr
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary Heart disease	1 yr
DUE TO (c)	Arteriosclerosis	2 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan, 19 65, *to* Dec 24, 19 65, *that I last saw the deceased alive on* Dec 24, 19 65, *and that death occurred at* 6 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. Kay Fuller MD	Preston Idaho	12 28 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 28, 1965	Whitney	Whitney Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-28-65	Eppie W. Brower	O. Sherwin Webb	316

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Webb Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 22 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5446
Local Reg. No. 2
Reg. Dist. No. 651

BIRTH NO. RECEIVED JAN 1 4 1966 Bureau of Vital Stats

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH 220
a. COUNTY: Fremont 3-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hospital 083

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 220
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton (rural area)
d. STREET ADDRESS (If rural, give location): at Greentimber, 10 mi east of Ashton

3. NAME OF DECEASED (Type or Print): a. (First) NINA b. (Middle) PEARL c. (Last) CLAYTON

4. DATE OF DEATH (Month) (Day) (Year): December 6, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Sept. 20, 1884

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher- housewife 12

10b. KIND OF BUSINESS OR INDUSTRY: 01- - -

11. BIRTHPLACE (State or foreign country): Adair County, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George W. Bunting
BIRTHPLACE: Michigan

14. MOTHER'S MAIDEN NAME: Lois Cutting
BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): - -

16. SOCIAL SECURITY NO.: 481-14-0793 AB

17. INFORMANT'S OWN SIGNATURE: X Mrs Owen Grube
ADDRESS: Ashton, Idaho

18. CAUSE OF DEATH 3317
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3 Dec *, 1965, to* 6 Dec *, 1965, that I last saw the deceased alive on* 6 Dec *, 1965, and that death occurred at* 6:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. A. Melchen (Degree or title) M.D.

23b. ADDRESS: Ashton, Idaho

23c. DATE SIGNED: 10 Jan 66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec 10, 1965

24c. NAME OF CEMETERY OR CREMATORY: Mt. Washington Cemetery

24d. LOCATION (City, town, or county) (State): Independence, Missouri

DATE REC'D BY LOCAL REG.: 10 Jan 66

REGISTRAR'S SIGNATURE: M. L. Hansen

25. EMBALMER: Robert G. Bean

LICENSE NO.: E456

FIRM NAME: Robert Bean Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5447
Local Reg. No. 48
Reg. Dist. No. 650

Certificate of Death

RECEIVED
JAN 6 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont 221 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 718 West 4th North 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 410
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): HATTIE
b. (Middle): MAY MOULTON
c. (Last): WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year): Dec., 11, 1965

5. SEX: Feamle
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: April 13, 1888
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Heber City, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Franklin Moulton — BIRTHPLACE: Heber City, Utah
14. MOTHER'S MAIDEN NAME: Ada Lenore Cluff — BIRTHPLACE: Provo, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-24-9430
17. INFORMANT'S OWN SIGNATURE: Mrs Jay Sutton — ADDRESS: St. Anthony, Idaho

18. CAUSE OF DEATH 260X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Anemia — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ASHO — 5 yrs
DUE TO (c): Diabetes Mellitus — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Multiple Primary Bladder Carcinomata — 6 mos

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Confined above #11 on June 1965
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1962, 19__, *to* 12-11, 1965, *that I last saw the deceased alive on* 12/1/65, 19__, *and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph R. Klein 284 — 23b. ADDRESS: St Anthony Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 15 Dec 65
24c. NAME OF CEMETERY OR CREMATORY: Victor Cemetery
24d. LOCATION (City, town, or county) (State): Victor, Teton County, Idaho

DATE REC'D BY LOCAL REG.: 23 Dec 65
REGISTRAR'S SIGNATURE: M. L. Hansen
25. EMBALMER: M. L. Hansen
LICENSE NO.: E-354

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 5448
Local Reg. No. 49
Reg. Dist. No. 650

BIRTH NO.

RECEIVED STATE OF IDAHO

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Fremont 22 | JAN 6 1966 | 3-0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (In this place): 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 22 | b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location): 139 East 3rd North

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fremont General Hospital 082

3. NAME OF DECEASED (Type or Print): a. (First) SELINA | b. (Middle) HTAHWAY | c. (Last) RICHARDS

4. DATE OF DEATH (Month) (Day) (Year): Dec., 14, 1965

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2

8. DATE OF BIRTH: March 11, 1876

9. AGE (In years last birthday): 89 | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 0

10b. KIND OF BUSINESS OR INDUSTRY: 0

11. BIRTHPLACE (State or foreign country): Ogden, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Daniel Webster Hathaway | BIRTHPLACE: Hornby, N. Y.

14. MOTHER'S MAIDEN NAME: Eliza Bult | BIRTHPLACE: Paddington, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Wilbur Richards | ADDRESS: St. Anthony, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

570.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Obstruction - sm. intestine — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mesenteric thrombosis — 2 days
DUE TO (c) Hypertension — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Myocarditis-Chronic — 12 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 13, 1965 *to* Dec 14, 1965 *that I last saw the deceased alive on* Dec 13 1965 *and that death occurred at* 1:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. J. Soule MD | **23b. ADDRESS**: St. Anthony Ida | **23c. DATE SIGNED**: 12/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial | **24b. DATE**: 16 Dec 65 | **24c. NAME OF CEMETERY OR CREMATORY**: Wilford Cemetery | **24d. LOCATION** (City, town, or county) (State): St. Anthony, Fremont, Idaho

DATE REC'D BY LOCAL REG.: 23 Dec 65 | **REGISTRAR'S SIGNATURE**: Mat Hansen | **25. EMBALMER**: Mat Hansen | **LICENSE NO.**: E-354

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 5449
Local Reg. No. 38
Reg. Dist. No. 651

BIRTH NO.

RECEIVED JAN 6 1966 STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Fremont 220 — Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Teton
c. LENGTH OF STAY (If not in place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 220
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Teton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): WILLIAM
c. (Last): McCULLOCH

4. DATE OF DEATH (Month) (Day) (Year): 17 December 65

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 5, 1883
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Weston, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George McCulloch — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Katherine Anderson — BIRTHPLACE: Uland, Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-10-0117
17. INFORMANT'S OWN SIGNATURE: Mrs. George W. McCulloch — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis pulmonary fibrosis Congestive — INTERVAL BETWEEN ONSET AND DEATH: Heart failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 1) arteriosclerosis severe, 2) pulmonary fibrosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1964, *to* Dec 17, 1965, *that I last saw the deceased alive on* March 18, 1964, *and that death occurred at* 6:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Rex G. Mabey M.D. 317 (Degree or title)
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: 20 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 20 Dec 65
24c. NAME OF CEMETERY OR CREMATORY: Sugar City Cemetery
24d. LOCATION (City, town, or county) (State): Sugar City, Madison County. Idah

DATE REC'D BY LOCAL REG.: 23 Dec 65
REGISTRAR'S SIGNATURE: M. L. Hansen
25. EMBALMER: M. L. Hansen
LICENSE NO.: E-354

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 3450
Local Reg. No. 3
Reg. Dist. No. 651

RECEIVED JAN 1 4 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Fremont 220 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton — LENGTH OF STAY (in this place): 1 Month

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Montana 27 — b. COUNTY: Gallatin 555 — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Yellowstone

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hospital 683

d. STREET ADDRESS (If rural, give location): none given

3. NAME OF DECEASED (Type or Print) — a. (First): CHARLES — b. (Middle): F. — c. (Last): SPENCE

4. DATE OF DEATH — (Month) (Day) (Year): December 24, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: 28 Feb. 1882

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 35

10b. KIND OF BUSINESS OR INDUSTRY: Music Store 29

11. BIRTHPLACE (State or foreign country): Senacaville, Ohio

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edward F. Spence — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Martha Allen — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Family Rep. — ADDRESS: Mrs Grace Spence, West Yellowstone, Mont.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis 420.1

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Coronary sclerosis

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: Sudden / 2

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Recent surgery for abscess

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Diverticulum Sigmoid

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY — (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-1-, 1965, *to* 12-24-, 1965, *that I last saw the deceased alive on* 12-24, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 398 — (Degree or title):

23b. ADDRESS: Ashton - Idaho

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 12-24-65

24c. NAME OF CEMETERY OR CREMATORY: Sunset Hills Cemetery

24d. LOCATION (City, town, or county) (State): Bozeman, Montana

DATE REC'D BY LOCAL REG.: 12 Jan 66

REGISTRAR'S SIGNATURE: Mark Hansen

25. EMBALMER: Robert L. Dean

LICENSE NO.: E-456

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5451
Local Reg. No. 47
Reg. Dist. No. 340-341

RECEIVED DEC 9 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gem 231 3-08
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
LENGTH OF STAY (in this place) 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Walter Knox Mem. Hosp. 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 231 b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location) Emmett Valley Manor

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Catherine		Irving	Dec. 2, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed 2	May 30, 1875	90	6	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housekeeper 01	home 01	Inverness Scotland	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Matheson	Scotland	Catherine McLennan	Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		X George Matheson	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis of iliac artery — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardio-vascular Disease Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11-24-65	Thrombosis of left iliac artery - left mid thigh amputation	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-13, 1957, *to* 12-2, 1965, *that I last saw the deceased alive on* 12-2, 19 65, *and that death occurred at* 10:55A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harmon E. Halverson 241	M.D.	Emmett, Idaho	12-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Dec. 6, 1965	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 7, 1965	Jean A Beatty	Glenn W Beatty	# E-392

FIRM NAME: THE BEATTY CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

DEC 17 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

G.

RECEIVED
DEC 24 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5452
Local Reg. No. 49
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 3mos. 203
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Emmett Valley Manor 302

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 23
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 620East 3rd St.

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Melvin c. (Last) Jones

4. DATE OF DEATH (Month) (Day) (Year): December 9, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	Married 3	May 26, 1882	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
jailor 62	Law inforcement 62	Wilshire, Ohio	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James M. Jones	Decator, Indiana	Rosa May Johnson	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518 16 1343A	James Paul Jones	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis 450.0 — INTERVAL BETWEEN ONSET AND DEATH: 2yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* Dec 9th, 1965, *that I last saw the deceased alive on* Dec. 8, 1965, *and that death occurred at* 4 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Emmett, Ida	11 Dec. 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Dec. 11, 1965	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 11, 1965	[signature]	Walter F Potter	#445

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: The Beatty Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5458
Local Reg. No. 54
Reg. Dist. No. 340 - 341

RECEIVED DEC 29 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 231
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 713 No. Comm.

3. NAME OF DECEASED (Type or Print)
a. (First): Austa
b. (Middle): Beryl [illegible]th
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): Dec. 13, 1965

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: March 15, 1892

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR Months: 8 Days: 28
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: home 01

11. BIRTHPLACE (State or foreign country): Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Daniel LeVan
BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Mary L. Jessie
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-18-8729

17. INFORMANT'S OWN SIGNATURE: X Alethea M. Elliott
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerotic Cardio-vascular disease — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

422.1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-12, 19 54, *to* 12-13, 19 65, *that I last saw the deceased alive on* 12-6, 19 65, *and that death occurred at* 9:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hamon E. Hutchinson M.D. 241

23b. ADDRESS: Emmett, Idaho

23c. DATE SIGNED: 12-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 12-16-65

24c. NAME OF CEMETERY OR CREMATORY: Emmett Cemetery

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Dec 22 1965

REGISTRAR'S SIGNATURE: Jean C Beatty

25. EMBALMER: Walter T Potter

LICENSE NO.: E 445

FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

DEC 29 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

G

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5454
Local Reg. No. 55
Reg. Dist. No. 340-341

RECEIVED DEC 29 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 231 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 231
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 704 E. Main St.

3. NAME OF DECEASED (Type or Print)
a. (First): Harold
b. (Middle): Irven 085
c. (Last): Levers

4. DATE OF DEATH (Month) (Day) (Year): Dec. 16, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 9, 1904
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 8, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Florist & Rancher 90
10b. KIND OF BUSINESS OR INDUSTRY: Floral & Agriculture 17
11. BIRTHPLACE (State or foreign country): Payette, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Irven Clinton Levers — BIRTHPLACE: Lena Ill.
14. MOTHER'S MAIDEN NAME: Myrtle McBride — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 518-38-5564
17. INFORMANT'S OWN SIGNATURE: Mabel Levers — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

181.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ca of bladder — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Diabetes mellitus — 5 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1945, *to* Dec. 16, 1965, *that I last saw the deceased alive on* Dec 16, 1965, *and that death occurred at* 1 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 184 [illegible]
23b. ADDRESS: Emmett Ida.
23c. DATE SIGNED: 12 Dec 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12-18-65
24c. NAME OF CEMETERY OR CREMATORY: Emmett Cemetery
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Dec 18, 1965
REGISTRAR'S SIGNATURE: Juan A. Beatty
25. EMBALMER: Walter F. Potter
LICENSE NO.: E 445

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: The Beatty Chapel

DEC 30 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5455
Local Reg. No. 37
Reg. Dist. No. 340-341

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 29 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 212 west 1st St 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 231
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 212 West 1st St

3. NAME OF DECEASED (Type or Print)
a. (First): Frankie
b. (Middle): Lavilla
c. (Last): Klingback

4. DATE OF DEATH (Month) (Day) (Year): Dec. 18, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Jan. 9, 1883
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: home 01
11. BIRTHPLACE (State or foreign country): Indianola, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edward Wiley — BIRTHPLACE: Ind.
14. MOTHER'S MAIDEN NAME: Leora Alice Hardin — BIRTHPLACE: Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 40 2463
17. INFORMANT'S OWN SIGNATURE: X John Klingback — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PROBABLE ACUTE MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATELY

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) PATIENT DEAD ON ARRIVAL
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* ARTERIO SCLEROTIC HEART DISEASE — YEARS

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1957, *to* Dec 18, 1965, *that I last saw the deceased alive on* ABOUT ONE MONTH PREVIOUS, 19__, *and that death occurred at* 8 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ronald P. Rawlins MD 420
23b. ADDRESS: Emmett Ida
23c. DATE SIGNED: 12/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Dec. 12, 1965
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Dec 22 1965
REGISTRAR'S SIGNATURE: Jean A Beatty
25. EMBALMER: Glenn W Beatty
LICENSE NO.: E392

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: The Beatty Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5456
Local Reg. No. 50
Reg. Dist. No. 340-34

BIRTH NO.

RECEIVED 23 DEC 24 1965 Bureau of Vital Statistics 3-07

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1wk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hosp. 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 23 b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 605 So. Commercial

3. NAME OF DECEASED (Type or Print): a. (First) Sarah b. (Middle) Maude c. (Last) Lappin

4. DATE OF DEATH (Month) (Day) (Year): Dec. 19, 1965

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: Dec. 24, 1892

9. AGE (In years last birthday): 72
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: home 01

11. BIRTHPLACE (State or foreign country): Sharon, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John G. Kimball
BIRTHPLACE: Michigan

14. MOTHER'S MAIDEN NAME: Alice A. Clough
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518 16 4683

17. INFORMANT'S OWN SIGNATURE: Blanche L McKee
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Glomerulo nephro sclerosis
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gen Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1955, *to* Dec, 1965, *that I last saw the deceased alive on* Dec 19, 1965, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm B Jewell MD
23b. ADDRESS: 107 N. Comm., Emmett, Idaho
23c. DATE SIGNED: 12-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Dec. 22, 1965
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Dec 20, 1965
REGISTRAR'S SIGNATURE: Jean C Beatty
25. EMBALMER: Glenn W Beatty
LICENSE NO.: E392
FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 30 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 5457
Local Reg. No. 52
Reg. Dist. No. 340-34

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED DEC 29 1965 Vital Statistics Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem 23/ 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shady Lane Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 23/ b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 419 No. Commercial

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Sylvester 265 c. (Last) Curtis

4. DATE OF DEATH (Month) (Day) (Year): Dec. 20, 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2

8. DATE OF BIRTH: October 1, 1876

9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY: building 01

11. BIRTHPLACE (State or foreign country): Poplar Grove, Ill.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lorin Curtis — BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Margaret Landon — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-16-7547

17. INFORMANT'S OWN SIGNATURE: X Marjory Curtis Haynes — ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRO VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 48 HOURS

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) HEMIPLEGIA + COMA

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* CHRONIC CARDIAC DECOMPENSATION — 3 yrs

331X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1962, *to* Dec 20, 1965, *that I last saw the deceased alive on* Dec 19, 1965, *and that death occurred at* 1 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Fred P. Rathbun MD — **23b. ADDRESS**: Emmett Ida — **23c. DATE SIGNED**: 12/21/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial — **24b. DATE**: Dec. 23, 1965 — **24c. NAME OF CEMETERY OR CREMATORY**: Emmett — **24d. LOCATION** (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Dec 22 1965 — REGISTRAR'S SIGNATURE: Joan A Beatty — **25. EMBALMER**: Glenn A Beatty — LICENSE NO.: E392

FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5458
Local Reg. No.
Reg. Dist. No. 240 3-01

BIRTH NO.

RECEIVED DEC 29 1965 Vital Statistics Bureau of Health

1. PLACE OF DEATH
a. COUNTY: Gem 23 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Mem. Hosp 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 080
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Horseshoe Bend
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) William c. (Last) Vinson

4. DATE OF DEATH (Month) (Day) (Year): Dec. 21, 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: Apr. 9, 1891

9. AGE (In years last birthday): 74 IF UNDER 1 YEAR Months: 8 Days: 12 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: farm 01

11. BIRTHPLACE (State or foreign country): Quincy, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: unknown
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Alice Vinson
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Severe atrophic arthritis — 15 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* Dec 21, 1965, *that I last saw the deceased alive on* 12-20, 1965, *and that death occurred at* 2:30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 184 (Degree or title)
23b. ADDRESS: Emmett Ida-
23c. DATE SIGNED: 24 Dec 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Dec. 24, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pioneer
24d. LOCATION (City, town, or county) (State): Horseshoe Bend

DATE REC'D BY LOCAL REG.: Dec. 26, 1965
REGISTRAR'S SIGNATURE: Jean C. Beatty
25. EMBALMER: [signature]
LICENSE NO.: E-392
FIRM NAME: THE BEATTY CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 5459
Local Reg. No. 56
Reg. Dist. No. 340 341

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem 231 JAN 13 1966 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1WK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shady Lane Nursing Home 265

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1818 Taggart

3. NAME OF DECEASED (Type or Print): a. (First) Norman b. (Middle) Presley c. (Last) Yockey

4. DATE OF DEATH (Month) (Day) (Year): Dec. 28, 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: Nov. 28, 1872

9. AGE (In years last birthday): 93 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY: building 07

11. BIRTHPLACE (State or foreign country): Salina, Penn.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lynus T. Yockey — BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Maggie Rifner — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518 54 1435

17. INFORMANT'S OWN SIGNATURE: X Norma M. Nader — ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-21 *19* 65, *to* 12-28, *19* 65, *that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* 10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harmon E. Halverson M.D.

23b. ADDRESS: Emmett, Idaho

23c. DATE SIGNED: 1-10-66

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Dec. 31, 1965

24c. NAME OF CEMETERY OR CREMATORY: Dry Creek

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Jan. 10, 1966

REGISTRAR'S SIGNATURE: Jean A Beatty

25. EMBALMER: Jean A Beatty

LICENSE NO.: E392

FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

.....

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Certificate of Death

STATE OF IDAHO

RECEIVED JAN 3 1966 Bureau of Vital Statistics

State File No. 5460
Local Reg. No. 2818
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 240 GOODING
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WENDELL
STAY (in this place) 3 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MAGIC VALLEY MANOR 253

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY 240 GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WENDELL
d. STREET ADDRESS (If rural, give location) ## NO. IDAHO ST.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ANNA	S	BAILEY	NOV. 21, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	WIDOWED 2	MAR. 26, 1877	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE 01	DOMESTIC 01	CHICAGO ILL.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
UNK.	UNK.	UNK.	UNK.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	NO	HOSPITAL RECORD	WENDELL, IDAHO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Arteriosclerosis	15 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (b)	Old age	
(c)	Cyclitis - Acute	1 wk.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senile Dementia	10 yrs.

334X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12-3-43, 1942, *to* 11-13, 1965 *that I last saw the deceased alive on* 11-13, 1965, *and that death occurred at* 2 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
240 Harold A. Holsinger MD	Wendell Ida.	12/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	11/24/1965	HAGERMAN	CITY IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-29-65	Robert L. Meyer	J. Farrah Weaver	E 951

FIRM NAME: Weaver Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 26 1982

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5461
Local Reg. No. 2220
Reg. Dist. No. 420

RECEIVED
DEC 22 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding 240 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding Co. Mem. Hosp. 90

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240 b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) 906 Idaho Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Helen	Haywood 09	Meyer	Dec. 4 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married 3	Sept. 7, 1889	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Housewife 01	St. Paul Minnesota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Sidney Gibbons	Illinois	Sarah Jane Everetts	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	X Helen Meyer	Gooding, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 444 Uremia — INTERVAL BETWEEN ONSET AND DEATH 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerotic Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* November 16, 1965, *to* Dec 4, 1965, *that I last saw the deceased alive on* Dec 3, 1965, *and that death occurred at* 1:30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
285 Marion V. Wright MD	Gooding Idaho	12-5-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-7-1965	Elmwood Cemetery	Gooding, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-18-65	Helen Meyer	W. L. Howe	E-431

FIRM NAME: Thompson Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5462
Local Reg. No. 2821
Reg. Dist. No. 420

Certificate of Death

RECEIVED
DEC 22 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding 240 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding Co. Mem. Hosp. 090

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) 206 5th Ave E.

3. NAME OF DECEASED (Type or Print)
a. (First) Edgar
b. (Middle) William
c. (Last) Brough

4. DATE OF DEATH (Month) Dec. (Day) 8 (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Sept. 4, 1882
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Farming 01
11. BIRTHPLACE (State or foreign country) Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Brough — BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Hannah Hammond — BIRTHPLACE Endland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-32-6034
17. INFORMANT'S OWN SIGNATURE Robert J. Meyer — ADDRESS Records of Thompson Chapel

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Tamponade — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes.

ANTECEDENT CAUSES — Myocardial Infarct
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ~~Secondary to Coronary Occlusion~~ — ~~10 days?~~
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Peylonephrosis due to prostatic Hypertrophy, nephrolithiasis of bladder.
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 3, 1965, *to* Dec. 8, 1965, *that I last saw the deceased alive on* Dec. 8, 1965, *and that death occurred at* 2:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Marvin [signature] 285 (Degree or title)
23b. ADDRESS Gooding, Idaho
23c. DATE SIGNED 12-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 11, 1965
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
24d. LOCATION (City, town, or county) Gooding, Idaho (State)

DATE REC'D BY LOCAL REG. 12-18-65
REGISTRAR'S SIGNATURE Robert J. Meyer
25. EMBALMER Robert J. Meyer
LICENSE NO. E-424

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Thompson Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 25 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Joe Sabal

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 5463
Local Reg. No. 2822
Reg. Dist. No. 420

BIRTH NO.

DEC 22 1965

Bureau of Vital Statistics

1. PLACE OF DEATH 240
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF [illegible] (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding Co. Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 070
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sun Valley
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Joseph
b. (Middle) 090
c. (Last) Sabal Jr.

4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1965

5. SEX Male
6. COLOR OR RACE Spanish
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Feb. 19, 1913
9. AGE (In years last birthday) 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook and Butcher
10b. KIND OF BUSINESS OR INDUSTRY Restaurant 0
11. BIRTHPLACE (State or foreign country) Mackey, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Sabal — BIRTHPLACE Viscoya Province, Spain 49
14. MOTHER'S MAIDEN NAME Florentina Bilbao — BIRTHPLACE Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WW #2 4
16. SOCIAL SECURITY NO. 530-09-6967
17. INFORMANT'S OWN SIGNATURE X Patricia Petroch — ADDRESS Gooding Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

572.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction at Recto-sigmoid Bowel — INTERVAL BETWEEN ONSET AND DEATH 10 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Above secondary toabcess of ruptured Diverticulum at Recto-vesical space.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 8, 1965, *to* Dec 9, 19 1965, *that I last saw the deceased alive on* Dec. 9, 1965, *and that death occurred at* 10:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE 285 Marvin [illegible] Klingler M.D. (Degree or title)
23b. ADDRESS Gooding, Idaho
23c. DATE SIGNED 12-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 13, 1965
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
24d. LOCATION (City, town, or county) (State) Gooding, Idaho

DATE REC'D BY LOCAL REG. 12-18-65
REGISTRAR'S SIGNATURE Robert S. Meyer
25. EMBALMER Robert S. Meyer
LICENSE NO. C-424

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Thompson Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5464
Local Reg. No. 2824
Reg. Dist. No. 420

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: GOODING 240 JAN 3 1966
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDEELL
c. LENGTH OF Bureau of Vital Statistics: 7 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MAGIC VALLEY MANOR 090

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 240
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
d. STREET ADDRESS (If rural, give location): NONE

3. NAME OF DECEASED (Type or Print)
a. (First): REBECCA
b. (Middle): JANE (JENNIE)
c. (Last): SNOWBALL

4. DATE OF DEATH (Month) (Day) (Year): DEC. 9.1965

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW 2
8. DATE OF BIRTH: MAY 6,1875
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 01
10b. KIND OF BUSINESS OR INDUSTRY: DOMESTIC 01
11. BIRTHPLACE (State or foreign country): YAZZO CITY MISS.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: S F BLACKMON — BIRTHPLACE: UNK.
14. MOTHER'S MAIDEN NAME: SOPHRONA O.TUBBS — BIRTHPLACE: UNK.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S OWN SIGNATURE: Frances Downs. — ADDRESS: Wendell, Idaho.

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ant. sclerotic heart.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): old age
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 23, 1956, *to* Dec. 9, 1965, *that I last saw the deceased alive on* Dec. 8, 1965, *and that death occurred at* 8:10a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice E. Scheel MD 457
23b. ADDRESS: Wendell, Idaho
23c. DATE SIGNED: 12-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12/11/1965
24c. NAME OF CEMETERY OR CREMATORY: WENDELL
24d. LOCATION (City, town, or county) (State): CITY IDAHO

DATE REC'D BY LOCAL REG.: 12-29-65
REGISTRAR'S SIGNATURE: Eileen Meyer
25. EMBALMER: Jr Farrest Weaver — LICENSE NO.: E.353
FIRM NAME: Weaver Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 11 1980

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Clide Allen

Certificate of Death

STATE OF IDAHO

State File No. 5465
Local Reg. No. 2823
Reg. Dist. No. 420

BIRTH NO.

RECEIVED
DEC 22 1965
Bureau of Vital Statistics

1. PLACE OF DEATH 240
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits write RURAL and give township) Gooding
c. LENGTH OF STAY IN THIS PLACE (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding Co. Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bliss,
d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) 089
a. (First) Clide
b. (Middle) Davis
c. (Last) Allen

4. DATE OF DEATH (Month) (Day) (Year) December 10, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2
8. DATE OF BIRTH May 11, 1906
9. AGE (In years last birthday) 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Agriculture 01
11. BIRTHPLACE (State or foreign country) Lewiston, Utah.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Conrad S. Allen
BIRTHPLACE Sandy, Utah.
14. MOTHER'S MAIDEN NAME Annie Anderson
BIRTHPLACE Dristiana, Swedan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 518-38-7521
17. INFORMANT'S OWN SIGNATURE L Ruth Allen
ADDRESS Bliss, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Previous Coronary Occlusion 9-1 8-61
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis of the back - Osteo.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 9, 1965, to Dec 10, 1965, *that I last saw the deceased alive on* Dec. 9, 1965, *and that death occurred at* 3:10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Marion [illegible] MD
23b. ADDRESS Gooding, Idaho
23c. DATE SIGNED 12-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-14-1965
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
24d. LOCATION (City, town, or county) (State) Gooding Gooding Idaho.

DATE REC'D BY LOCAL REG. 12-18-65
REGISTRAR'S SIGNATURE Robert S. Meyer
25. EMBALMER Robert S. Meyer
LICENSE NO. 424
FIRM NAME: Thompson Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 17 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Badmer

RECEIVED JAN 1 01966 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5466
Local Reg. No. 2832
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Gooding 3-01 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Gooding c. LENGTH OF STAY (in this place) 1 day d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3½ miles West of Gooding 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Idaho 200 b. COUNTY Elmore c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) King Hill d. STREET ADDRESS (If rural, give location) King Hill

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JONATHAN	IMBRIE	BARNES	December 19, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	white	never married	January 18, 1940	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 77	University 03	Ottumwa, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
R. I. Barnes	Penn.	M. Francena Sterns	Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	59-63 6	519-46-1535	Rev. R. Imbrie Barnes	King Hill

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	INTERVAL BETWEEN ONSET AND DEATH
	Gunshot Wound head 9766	Instant
ANTECEDENT CAUSES	with 12 gauge Shotgun	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
	II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide	Country	240 13 Gooding Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
Dec 19 1965 m.		

22. *I hereby certify that I attended the deceased from* Gooding 19 CC *to* Coroner 19 —, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
049 Edmund Edmunds MD	Gooding Idaho	12/28/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/24/65	Glenn Rest Cemetery	Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-6-66	Esteve Meyer	Arthur Smith Smith Mortuary	Mt. Home, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

JAN 11 1966

JAN 31 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. ~~In case a person has resided in the county where death occurred for~~ less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

State File No. 5467
Local Reg. No. 2831
Reg. Dist. No. 420

Certificate of Death

RECEIVED JAN 3 1966 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding 240 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wendell
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Manor 253

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Carmen
b. (Middle)
c. (Last) Pagay

4. DATE OF DEATH (Month) (Day) (Year) Dec. 18, 1965

5. SEX Female
6. COLOR OR RACE Spanish
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Feb. 4, 1892
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Domestic 01
11. BIRTHPLACE (State or foreign country) Cia Viscoya Province, Spain
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Domingo Arrate Uriate — BIRTHPLACE Spain
14. MOTHER'S MAIDEN NAME Carmen Guerricagoitia Zabala — BIRTHPLACE Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-22-7459
17. INFORMANT'S OWN SIGNATURE Carmen M. Clark — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertensive cardiovascular renal Disease Uremia. Senility.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 3, 1965, *to* Dec. 17, 1965, *that I last saw the deceased alive on* Dec. 17, 1965, *and that death occurred at* 12:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE 285 Marion V. Kingbird (Degree or title)
23b. ADDRESS Gooding, Idaho
23c. DATE SIGNED 12-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 21, 1965
24c. NAME OF CEMETERY OR CREMATORY Elmwood
24d. LOCATION (City, town, or county) (State) Gooding, Idaho

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE Robert S. Meyer
25. EMBALMER Robert S. Meyer — LICENSE NO. E-424
FIRM NAME: Thompson Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 4 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 21 1977

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 31 1986

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5468
Local Reg. No. 2833
Reg. Dist. No. 420

RECEIVED JAN 1 0 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Jail

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): Route 3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jerry	Earl	Baker	12	23	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married 3	Aug. 8, 1916	49				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cattleman 51	Livestock 07	Gallatin Gateway, Mont.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Earl Baker	Indiana	Myrtle Collsen	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	519-09-0098	Kathleen Meyer	Thompson Chapel Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Gooding to Coroner, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leonard A. Palmer MD	Gooding Idaho	12-26-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	12/26/65	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-6-66	Kathleen Meyer	Kathleen Meyer	E-424

FIRM NAME: Thompson Chapel Gooding, Idaho

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 12 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Klingler

RECEIVED JAN 3 1966 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5469
Local Reg. No. 2827
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding Co. Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) Gooding 730 Nevada St.

3. NAME OF DECEASED (Type or Print)
a. (First) Katie
b. (Middle) E
c. (Last) Burton

4. DATE OF DEATH (Month) (Day) (Year) Dec. 24 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Feb. 28, 1895
9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home 01
11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frances Marion Edenburn BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Margaret McDunna BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE X Guy B Burton ADDRESS Gooding, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

792X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia. — INTERVAL BETWEEN ONSET AND DEATH 10 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Rheumatoid Arthritis. Hypertension, arteriosclerotic.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 20, 1965, *to* Dec 24, 1965, *that I last saw the deceased alive on* Dec. 24, 1965, *and that death occurred at* 230 P *m., from the causes and on the date stated above.*

23a. SIGNATURE 285 M Klingler M (Degree or title)
23b. ADDRESS Gooding, Idaho
23c. DATE SIGNED Dec. 27, 196

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-28-1965
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
24d. LOCATION (City, town, or county) Gooding (State) Idaho.

DATE REC'D BY LOCAL REG. 12-29-65
REGISTRAR'S SIGNATURE Robert S. Meyer
25. EMBALMER Robert S. Meyer Robert S. Meyer LICENSE NO. C-424

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Thompson Chapel--Gooding, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 4 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5470
Local Reg. No. 2828
Reg. Dist. No. 420

Certificate of Death

STATE OF IDAHO

BIRTH NO. 65-10532

RECEIVED JAN 3 1966 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Gooding 240 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Wendell
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Route----Wendell, Ida.
d. STREET ADDRESS (If rural, give location) S. West Wendell, Ida.

3. NAME OF DECEASED (Type or Print)
a. (First) Arnold
b. (Middle) Dean
c. (Last) Strickland

4. DATE OF DEATH (Month) Dec. (Day) 25 (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Oct. 27, 1965
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 2 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 02
10b. KIND OF BUSINESS OR INDUSTRY 00 None
11. BIRTHPLACE (State or foreign country) Jerome, Idaho.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Herbert Strickland BIRTHPLACE Wendell, Ida
14. MOTHER'S MAIDEN NAME Sandra Sue Crumbliss BIRTHPLACE Twin Falls Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE X Herbert W. Strickland ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

492 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Viral Pneumonitis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Gooding *19*, *to* Co. Coroner *19*, *that I last saw the deceased alive on* —, *19*, *and that death occurred at* 8:30 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE 049 (Degree or title) Fernand J. Palmer MD
23b. ADDRESS Gooding Idaho
23c. DATE SIGNED 27 Dec 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-28-1965
24c. NAME OF CEMETERY OR CREMATORY Wendell Cemetery
24d. LOCATION (City, town, or county) Wendell, (State) Idaho.

DATE REC'D BY LOCAL REG. 12-29-65
REGISTRAR'S SIGNATURE Robert S. Meyer
25. EMBALMER Robert S. Meyer
LICENSE NO. E-434

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Weaver Mortuary.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5471
Local Reg. No. 2829
Reg. Dist. No. 420

RECEIVED JAN 3 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding — 24 — 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho State T.B. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho — 42
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 321 4th Ave. East

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): M.
c. (Last): Elrod

4. DATE OF DEATH: (Month) Dec. (Day) 25 (Year) 1965

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: June 12, 1873

9. AGE (In years last birthday): 92
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocery Business — 35

10b. KIND OF BUSINESS OR INDUSTRY: Retired — 01

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Nickoson Elrod
BIRTHPLACE: North Carolina

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Wellshire
BIRTHPLACE: Van Co. Kans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-07-9464

17. INFORMANT'S OWN SIGNATURE: Hospital Records - by S.W. Morris M.D.
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 19 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Pulmonary Tuberculosis, mod. adv. — 50 yrs.
Carcinoma of Prostate. — 3 years.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 16, 1965, *to* Dec. 25, 1965, *that I last saw the deceased alive on* Dec. 24, 1965, *and that death occurred at* 9:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: S.W. Morris 598 (Degree or title): M.D.

23b. ADDRESS: State Tuberculosis Hospital

23c. DATE SIGNED: Dec. 25, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-28-65

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

24d. LOCATION (City, town, or county) (State): Twin Falls - Ida.

DATE REC'D BY LOCAL REG.: 12-29-65

REGISTRAR'S SIGNATURE: Robert S. Meyer

25. FUNERAL DIRECTOR: Hugh V. Phillips

ADDRESS: Twin Falls

White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES: JAN 4 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Wm Bodmer

Certificate of Death

STATE OF IDAHO

State File No. 5472
Local Reg. No. 2838
Reg. Dist. No. 420

BIRTH NO.

RECEIVED
JAN 3 1966
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding Co. Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 130
b. COUNTY Camas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fairfield
d. STREET ADDRESS (If rural, give location) Fairfield

3. NAME OF DECEASED (Type or Print)
a. (First) Francis
b. (Middle) Marion 090
c. (Last) Tucker

4. DATE OF DEATH (Month) (Day) (Year) Dec. 26, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH March 11, 1879
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 54
10b. KIND OF BUSINESS OR INDUSTRY Farming 01
11. BIRTHPLACE (State or foreign country) Clackamas Co. Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Tucker — BIRTHPLACE Springfield, Ill.
14. MOTHER'S MAIDEN NAME Elizabeth Bailes — BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 519-40-62300
17. INFORMANT'S OWN SIGNATURE X Doris Tucker — ADDRESS Fairfield, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Prostate with Widespread Metastasis — INTERVAL BETWEEN ONSET AND DEATH 5 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1965, *to* 26 Dec, 1965, *that I last saw the deceased alive on* 26 Dec, 1965, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE 049 Bernard A Bodmer MD (Degree or title)
23b. ADDRESS Gooding Idaho
23c. DATE SIGNED 2 Feb 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
24b. DATE 12-31-65
24c. NAME OF CEMETERY OR CREMATORY Riverside Abby
24d. LOCATION (City, town, or county) Portland, Oregon (State)

DATE REC'D BY LOCAL REG. 12-29-65
REGISTRAR'S SIGNATURE Robert Meyer
25. EMBALMER Robert Meyer
LICENSE NO. E-424

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Thompson Chapel

JAN 4 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Klingler

Certificate of Death

STATE OF IDAHO

State File No. 3473
Local Reg. No. 2834
Reg. Dist. No. 420

RECEIVED JAN 1 81966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding 24 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding 000 — c. LENGTH OF STAY (in this place) Short
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding Co. Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 130 — b. COUNTY Camas
c. CITY OR TOWN Fairfield
d. STREET ADDRESS (If rural, give location) Fairfield

3. NAME OF DECEASED (Type or Print) — a. (First) Fanne — b. (Middle) Sudia 090 — c. (Last) Costella

4. DATE OF DEATH (Month) (Day) (Year) December 30, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH 4-20-1887
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home 01
11. BIRTHPLACE (State or foreign country) Centerville, Washington
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Gabriel Walman — BIRTHPLACE Finland
14. MOTHER'S MAIDEN NAME Johanna Hook — BIRTHPLACE Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S ~~OWN SIGNATURE~~ Ingrid Costella — ADDRESS Fairfield, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

502.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia. — INTERVAL BETWEEN ONSET AND DEATH: 1 week.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Stroke (Cerebro-vascular Accident) — 2 months
DUE TO (c) Bronchitis, Chronic — years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. terminal Entercolitis.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-11-65, 19___, *to* 12-30-65, 19___, *that I last saw the deceased alive on* 12-30-65, 19___, *and that death occurred at* 11:25 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE 285 (Degree or title) — 23b. ADDRESS Gooding, Idaho — 23c. DATE SIGNED 1-4-66

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 24b. DATE 1-3-1966 — 24c. NAME OF CEMETERY OR CREMATORY Cloverdale Cemetery — 24d. LOCATION (City, town, or county) Boise — (State) Idaho

DATE REC'D BY LOCAL REG. 1-14-66 — REGISTRAR'S SIGNATURE — 25. EMBALMER — LICENSE NO. E. 424

FIRM NAME: Thompson Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5474
Local Reg. No. 62
Reg. Dist. No. 240

BIRTH NO.

RECEIVED
DEC 31 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Red River
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
d. STREET ADDRESS (If rural, give location): Rt 1 Box 102

3. NAME OF DECEASED (Type or Print): a. (First) Earl; b. (Middle) V.; c. (Last) George

4. DATE OF DEATH: (Month) Nov. (Day) 19, (Year) 1965

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Jan, 8, 1905

9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Packer & Rancher 04

10b. KIND OF BUSINESS OR INDUSTRY: Self 21

11. BIRTHPLACE (State or foreign country): Woodland, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Milton A.George, BIRTHPLACE: Harden County. Iowa

14. MOTHER'S MAIDEN NAME: Lizzie Sanders, BIRTHPLACE: Guthrie County. Iowa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-32-7435

17. INFORMANT'S OWN SIGNATURE: X Mrs Earl George — ADDRESS: Kamiah, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7954

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death from Natural Causes — INTERVAL BETWEEN ONSET AND DEATH: Inst.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 583 Wm C. Morrison, M.D., Coroner — **23b. ADDRESS**: Grangeville, Id. — **23c. DATE SIGNED**: 12/1/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: Nov. 22, 1965

24c. NAME OF CEMETERY OR CREMATORY: Lewis-Clark Memorial Gardens

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: Dec. 27 1965

REGISTRAR'S SIGNATURE: Irma Cone

25. EMBALMER: Andrew H. Vassar — LICENSE NO.: E 315

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 3 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amending Certificate # 5475 1 Copy

21 Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 5475
Local Reg. No. 33
Reg. Dist. No. 242

BIRTH NO.

JUL 13 1966

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho 250 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kenterville
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kenterville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Leo
b. (Middle): Hubert
c. (Last): Mader

4. DATE OF DEATH (Month) (Day) (Year): Nov 30 65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 17 1910
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Stock & Grain 01
11. BIRTHPLACE (State or foreign country): Kenterville, Idaho
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Charles Mader — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Katherine Trautman — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518 20 7158
17. INFORMANT'S OWN SIGNATURE: Mrs. Leo Mader — ADDRESS: Kenterville, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Discontinuance of anticoagulant therapy necessitated by injuries

DUE TO (c) suffered in automobile accident October 15, 1965

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 8, 1964, *to* Nov 30, 1965, *that I last saw the deceased alive on* Nov 15, 1965, *and that death occurred at* 4 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Wm C Morrison, M.D., Coroner (Degree or title) 393 583
23b. ADDRESS: Grangeville, Id.
23c. DATE SIGNED: July 7, 1966

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 3 65
24c. NAME OF CEMETERY OR CREMATORY: Kenterville
24d. LOCATION (City, town, or county) (State): Kenterville, Idaho

DATE REC'D BY LOCAL REG.: July 11, 1966
REGISTRAR'S SIGNATURE: Wesley F. Orr MD. by M.
25. FUNERAL DIRECTOR: Clifton Ashlom — ADDRESS: Cottonwood

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Cletus A. Uhlorn Lic. No E 421 at Cottonwood Nov 30 65

ADDITIONAL REMARKS by Physician This man suffered a mild myocardial infarction on may 8, 1964. He had a completely uneventful recovery, & no symptoms or signs of residual heart damage, and was maintained on anticoagulants until the date of his auto accident Oct 15, 1965, following which

State File No. 5475
Local Reg. No. 21
Reg. Dist. No. 242

Certificate of Death

RECEIVED
JAN 13 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kenterville
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kenterville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Leo
b. (Middle): Hubert
c. (Last): Mader

4. DATE OF DEATH (Month) (Day) (Year): Nov 30 65

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 17 1910
9. AGE (In years last birthday): 55
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Stock & Grain
11. BIRTHPLACE (State or foreign country): Kenterville, Idaho
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Charles Mader
BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Katherine Trautman
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518 20 7158
17. INFORMANT'S OWN SIGNATURE: Mrs. Leo Mader
ADDRESS: Kenterville Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dead when seen. Coronary Disease?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Not attended *to* _____, 19___, *that I last saw the deceased alive on* Not attended, *and that death occurred at* approx 4 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. F. Orr M.D.
23b. ADDRESS: Cottonwood, Idaho
23c. DATE SIGNED: Dec 3, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 3 65
24c. NAME OF CEMETERY OR CREMATORY: Kenterville
24d. LOCATION (City, town, or county) (State): Kenterville, Idaho

DATE REC'D BY LOCAL REG.: Dec. 3, 1965
REGISTRAR'S SIGNATURE: Wesley F. Orr M.D. by N
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Cottonwood

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JAN 17 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 22 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

JUL 15 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Cletus H. Uhlorn Lic. No. E 421 at Cottonwood 9m 30

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 28 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5476
Local Reg. No. 58
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital 092

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location): 514 North A Street

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM; b. (Middle) DALE; c. (Last) SHEARER

4. DATE OF DEATH: (Month) (Day) (Year): December 2, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: April 13, 1903

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook 49

10b. KIND OF BUSINESS OR INDUSTRY: Forest Service 02

11. BIRTHPLACE (State or foreign country): Grangeville, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joel S. Shearer Jr. BIRTHPLACE: Ashe Co. Iowa

14. MOTHER'S MAIDEN NAME: Julia Adalaid Utter BIRTHPLACE: Williamsburg, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW # 2

16. SOCIAL SECURITY NO.: 518 01 7213

17. INFORMANT'S OWN SIGNATURE: Mrs Vernon L. Willey ADDRESS: Grangeville, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral infarct — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Senile Chronic bronchitis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* about 1953 *to* 2 Dec 1965, *that I last saw the deceased alive on* 2 Dec 1965, *and that death occurred at* 2:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Donald Altmen 487 (Degree or title): M.D.

23b. ADDRESS: Grangeville Idaho

23c. DATE SIGNED: 16 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec 4, 1965

24c. NAME OF CEMETERY OR CREMATORY: Harpster

24d. LOCATION (City, town, or county) (State): Harpster, Idaho

DATE REC'D BY LOCAL REG.: Dec. 20, 1965

REGISTRAR'S SIGNATURE: Irma Cone

25. FUNERAL DIRECTOR: Robert R. Hanson ADDRESS: Robert R. Hanson E 433 Grangeville, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

DEC 31 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 11 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

FEB 21 1969

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert R Hansen Lic. No. E 433 at Grangeville on 12/2/65

ADDITIONAL REMARKS by Physician

RECEIVED
DEC 28 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5477
Local Reg. No. 57
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): one week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital 092

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elk City
d. STREET ADDRESS (If rural, give location): Rural Rt.

3. NAME OF DECEASED (Type or Print): a. (First) EDGAR; b. (Middle) A; c. (Last) JOHNSON

4. DATE OF DEATH (Month) (Day) (Year): December 5, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: February 1, 1877

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 88

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming 01

11. BIRTHPLACE (State or foreign country): Guthle County, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Hiram Johnson — BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Mary Stanfield — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Floyd Johnson — ADDRESS: Elk City, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4280

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease. Arteriosclerotic Cerebral disease — 10 years
DUE TO (c) with Stroke — "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Possible intestinal obstruction — 7 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1, 19 65, *to* Dec 5, 19 65, *that I last saw the deceased alive on* Dec 4, 19 65, *and that death occurred at* 1:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William H Greenwood 189 M.D.

23b. ADDRESS: Grangeville, Idaho

23c. DATE SIGNED: 12-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 12/7/65

24c. NAME OF CEMETERY OR CREMATORY: Ruppert Cemetery

24d. LOCATION (City, town, or county) (State): Ruppert, Idaho

DATE REC'D BY LOCAL REG.: Dec. 16 1965

REGISTRAR'S SIGNATURE: Irma Cone

25. FUNERAL DIRECTOR: Robert R Hanson — ADDRESS: Hanson F433 Grangeville Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

APR 7 1971

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert R Hansen Lic. No. E 433 at Grangeville on 12/5/65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 28 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5478
Local Reg. No. 60
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hsopital 092

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location): Grangeville County Road

3. NAME OF DECEASED (Type or Print)
a. (First): JOSIE
b. (Middle):
c. (Last): GARETS

4. DATE OF DEATH (Month) (Day) (Year): December 8, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: February 28, 1888
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper 40
10b. KIND OF BUSINESS OR INDUSTRY: County of Idaho 01
11. BIRTHPLACE (State or foreign country): Grangeville, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Clay Miller — BIRTHPLACE: Clinton, Iowa
14. MOTHER'S MAIDEN NAME: Caroline Schmadeka — BIRTHPLACE: Eugene, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 36 1379
17. INFORMANT'S OWN SIGNATURE: Mrs Eleanor Viswall — ADDRESS: Jerome, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

153.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Calcium — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* HCVD E nephrosclerosis Cholelithiasis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* about, 1950, *to* Dec 8, 1965, *that I last saw the deceased alive on* 8 Dec, 1965, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald Feltman M.D. 487
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 14 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 13, 1965
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho

DATE REC'D BY LOCAL REG.: Dec 20, 1965
REGISTRAR'S SIGNATURE: Irma Cone
25. FUNERAL DIRECTOR: Robert R Hansen E 433 — ADDRESS: Grangeville, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

JAN 5 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 11 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert R Hansen Lic. No. E 433 at Grangeville on 12/8/65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 28 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5479
Local Reg. No. 53
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY in this place: 12 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital 092

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250 COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location): Grangeville, Idaho

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	SARAH	F	PUGH	December 9, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed 2	December 12, 1873	92		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home 01	Grangeville, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Mark V Jarrett	Virginia	Rebeca Mann	Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Mark Overman	Grangeville, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable acute Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia & Pleurisy

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* about 1955 *to* 9 Dec 1965, *that I last saw the deceased alive on* 8 Dec 1965, *and that death occurred at* 12:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald Altman 487	M.D.	Grangeville, Idaho	16 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec 11, 1965	Prairieview	Grangeville, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec 20, 1965	Irma Cone	Robert Hansen E433	Hansen Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert R Hansen Lic. No E 433 at Grangeville on 12/9/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 5480
Local Reg. No. 2
Reg. Dist. No. 240

RECEIVED JAN 1 01966

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Village, Township, or Justice Precinct): Grangeville
c. LENGTH OF STAY IN THIS PLACE: 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riggins
d. STREET ADDRESS (If rural, give location): Box 661

3. NAME OF DECEASED (Type or Print): a. (First) CHESTER b. (Middle) MACY (Also known as) c. (Last) JONATHAN FREEMAN

4. DATE OF DEATH: (Month) Dec (Day) 18, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): D [redacted] Unknown

8. DATE OF BIRTH: March 25, 1911

9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Road Construction

11. BIRTHPLACE (State or foreign country): Harlan Kentucky

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 534 03 4930

17. INFORMANT'S OWN SIGNATURE: Robert Hansen Coun Records
ADDRESS: Grangeville

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Glioblastoma — INTERVAL BETWEEN ONSET AND DEATH: 2 years.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec 1965

19b. MAJOR FINDINGS OF OPERATION: Glioblastoma, inoperable

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 14 Dec, 1965, *to* 18 Dec, 1965, *that I last saw the deceased alive on* 19 Dec, 1965, *and that death occurred at* 5:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Donald Altman M.D. (Degree or title)

23b. ADDRESS: Grangeville, Idaho

23c. DATE SIGNED: 30 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/23/65

24c. NAME OF CEMETERY OR CREMATORY: Riggins, Idaho

24d. LOCATION (City, town, or county) (State): Riggins, Idaho

DATE REC'D BY LOCAL REG.: Jan. 3 1966

REGISTRAR'S SIGNATURE: Irma Cone

25. FUNERAL DIRECTOR: Robert R Hansen
ADDRESS: Box 433 Grangeville

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JAN 13 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 18 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert R Hansen Lic. No. E 433 at Grangeville on 12/18/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 5481
Local Reg. No. 2
Reg. Dist. No. 240

BIRTH NO.

RECEIVED JAN 1 0 1966 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Idaho 250 3-16
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
LENGTH OF STAY (in this place) 16 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Hospital 092

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Idaho 250
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
d. STREET ADDRESS (If rural, give location) 614 West South Street

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) AUGUST c. (Last) SPENGLER

4. DATE OF DEATH (Month) (Day) (Year) December 19, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH June 14, 1881

9. AGE (In years last birthday) 84
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY Farming 01

11. BIRTHPLACE (State or foreign country) Topeka, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Louis C Spengler
BIRTHPLACE Germany

14. MOTHER'S MAIDEN NAME Rosa Ramus
BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 514-42-3174 None

17. INFORMANT'S OWN SIGNATURE Mrs Mrs Asher
ADDRESS Cottonwood Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1577

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of pancreas
INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. HCVD

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* about 1958 *to* 19 Dec 1965, *that I last saw the deceased alive on* 19 Dec 1965, *and that death occurred at* 3:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Donald Saltzer 487 (Degree or title) M.D.
23b. ADDRESS Grangeville, Idaho
23c. DATE SIGNED 28 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12/22/65
24c. NAME OF CEMETERY OR CREMATORY Denver Cemetery
24d. LOCATION (City, town, or county) (State) Grangeville Rural Idaho

DATE REC'D BY LOCAL REG. Jan. 3 1966
REGISTRAR'S SIGNATURE Irma Cone

25. FUNERAL DIRECTOR Robert Hansen E
ADDRESS Robert P Hansen 433 Grangeville

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

JAN 26 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JAN 28 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature. APR 17 1981

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUL 18 1983

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased. SEP 19 2003
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert R Hansen Lic. No. E 433 at Grangeville on 12/19/65

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 5482
Local Reg. No.
Reg. Dist. No. 240

BIRTH NO.

RECEIVED STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Idaho 250 JAN 1 01966 3-14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville — Bureau of Vital Statistics
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital 092

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
d. STREET ADDRESS (If rural, give location): Winona Area

3. NAME OF DECEASED (Type or Print): a. (First) ALBERT — b. (Middle) J — c. (Last) MORRIS

4. DATE OF DEATH (Month) (Day) (Year): Dec 19, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Jan 20, 1882

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming 01

11. BIRTHPLACE (State or foreign country): Oaksdale, Washington

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Nathanal Morris — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Margaret Howell — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Yes

17. INFORMANT'S OWN SIGNATURE: Jack Morris — ADDRESS: Kamiah, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 434.1 Senility — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Intractible Con-
DUE TO (c) gestive Heart Failure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) — **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 12 Nov., 1965, *to* 17 Dec., 1965, *that I last saw the deceased alive on* 17 Dec., 1965, *and that death occurred at* 11:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Milton H. Wilcox, M.D. — **23b. ADDRESS** — **23c. DATE SIGNED**

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 12/22/65 — **24c. NAME OF CEMETERY OR CREMATORY**: Mt Zion — **24d. LOCATION** (City, town, or county) (State): Kamiah Rural, Idaho

DATE REC'D BY LOCAL REG.: Jan. 3 1966 — **REGISTRAR'S SIGNATURE**: Irma Cone

25. FUNERAL DIRECTOR: Robert R Hansen — **ADDRESS**: Robert R Hansen R433 Grangeville, Ida ho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 7 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert R Hansen Lic. No. E 433 at Grangeville on 12/19/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 5483
Local Reg. No. 67
Reg. Dist. No. 240

BIRTH NO.

RECEIVED DEC 31 1965

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Idaho 250 3-14

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood, Idaho

c. LENGTH OF STAY (in this place): 2 weeks

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Mary's Hospital 093

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 250 b. COUNTY: Idaho

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville

d. STREET ADDRESS (If rural, give location): Grangeville

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOSEPHINE	AGNES	NEIS	Dec. 22, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	April 21, 1908	57				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk 29	Assessor Office 06	Brownsville, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph A Neis	Minnesota	Mary Byrne	Wisconson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 01 9209	Mrs Leo Brader	Keuterville, Ida

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

154X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Rectum — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9 Dec, 1965, *to* 22 Dec, 1965, *that I last saw the deceased alive on* 22 Dec, 1965, *and that death occurred at* 10:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
679 Ed Peffly M.D.	Cottonwood Idaho	24 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/22/65	Prairieview	Grangeville, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec. 27 1965	Irma Cone	Robert R Hanson E 433	Grangeville, Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

MAR 22 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert R Hansen Lic. No. E 433 at Grangeville on 12/22/65

ADDITIONAL REMARKS by Physician

Certificate of Death

RECEIVED JAN 13 1966 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 5484
Local Reg. No. 22
Reg. Dist. No. 242

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho 250 3-01
b. CITY OR TOWN Cottonwood
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital 093

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 310 b. COUNTY Lewis
c. CITY OR TOWN Nezperce
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Carrie b. (Middle) c. (Last) Dokken

4. DATE OF DEATH (Month) Dec. (Day) 26 (Year) 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH June 28, 1886

9. AGE (In years last birthday) 79 If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY 01

11. BIRTHPLACE (State or foreign country) Oslow Norway

12. CITIZEN OF WHAT COUNTRY? U,S,A,

13. FATHER'S NAME Ansten Kjontdedt BIRTHPLACE Norway

14. MOTHER'S MAIDEN NAME Helga Skaalin BIRTHPLACE Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518 36 4961

17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS Nezperce, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2608 Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 26, 1965, *to* Dec 26, 1965, *that I last saw the deceased alive on* Dec 26, 1965, *and that death occurred at* 11:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.

23b. ADDRESS Cottonwood Idaho

23c. DATE SIGNED Dec 28 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Rem Burial

24b. DATE 12-29-65

24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery

24d. LOCATION (City, town, or county) Lewiston, Idaho (State)

DATE REC'D BY LOCAL REG. Dec 29, 1965

REGISTRAR'S SIGNATURE [signature] M.D.

25. EMBALMER Robert Larrabee

LICENSE NO. QL802

FIRM NAME: Clovis Mortuary, Craigmont, Ida

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 1 4 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. APR 5 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5485
Local Reg. No. 21
Reg. Dist. No. 6-40

RECEIVED JAN 6 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roberts, rural
c. LENGTH OF STAY (in this place): 63 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 1/2 mi. south 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 260
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roberts, rural
d. STREET ADDRESS (If rural, give location): 2 1/2 mi. south

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): (nmi)
c. (Last): EICHINGER

4. DATE OF DEATH (Month) (Day) (Year): November 30, 1965

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: Nov. 29, 1886

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: self employed 01

11. BIRTHPLACE (State or foreign country): Bavaria

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Nicholas Eichinger
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Maria Lauerer
BIRTHPLACE: Bavaria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 519-40-3532

17. INFORMANT'S OWN SIGNATURE: Rose Eichinger
ADDRESS: Roberts, Idah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis
DUE TO (c): Heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Previous Coronary — 2 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 12:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 210 John S Hatch MD

23b. ADDRESS: Idaho Falls Idaho

23c. DATE SIGNED: 12-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: Nov. 30, 1965

24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: 12/8/65

REGISTRAR'S SIGNATURE: Mrs A B Caldwell

25. EMBALMER: E. W. Mallard

LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Buck Funeral Home

DUTIES:

JAN 7 1966

JAN 26 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

John Hall, M.D.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 5486
Local Reg. No. 22
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson 260 JAN 6 1966
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monteview
Bureau of Vital Statistics
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 260
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monteview
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Hermina b. (Middle) Felix c. (Last) Zweifel

4. DATE OF DEATH: (Month) Dec. (Day) 3, (Year) 1965

5. SEX: Female

6. COLOR OR RACE: Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 21, 1888

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife- Farmer

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Wallenstadt, Switzerland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jacob Felix
BIRTHPLACE: Switzerland

14. MOTHER'S MAIDEN NAME: Anna Maria Elizabetha Mohr
BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-42-8261

17. INFORMANT'S OWN SIGNATURE: x Joe H. Zweifel
ADDRESS: Monteview, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan, 1961, *to* Dec 3, 1965, *that I last saw the deceased alive on* 12-1-65, 1965, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lester J. Peterson 43 (Degree or title) MD
23b. ADDRESS: Rexburg Idaho
23c. DATE SIGNED: 12-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/7/65
24c. NAME OF CEMETERY OR CREMATORY: Burton Cemetery
24d. LOCATION (City, town, or county) (State): Burton, Madison, Idaho

DATE REC'D BY LOCAL REG.: 12/7/65
REGISTRAR'S SIGNATURE: Mona B Cakerell
25. EMBALMER: Russel Flamm
LICENSE NO.: E-254
FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5487
Local Reg. No. 23
Reg. Dist. No. 640

Certificate of Death

RECEIVED JAN 6 1966 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 260
a. COUNTY: Jefferson 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Louder Rest Home 096

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 221
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony, Idaho
d. STREET ADDRESS (If rural, give location): 253 West 5th South

3. NAME OF DECEASED (Type or Print)
a. (First): SIDNEY
b. (Middle):
c. (Last): NIELSEN

4. DATE OF DEATH (Month) (Day) (Year): Dec., 11, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept., 25, 1883
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Hyrum, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Niels Nielsen — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Lucy Almira Benson — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: 518-12-0853
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: St. Anthony, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart Disease — 8 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: no operation
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December 1, 1965, *to* Dec. 11, 1965, *that I last saw the deceased alive on* Dec 10, 1965, *and that death occurred at* 2:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 521 Leon Tall, M.D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 12/14/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 14 Dec 65
24c. NAME OF CEMETERY OR CREMATORY: Parker Cemetery
24d. LOCATION (City, town, or county) (State): Parker, Idaho (Fremont County)

DATE REC'D BY LOCAL REG.: 12/14/65
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. EMBALMER: M S Hansen
LICENSE NO.: E-354

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 5488
Local Reg. No. 24
Reg. Dist. No. 640

BIRTH NO. 260

1. PLACE OF DEATH
a. COUNTY Jefferson JAN 6 1966
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Bureau of Vital Statistics) Rigby
c. LENGTH OF STAY in this place 3 1/2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lowder Nursing Home 096

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 260
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby
d. STREET ADDRESS (If rural, give location) 127 North 3rd West St.

3. NAME OF DECEASED (Type or Print) a. (First) ALTA b. (Middle) ELIZABETH c. (Last) GARRETT

4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Aug. 6, 1881
9. AGE (In years last birthday) 84 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker 01
10b. KIND OF BUSINESS OR INDUSTRY Home 01
11. BIRTHPLACE (State or foreign country) Memphis, Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Bewley BIRTHPLACE ?
14. MOTHER'S MAIDEN NAME Mary Elizabeth Bewley BIRTHPLACE ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 519-36-6170
17. INFORMANT'S OWN SIGNATURE Bernice Bowen ADDRESS Idaho Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	444X Arteriosclerotic Heart Disease	10 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertension	15 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	8 years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1949, *to* Dec. 14, 1965, *that I last saw the deceased alive on* Dec. 11, 1965, *and that death occurred at* 2:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Rigby, Idaho.
23c. DATE SIGNED 16 DEC 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 14, 1965
24c. NAME OF CEMETERY OR CREMATORY Pioneer
24d. LOCATION (City, town, or county) (State) Rigby Jefferson Idaho.

DATE REC'D BY LOCAL REG. 16 Dec 1965
REGISTRAR'S SIGNATURE Mrs A B Eckersell
25. FUNERAL DIRECTOR Bruce A. Eckersell ADDRESS Rigby, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 30 1998

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho. on 12/14/1965

ADDITIONAL REMARKS by Physician

State File No. 5489
Local Reg. No. 25
Reg. Dist. No. 640

Certificate of Death

RECEIVED
JAN 6 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby
c. LIFE OR STAY (In this place) 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 127 S. 1st West 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 260
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby
d. STREET ADDRESS (If rural, give location) 127 S. 1st West.

3. NAME OF DECEASED (Type or Print)
a. (First) RANSOM
b. (Middle) COLLIN
c. (Last) PETTINGILL

4. DATE OF DEATH (Month) (Day) (Year) Dec. 28, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Apr. 22, 1891
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Farm 01
11. BIRTHPLACE (State or foreign country) Willard, Utah.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Josiah Pettingill — BIRTHPLACE Utah.
14. MOTHER'S MAIDEN NAME Ann Maria Wood — BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-10-7471
17. INFORMANT'S OWN SIGNATURE Mrs. R. Pettingill — ADDRESS R. 5 Idaho Falls

18. CAUSE OF DEATH 527.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Emphysema ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-23-65, 19__, *to* 12-28-65, 19__, *that I last saw the deceased alive on* Dec 28, 1965, *and that death occurred at* 10:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE 441 Clifford B Rigby (Degree or title) M.D.
23b. ADDRESS Rigby, Idaho.
23c. DATE SIGNED 12-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 31, 1965
24c. NAME OF CEMETERY OR CREMATORY Pioneer
24d. LOCATION (City, town, or county) (State) Rigby Jefferson Idaho.

DATE REC'D BY LOCAL REG. 12/29/65
REGISTRAR'S SIGNATURE Mrs A B Eckersell
25. FUNERAL DIRECTOR Bruce A. Eckersell — ADDRESS Rigby, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 7 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR - 5 1991

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell No. E-404 Rigby, Idho, on 12/28/1965

ADDITIONAL REMARKS by Physician

State File No. 5490
Local Reg. No. 27
Reg. Dist. No. 640

Certificate of Death

RECEIVED
JAN 6 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Annis
c. LEGAL OF STAY (in this place) 56 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) X 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 260
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Annis
d. STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print)
a. (First) LAWRENCE b. (Middle) RAYMOND c. (Last) CARR

4. DATE OF DEATH (Month) (Day) (Year) Dec. 29, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Sept. 11, 1909
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farm 01
11. BIRTHPLACE (State or foreign country): Annis, Idaho.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edwin Myron Carr — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Sylvia Ellis — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 519-14-1331
17. INFORMANT'S OWN SIGNATURE: Mrs. Lucie E. Carr — ADDRESS: Lorenzo, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 Mos.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinoma of bladder — 1 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: June 1965
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of bladder — Dr. Gordon Reynolds, Idaho Falls, Idaho
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 14, 1965, *to* Dec. 29, 1965, *that I last saw the deceased alive on* Dec. 28, 1965, *and that death occurred at* 4:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: 52 Hsael Tall — (Degree or title) M.D.
23b. ADDRESS: Rigby, Idaho.
23c. DATE SIGNED: 1 Jan. 66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 3, 1966
24c. NAME OF CEMETERY OR CREMATORY: Little Butte
24d. LOCATION (City, town, or county) (State): Annis Jefferson Idaho.

DATE REC'D BY LOCAL REG.: 1 Jan 66
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: Bruce A. Eckersell — ADDRESS: Rigby, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 8 1977

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho. on 12/29/1965

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5491
Local Reg. No. 26
Reg. Dist. No. 640

BIRTH NO.

RECEIVED
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jefferson 260 JAN 6 1966 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 170 S. Clark

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 260
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 170 S. Clark

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) MADGE c. (Last) HUTCHENS

4. DATE OF DEATH (Month) (Day) (Year): Dec. 29, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Feb. 10, 1916

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 49

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker 01

10b. KIND OF BUSINESS OR INDUSTRY: Home 01

11. BIRTHPLACE (State or foreign country): LaBelle, Idaho.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Aaron Hutchens
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Martha Alvina Anglesey
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-44-9516

17. INFORMANT'S OWN SIGNATURE: Rose Johnson
ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 3 years
DUE TO (c) Arteriosclerotic Heart Disease — 4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/9, 1964, *to* Dec. 29, 1965, *that I last saw the deceased alive on* Dec. 29, 1965, *and that death occurred at* 12:10 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edson Call, M.D.

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 12/31/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 3, 1966

24c. NAME OF CEMETERY OR CREMATORY: Little Butte

24d. LOCATION (City, town, or county) (State): Annis Jefferson Idaho.

DATE REC'D BY LOCAL REG.: 12/31/65

REGISTRAR'S SIGNATURE: Mrs A B Cockrell

25. FUNERAL DIRECTOR: Bruce A. Eskersell
ADDRESS: Rigby, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho. on 12/29/1965

ADDITIONAL REMARKS by Physician

Certificate of Death

State File No. 5492
Local Reg. No. 833
Reg. Dist. No. 440

BIRTH NO. RECEIVED STATE OF IDAHO

DEC 13 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital 099

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 526 North Davis

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Henry
c. (Last): Falck

4. DATE OF DEATH (Month) (Day) (Year): Dec. 6, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 23, 1884
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trucker 13
10b. KIND OF BUSINESS OR INDUSTRY: Hauling 02
11. BIRTHPLACE (State or foreign country): Melrude, Sweden
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Gustav Giovanni — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Anna Nelson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): 1903-1909 8
16. SOCIAL SECURITY NO.: 518 36 9475
17. INFORMANT'S OWN SIGNATURE: X Clive Glenda Capps — ADDRESS: Jerome, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

157X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Mallory-Weiss gastric mucosal tear with fatal hemorrhage into stomach & bowel — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of pancreas — 2 mo. (known)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Angina pectoris — 6 mo.

19a. DATE OF OPERATION: 10/15/65
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of pancreas with lymph node extension
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 1940, 19__, *to* 12/6/65, 19__, *that I last saw the deceased alive on* 12/5/65, 19__, *and that death occurred at* 2:40a *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. Carlyle Small 477 (Degree or title): MD
23b. ADDRESS: Jerome, Idaho
23c. DATE SIGNED: 12/9/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 9, 1965
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: Dec. 10, 1965
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5493
Local Reg. No. 834
Reg. Dist. No. 440

Certificate of Death

RECEIVED DEC 13 1965 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 270
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 308 East Ave. "E"

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Tell 099
c. (Last): Strickland

4. DATE OF DEATH (Month) (Day) (Year): Dec. 6, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 17, 1891
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (ret) 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 01
11. BIRTHPLACE (State or foreign country): Medecine Lodge, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry L. Strickland — BIRTHPLACE: Mo.
14. MOTHER'S MAIDEN NAME: Edna E. Cole — BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518 42 6921
17. INFORMANT'S OWN SIGNATURE: Sadie M Strickland — ADDRESS: Jerome, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4-6 wks.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coronary arteriosclerosis — yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death*: Embolism rt. Lenticulo striate artery — 1 wk.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* 6 Dec, 1965, *that I last saw the deceased alive on* 6 Dec, 1965, *and that death occurred at* 3:10p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. M. Neher, M.D. 382
23b. ADDRESS: Jerome
23c. DATE SIGNED: 9 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 10, 1965
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: Dec. 10, 1965
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to certify the facts shall sign HIS name in addition to giving the source of information.

MAR 27 1985

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 24 1965 Bureau of Vital Statistics

State File No. 5494
Local Reg. No. 836
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benedicts Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 070
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellevue
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): WALTER
b. (Middle): L. 099
c. (Last): TOLMAN

4. DATE OF DEATH (Month) (Day) (Year): Dec. 8, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Dec. 8, 1904
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY: Farm 01
11. BIRTHPLACE (State or foreign country): Groverland, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME / BIRTHPLACE: Chaester L. Tolman, Chesterfield, Ida
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Nancy C. Hurst The Dalles, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Georgia Tolman Bellevue, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 200.1 Lymphic sarcoma — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1, 1965, *to* Dec 8, 1965, *that I last saw the deceased alive on* Dec 7, 1965, *and that death occurred at* 3:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J E Moar 476 MD.
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 12/13/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/13/65
24c. NAME OF CEMETERY OR CREMATORY: Bellevue Cemetery
24d. LOCATION (City, town, or county) (State): Bellevue, Idaho

DATE REC'D BY LOCAL REG.: Dec. 21 1965
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. FUNERAL DIRECTOR / ADDRESS: Keith Bird E. 373 Keith Bird, Hailey, Ida
Bird Funeral Home

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 3 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5495
Local Reg. No. 855
Reg. Dist. No. 440

RECEIVED
DEC 24 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: JEROME 270 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEROME
c. LENGTH OF STAY (in this place): 1 WK.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. BENEDICT 099

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 240
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
d. STREET ADDRESS (If rural, give location): 516 E AV D.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ELLA	L (BEER)	PERRY	DEC. 13, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	MARRIED 3	AUG. 9, 1904	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 01
10b. KIND OF BUSINESS OR INDUSTRY: DOMESTIC 01
11. BIRTHPLACE (State or foreign country): RANDALL KANSAS
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEO. BEER — BIRTHPLACE: ILL.
14. MOTHER'S MAIDEN NAME: Lettie M Peery — BIRTHPLACE: WENDELL IDA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO. 518-30-2912
17. INFORMANT'S OWN SIGNATURE: MOTHER — ADDRESS: AMANDA SHAFFER IOWA

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 13 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Myocardial Failure — 9 hrs
DUE TO (c) Rheumatic Heart Disease — 50 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy (Grand Mal — 44 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-9, 1965, *to* death, 19___, *that I last saw the deceased alive on* 12/13, 1965, *and that death occurred at* 9:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold G Holsinger MD
23b. ADDRESS: Wendell, Idaho
23c. DATE SIGNED: 12/17/65

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 12/16/1965
24c. NAME OF CEMETERY OR CREMATORY: WENDELL
24d. LOCATION (City, town, or county) (State): CITY IDAHO

DATE REC'D BY LOCAL REG.: Dec 20 1965
REGISTRAR'S SIGNATURE: Louella M. Scheurer
25. EMBALMER: J Farrell Weaver — LICENSE NO.: E 353
FIRM NAME: Weaver mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5496
Local Reg. No. 837
Reg. Dist. No. 440

RECEIVED DEC 24 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 428 1st. Ave. West

3. NAME OF DECEASED (Type or Print)
a. (First): Ettie
b. (Middle): Mae 099
c. (Last): McCullough

4. DATE OF DEATH (Month) (Day) (Year): Dec. 18, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: April 4, 1894
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: at home 01
11. BIRTHPLACE (State or foreign country): Clay Center, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Daniel W. Gilbert — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Sarah E. Scott — BIRTHPLACE: Penna.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 24 4834
17. INFORMANT'S OWN SIGNATURE: John W McCullough — ADDRESS: Jerome, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 25 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1965, *to* 18 Dec, 1965, *that I last saw the deceased alive on* 18 Dec, 1965, *and that death occurred at* 3:10p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. M. Neher, M.D. 385
23b. ADDRESS: Jerome
23c. DATE SIGNED: 21 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 22, 1965
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: Dec. 21 1965
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 3 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5497
Local Reg. No. 838
Reg. Dist. No. 440

BIRTH NO.

RECEIVED JAN 6 1966 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Benedict's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 270
b. COUNTY Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hazelton
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) PHILOMENA
b. (Middle) 099
c. (Last) BARNES

4. DATE OF DEATH (Month) (Day) (Year) December 22, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Jan. 1, 1888	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home 01	Stockton, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Lola Barnes	Hazelton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic C.V.R. disease — 4 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6-19-, 1965, *to* 22 Dec, 1965, *that I last saw the deceased alive on* 22 Dec, 1965, *and that death occurred at* 3:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. M. Heber, M.D.	Jerome, Ida	24 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 27, 1965	Hazelton Cemetery	Hazelton Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 29 1965	Louella M. Scherer		E-343

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: White Mortuary

State File No. 5498
Local Reg. No. 843
Reg. Dist. No. 440

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

JAN 7 1966
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R.F.D. Paul
c. LENGTH OF STAY (In this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 450 N 1475 W 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R.F.D. Paul - Rupert
d. STREET ADDRESS (If rural, give location): 450 N 1475 W

3. NAME OF DECEASED (Type or Print)
a. (First): Russell
b. (Middle): David
c. (Last): Legault

4. DATE OF DEATH (Month) (Day) (Year): Dec. 27, 1965

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: January 29, 1964
9. AGE (In years last birthday): 1 yr
IF UNDER 1 YEAR: Months 11 Days mos.
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 82
10b. KIND OF BUSINESS OR INDUSTRY: none 00
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME BIRTHPLACE: Dean Victor Legault, Louisville, Colo.
14. MOTHER'S MAIDEN NAME BIRTHPLACE: Margaret Ruth Herbert, Salem, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Dean Legault
ADDRESS: Paul, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

492X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Severe Viral Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: hrs -

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* none, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* ? *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D. 583 Coroner, 4
23b. ADDRESS: Jerome
23c. DATE SIGNED: 30 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 12/30/65
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: Jan. 5 1966
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. EMBALMER: [signature]
LICENSE NO.: E-389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5499
Local Reg. No. 839
Reg. Dist. No. 440

Certificate of Death

RECEIVED JAN 6 1966 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 409 2nd. Ave. West

3. NAME OF DECEASED (Type or Print)
a. (First): Helen
b. (Middle): Aragon 099
c. (Last): Ordaz

4. DATE OF DEATH (Month) (Day) (Year): Dec. 28, 1965

5. SEX: Female
6. COLOR OR RACE: Mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 15, 1909
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: at home 01
11. BIRTHPLACE (State or foreign country): Cotton Creek, Colorado
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Francisco Aragon — BIRTHPLACE: New Mexico
14. MOTHER'S MAIDEN NAME: Manuelita Marques — BIRTHPLACE: Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 24 5136
17. INFORMANT'S OWN SIGNATURE: X Frank Ordaz — ADDRESS: 409 2nd. Ave. West, Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Terminal Anuria 725 X — INTERVAL BETWEEN ONSET AND DEATH: 5-6 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Polyarthritis & peptic ulcers — yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1964, *to* 28 Dec, 1965, *that I last saw the deceased alive on* 28 Dec, 1965 *and that death occurred at* 8:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE: L. M. Weber, M.D. 385 (Degree or title)
23b. ADDRESS: Jerome
23c. DATE SIGNED: 29 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 31, 1965
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: Dec. 31 1965
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. EMBALMER: W. R. Hove
LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 8 - 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 30 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 14 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

FEB 15 1972

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5500
Local Reg. No. 840
Reg. Dist. No. 440

Certificate of Death

RECEIVED JAN 7 1966 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Nursing Home
d. STREET ADDRESS (If rural, give location): 304 East Ave. "C"

3. NAME OF DECEASED (Type or Print)
a. (First): Marie
b. (Middle): Jeanne 099
c. (Last): Capou

4. DATE OF DEATH (Month) (Day) (Year): Dec. 30, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: March 25, 1888
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At home 01
11. BIRTHPLACE (State or foreign country): Marsous, France
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Capou — BIRTHPLACE: France
14. MOTHER'S MAIDEN NAME: Julia ----- — BIRTHPLACE: France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Josephine Shape — ADDRESS: Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic C.V.R. disease — yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

443X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1962, *to* 30 Dec, 1965, *that I last saw the deceased alive on* 28 Dec, 1965, *and that death occurred at* 2:15a m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. M. Leher, Ord. (Degree or title) 385
23b. ADDRESS: Jerome, Idaho
23c. DATE SIGNED: 30 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 4, 1966
24c. NAME OF CEMETERY OR CREMATORY: Winnemucca Cemetery
24d. LOCATION (City, town, or county) (State): Winnemucca, Nevada

DATE REC'D BY LOCAL REG.: Dec. 31, 1965
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 5501
Local Reg. No. 841
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH 270
a. COUNTY: JEROME — JAN 6 1966 — 3-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEROME
c. LENGTH OF STAY (In this place): 10 DYS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. BENEDICT 099

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 240
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
d. STREET ADDRESS (If rural, give location): NO. W. CITY Rt. 1,

3. NAME OF DECEASED (Type or Print): a. (First) BENJAMIN — b. (Middle) F. — c. (Last) SIMMONS

4. DATE OF DEATH: (Month) (Day) (Year) DEC. 31. 1965

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2

8. DATE OF BIRTH: FEB. 5. 1883

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED 04

10b. KIND OF BUSINESS OR INDUSTRY: FARMER 01

11. BIRTHPLACE (State or foreign country): LAKE SHORE UTAH

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: B.F.SIMMONS — BIRTHPLACE: UTAH

14. MOTHER'S MAIDEN NAME: ANN D. WARNER — BIRTHPLACE: UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 529-18-9909

17. INFORMANT'S OWN SIGNATURE: X Mae D. Johnson — ADDRESS: Rt. 1 Wendell Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pneumonia (Broncho) — INTERVAL BETWEEN ONSET AND DEATH: 12 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Myocardial Failure — 9 days

DUE TO (c) Auricular Fibrillation — 10 days

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Neurodermatitis — 25 yrs

433.1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-20, 1965, *to* death, 19___, *that I last saw the deceased alive on* 12/30, 1965, *and that death occurred at* 3:17 m., *from the causes and on the date stated above.*

23a. SIGNATURE 240 (Degree or title): Harold G. Holsinger M.D. — **23b. ADDRESS**: Wendell, Idaho — **23c. DATE SIGNED**: 12-31-65

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL — **24b. DATE**: 1/3/1966 — **24c. NAME OF CEMETERY OR CREMATORY**: SPANISH FORK. — **24d. LOCATION** (City, town, or county) (State): CITY UTAH

DATE REC'D BY LOCAL REG.: Jan. 4, 1966 — **REGISTRAR'S SIGNATURE**: Louella M. Schurer

25. EMBALMER: J. Farrell Weaver — **LICENSE NO.**: E 353

FIRM NAME: Weaver mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5502
Local Reg. No. 261
Reg. Dist. No. 120

Certificate of Death

RECEIVED
DEC 8 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (If outside place): 19 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Emma
b. (Middle): V
c. (Last): Kenyon

4. DATE OF DEATH (Month) (Day) (Year): Dec 1 65

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb 24, 1884
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Ontario Canada
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Edward Kells — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Anna Adams — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Everett Kirkpatrick — ADDRESS: Hayden Lake Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

154X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of Recto-Sigmoid

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 11.3.64
19b. MAJOR FINDINGS OF OPERATION: Perforated Carcinoma of Recto-Sigmoid
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10.15.64, 1964, *to* 12-1, 1965, *that I last saw the deceased alive on* 11.30, 1965, *and that death occurred at* 6:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clarence H Lyon, Jr. M.D. 313
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 12.2.65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 3-65
24c. NAME OF CEMETERY OR CREMATORY: Restlawn
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Dec. 6, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. FUNERAL DIRECTOR: Gilbert Gates E. 365 — ADDRESS: CDA Idaho
Yates-Morse F.H.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

AUG 8 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 24 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5503
Local Reg. No. 269
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pinewood Manor 26

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 280
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hayden Lake
d. STREET ADDRESS (If rural, give location) Rt #1.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Olaf	Ludwig	Johnson		Dec	2	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widowed 2	Aug 22, 1874	91				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Woodsworker 08	Self 07	Sweden	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unkown	Sweden	Unkown	Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None	519-05-9336	Mr. Clarence Johnson	CdA. Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

450.0

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Renal atherosclerosis — 11
DUE TO (c) Generalized Atherosclerosis — 11

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 1:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm. L. Drummond 469		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec 6, 65	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 16, 1965	Lorraine K. Brush	Gilbert Yates	E365

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: YATES-MORSE

FEB 24 2003

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Fredrickson

Certificate of Death

STATE OF IDAHO

State File No. 5504
Local Reg. No. 265
Reg. Dist. No. 120

BIRTH NO.

RECEIVED DEC 13 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 28 1 003
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY in this institution
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Coeur d' Alene General 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 280 b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rathdrum
d. STREET ADDRESS (If rural, give location) Rt. #1

3. NAME OF DECEASED (Type or Print) a. (First) Ada b. (Middle) Genevive c. (Last) Adams

4. DATE OF DEATH (Month) (Day) (Year) December 4, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH May 7, 1899
9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home 01
11. BIRTHPLACE (State or foreign country) Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel A. Bateman BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Ada C. Arnold BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) XXXX (If yes, give war or dates of service) XXXXX
16. SOCIAL SECURITY NO. Unobtainable 331X
17. INFORMANT'S OWN SIGNATURE Lorraine Adams ADDRESS Rathdrum, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRO VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 8 HRS.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIO SCLEROSIS — CHRONIC
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960, 19___, *to* 12/4/65, 19___, *that I last saw the deceased alive on* 12/3/65, 19___, *and that death occurred at* 1:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Lynn C. Fredrickson MD
23b. ADDRESS Coeur d' Alene, Idaho
23c. DATE SIGNED 12/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-7-65
24c. NAME OF CEMETERY OR CREMATORY Restlawn Mem. Park
24d. LOCATION (City, town, or county) (State) Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG. Dec. 9, 1965
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER Bill Duff
LICENSE NO. E-397

FIRM NAME: English Chapel-Coeur d' Alene

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 28 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JAN 28 1987

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Gumprecht

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 5505
Local Reg. No. 267
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai 28 DEC 13 1965 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (In this place) Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Coeur D' Alene General Hospt. 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 28 b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 1615 N. 5th St.

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) L. c. (Last) Webber

4. DATE OF DEATH (Month) (Day) (Year) December 5, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH January 24, 1891

9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 10 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Forestry 20

10b. KIND OF BUSINESS OR INDUSTRY State of Idaho

11. BIRTHPLACE (State or foreign country) Nebraska

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James E. Webber BIRTHPLACE Penn.

14. MOTHER'S MAIDEN NAME Jenny E. Squire BIRTHPLACE Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 519-12-0331

17. INFORMANT'S OWN SIGNATURE Lois Webber ADDRESS El Cerrito, Carlston Calif.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH 9 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Coronary sclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1965 *to* ____, 1965, *that I last saw the deceased alive on* Dec 6, 1965, *and that death occurred at* 4:00 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 192 Coeur d' Alene MD

23b. ADDRESS 302 N 5th

23c. DATE SIGNED 6 Dec

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-8-65

24c. NAME OF CEMETERY OR CREMATORY Restlawn Memorial Park

24d. LOCATION (City, town, or county) (State) Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG. Dec. 8, 1965

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. EMBALMER Bill Huff LICENSE NO. E-439

FIRM NAME: English Chapel-Coeur d' Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Hawkins

RECEIVED DEC 20 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5506
Local Reg. No. 268
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH 281 2-01
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 6 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CDA General Hospital 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1603 Lakeside

3. NAME OF DECEASED (Type or Print)
a. (First): Fred
b. (Middle): R.
c. (Last): Carlson

4. DATE OF DEATH (Month) (Day) (Year): December 8, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: October 20, 1898
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37
10b. KIND OF BUSINESS OR INDUSTRY: Bldg. Trades 01
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Carlson — BIRTHPLACE: Unobtainable
14. MOTHER'S MAIDEN NAME: Unobtainable — BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 517-03-0276
17. INFORMANT'S OWN SIGNATURE: F. A. Enders — ADDRESS: Coeur d'Alene, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 571.1 Acute Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Infectious Gastro Enteritis & Hepatitis — 6 wks.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic Empyema - Left Pleural Cavity — 2½ yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 18, 1953, *to* Dec 8, 1965, *that I last saw the deceased alive on* Dec 8, 1965, *and that death occurred at* 5:25 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. W. Hawkins 215 MD
23b. ADDRESS: 609 Sherman Ave Coeur d'Alene Id
23c. DATE SIGNED: 12-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-11-65
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: Dec. 13, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: [signature] Riplinger Jr.
LICENSE NO.: E-439

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel Coeur d' Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: DEC 21 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JAN 11 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. MAR 22 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5507
Local Reg. No. 270
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED DEC 31 1965

1. PLACE OF DEATH
a. COUNTY Kootenai 281 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Coeur d'Alene Gen. 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 280
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Post Falls
d. STREET ADDRESS (If rural, give location) Rt #2

3. NAME OF DECEASED (Type or Print)
a. (First) Ora
b. (Middle) E.
c. (Last) Beck

4. DATE OF DEATH (Month) 12 (Day) 15 (Year) 65

5. SEX Female
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH May 9, 1887
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home 01
11. BIRTHPLACE (State or foreign country) Anatone Wash
12. CITIZEN OF WHAT COUNTRY? U.S.A..

13. FATHER'S NAME Lorin Henry — BIRTHPLACE Penn
14. MOTHER'S MAIDEN NAME Jennie Piersol — BIRTHPLACE Wash

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 518-40-7010
17. INFORMANT'S OWN SIGNATURE Mr. Ernest Beck — ADDRESS Post Falls Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uremia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1951, *to* _____, 1965, *that I last saw the deceased alive on* Dec 15, 1965, *and that death occurred at* 3:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE D M [illegible] 192 (Degree or title) [illegible] M D
23b. ADDRESS 302 W 5th
23c. DATE SIGNED 16 Dec

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec 18, 1965
24c. NAME OF CEMETERY OR CREMATORY Pleasant View
24d. LOCATION (City, town, or county) Post Falls (State) Idaho

DATE REC'D BY LOCAL REG. Dec. 23, 1965
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER Gilbert Yates
LICENSE NO. E-365

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Yates-Morse CdA. Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 3 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. R. Henson

Certificate of Death

STATE OF IDAHO

State File No. 5508
Local Reg. No. 274
Reg. Dist. No. 120

BIRTH NO.

RECEIVED DEC 31 1965

1. PLACE OF DEATH
a. COUNTY Kootenai 28 000
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d' Alene
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION 211 Indiana Ave. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 28 / b. COUNTY Kootenai
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 211 Indiana Ave.

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) c. (Last) Reel
4. DATE OF DEATH (Month) (Day) (Year) December 18, 65
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never M-arried
8. DATE OF BIRTH January 19, 1881
9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Woodsman 08
10b. KIND OF BUSINESS OR INDUSTRY Logging 03
11. BIRTHPLACE (State or foreign country) United States of America
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Not Known BIRTHPLACE Not Known
14. MOTHER'S MAIDEN NAME Not Known BIRTHPLACE Not Known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Coeur d'Alene ADDRESS Records Indigent Field Worker, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4228.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Anemia — 6 mo
Conditions contributing to the death but not related to the disease or condition causing death. Arthritis — 5 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1962, *to* Dec 18, 1965, *that I last saw the deceased alive on* Dec 16th, 1965, *and that death occurred at* 2:10 m., *from the causes and on the date stated above.*

23a. SIGNATURE Ross Henson 225 (Degree or title) Ross Henson, M.D.
23b. ADDRESS Coeur d'Alene Idaho
23c. DATE SIGNED Dec 22, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-22-65
24c. NAME OF CEMETERY OR CREMATORY Restlawn Cemetery
24d. LOCATION (City, town, or county) (State) Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG. Dec. 23, 1965
REGISTRAR'S SIGNATURE Lorraine K. Bruch
25. EMBALMER N. F. Ripplinger, Jr.
LICENSE NO. E-397

FIRM NAME: English Chapel-Coeur d' Alene

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5509
Local Reg. No. 272
Reg. Dist. No. 20

BIRTH NO.

RECEIVED DEC 31 1965

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28
b. COUNTY: Kooteani
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 720 Govt Way

3. NAME OF DECEASED (Type or Print): a. (First) Benjamin; b. (Middle); c. (Last) Erley

4. DATE OF DEATH: (Month) (Day) (Year): Dec 18 1965

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Feb 5, 1889

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumber Mill 09

10b. KIND OF BUSINESS OR INDUSTRY: Ohio Matchood

11. BIRTHPLACE (State or foreign country): Hurley Wis

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Louis Erley
BIRTHPLACE: Wis

14. MOTHER'S MAIDEN NAME: Matilda Grosse
BIRTHPLACE: Wis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 533-01-6642

17. INFORMANT'S OWN SIGNATURE: Mrs. Jessie Erley
ADDRESS: CdA. Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cere brovascular accident — 1½ day
DUE TO (c): Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19 64, *to* 12/18, 19 65, *that I last saw the deceased alive on* 12/18, 19 65, *and that death occurred at* 11:58 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD

23b. ADDRESS: Coeur d Alene

23c. DATE SIGNED: 12/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec 22, 1965

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Dec. 23, 1965

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. FUNERAL DIRECTOR: Gilbert Yates
ADDRESS: YATES-MORSE E-365
744 N. 4th St.
Coeur d'Alene, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

FEB 2 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature. MAY 30 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

State File No. 5510
Local Reg. No. 281
Reg. Dist. No. 120

Certificate of Death

RECEIVED JAN 6 1966 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 281 4-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d' Alene General Hospt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California 05
b. COUNTY: Los Angeles 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lomita
d. STREET ADDRESS (If rural, give location): 25425 Western Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Petrajean
b. (Middle): 101
c. (Last): Mortensen

4. DATE OF DEATH (Month) (Day) (Year): December 19, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: September 30,47
9. AGE (In years last birthday): 18 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77
10b. KIND OF BUSINESS OR INDUSTRY: Public Schools 02
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Raymond Mortensen — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Nina Rizzo — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Mrs. Nina Mortensen — ADDRESS: Lomita, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration gastric content 570.1 — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ileus — 12 hours
DUE TO (c) Unknown etiology

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-9-65
19b. MAJOR FINDINGS OF OPERATION: Normal abdomen
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-9, 1965, *to* 12-20, 1965 *that I last saw the deceased alive on* 12-18, 1965, *and that death occurred at* 9:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. E. Thompson 530 MD
23b. ADDRESS: 318 Elder Bldg Coeur d'Alene Idaho
23c. DATE SIGNED: 12-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 12-21-1965
24c. NAME OF CEMETERY OR CREMATORY: Rago Memorial Estate
24d. LOCATION (City, town, or county) (State): Northlake, Illinois

DATE REC'D BY LOCAL REG.: Dec. 29, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER
LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: English Chapel-Coeur d' Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JAN 7 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5511
Local Reg. No. 280
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JAN 6 1966 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Herman	B.	Lyon	December 20, 65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced 4	December 24, 1900	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic 10	Garage 01	Post Falls, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Darwin Z. Lyon	Missouri	Ora M. gill,	Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	NOne	518-03-2289	Hallie Lyon (Mrs)	Rathdrum, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4511X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured thoracic aortic aneurysm — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-30, 1964, *to* 12-21, 1965, *that I last saw the deceased alive on* 12-21, 1965, *and that death occurred at* 10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Rupert H. English MD 2658	Spirit Lake, Idaho	12-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-24-1965	Pinegrove Cemetery	Rathdrum, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 29, 1965	Lorraine K. Brush	Bill Leuff	E-439

FIRM NAME: English Chapel-Coeur d' Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 19 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5512
Local Reg. No. 271
Reg. Dist. No. 12

BIRTH NO.

RECEIVED
DEC 31 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 28 | b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene | c. LENGTH OF STAY (in hospital or institution) 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City General Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 28 | b. COUNTY Kootenai | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene | d. STREET ADDRESS (If rural, give location) 415 Wallace

3. NAME OF DECEASED (Type or Print) a. (First) Mable | b. (Middle) M. 10 | c. (Last) Daniels
4. DATE OF DEATH (Month) (Day) (Year) 12/21/65

5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH 10/12/1887 | 9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01 | 10b. KIND OF BUSINESS OR INDUSTRY none 6
11. BIRTHPLACE (State or foreign country) Arkdale, Wis. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ole Hegna | BIRTHPLACE Norway
14. MOTHER'S MAIDEN NAME Emma Hanson | BIRTHPLACE Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 535-24--6265
17. INFORMANT'S OWN SIGNATURE Ingman Daniels | ADDRESS Coeur d'Alene, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebro-vascular Accident — 2 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

422.2

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 55, *to* 12/21, 19 65, *that I last saw the deceased alive on* 12/21, 19 65, *and that death occurred at* 1:35 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D. | 23b. ADDRESS Coeur d'Alene, Idaho | 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 12/24/65 | 24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery | 24d. LOCATION (City, town, or county) (State) Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG. Dec. 23 1965 | REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER Frank Morse | LICENSE NO. 350

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 3 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 1 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 9 1972

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5513
Local Reg. No. 278
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
JAN 6 1966
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY IN THIS PLACE: 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d' Alene General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location): Rt. 1 Box 348

3. NAME OF DECEASED (Type or Print): a. (First) Louisa b. (Middle) W. c. (Last) Cane

4. DATE OF DEATH (Month) (Day) (Year): December 23, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 20, 1901

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Public Schools

11. BIRTHPLACE (State or foreign country): Oregon

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herman Wentz
BIRTHPLACE: Nebraska

14. MOTHER'S MAIDEN NAME: Desilee Pearl
BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 531-24-5638

17. INFORMANT'S OWN SIGNATURE: Nola W. Jack
ADDRESS: Hayden Lake, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma metastatic to Kidney
INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Cervix
INTERVAL BETWEEN ONSET AND DEATH: over a year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-6, 1964, *to* 12-23, 1965, *that I last saw the deceased alive on* 12-23, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: William T. Wood, M.D. (Degree or title) 572

23b. ADDRESS: Coeur d'alene Idaho

23c. DATE SIGNED: 12-24-'65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-27-65

24c. NAME OF CEMETERY OR CREMATORY: Restlawn Memorial Park

24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: Dec. 29, 1965

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Bill Duff
LICENSE NO.: E-439

FIRM NAME: English Chapel-Coeur d' Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAR 3 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5514
Local Reg. No. 275
Reg. Dist. No. 120

BIRTH NO.

RECEIVED DEC 31 1965

1. PLACE OF DEATH
a. COUNTY: Kootenai 18
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene Rur
c. LENGTH OF STAY (in this place): 21 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 909 Mullan Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 18
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 909 Mullan Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Fred	David	Suter	12/23/65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	5/7/1885	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant 35	Merchandising	Redwing, Minn.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David Suter	Iowa	Matilda Haase	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-54-0004	Esther Suter	Coeur d'Alene, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Gen. Senile Debility — INTERVAL BETWEEN ONSET AND DEATH: 10 Mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-19, 1965, *to* 12-3, 1965, *that I last saw the deceased alive on* 12-3, 1965, *and that death occurred at* 12:55 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Frank Dooley 825	M.D.	Coeur d'Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/27/65	Forest Cemetery	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 28 1965	Lorraine K. Brush	Gilbert Yates	365

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 3 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 6 1985

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5515
Local Reg. No. 276
Reg. Dist. No. 120

RECEIVED

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: DEC 31 1965 28 Kootenai 3-09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): coeur d'Alene
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pinewood Manor 26

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28 b. COUNTY: kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 135 Spruce

3. NAME OF DECEASED (Type or Print): a. (First) Jewell b. (Middle) c. (Last) Takaki

4. DATE OF DEATH (Month) (Day) (Year): 12/24/65

5. SEX: Fem.

6. COLOR OR RACE: Japanese 5

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: 11/22/1875

9. AGE (In years last birthday): 90 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: none 0

11. BIRTHPLACE (State or foreign country): Aomori Province, Japan

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown Nitobi — BIRTHPLACE: Japan

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT'S OWN SIGNATURE — ADDRESS: Robert Takaki, Coeur d'Alene, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 528 X Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: Under Nourishment

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 7, 1965, *to* Dec. 15, 1965, *that I last saw the deceased alive on* DEC. 15, 1965, *and that death occurred at* 12:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. A. Novak 392 (Degree or title): M.D.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED: Dec. 27, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY: Smith & Co.

24d. LOCATION (City, town, or county) (State): Spokane, Wash.

DATE REC'D BY LOCAL REG.: Dec. 28, 1965

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Fred Noland

LICENSE NO.: 493

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 26 1981

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 5516
Local Reg. No. 273
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH 281 DEC 31 1965
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 9 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 925 E. Garden

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 925 E. Garden

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Joseph c. (Last) Garvey

4. DATE OF DEATH (Month) (Day) (Year): 12/24/65

5. SEX: MAle

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: 9/1/1889

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Groundman 06

10b. KIND OF BUSINESS OR INDUSTRY: Koot. R.E.A. 07

11. BIRTHPLACE (State or foreign country): Buckingham, Quebec, Canada

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: William Joseph Garvey, Canada — BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Frances Cox — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW 1

16. SOCIAL SECURITY NO.: 519-03-1044

17. INFORMANT'S OWN SIGNATURE: Laura Garvey — ADDRESS: Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Lung c

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Metastasis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1965, *to* Dec 24, 1965, *that I last saw the deceased alive on* 12-24-65, 19___, *and that death occurred at* 6:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/27/65

24c. NAME OF CEMETERY OR CREMATORY: St. Thomas Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: Dec 28 1965

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Fred Noland — LICENSE NO.: 493

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JAN 3 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 7 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 17 1984

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

APR 12 1985

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5517
Local Reg. No. 277
Reg. Dist. No. 120

Certificate of Death

RECEIVED
JAN 6 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 281 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 288
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): 316 Third St.

3. NAME OF DECEASED (Type or Print)
a. (First): Gayle
b. (Middle): O. 101
c. (Last): Bush

4. DATE OF DEATH (Month) (Day) (Year): 12/24/65

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 9/4/1889
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tire Repairman 06
10b. KIND OF BUSINESS OR INDUSTRY: Inland Motor Frt. 03
11. BIRTHPLACE (State or foreign country): S. Dakota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Orlandp Bush — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Lenora Brown — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 517-09-9318
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Nellie Bush, Post Falls, Idaho

18. CAUSE OF DEATH 493X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3-4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Emphysema

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 23, 1965, *to* Dec 24, 1965, *that I last saw the deceased alive on* Dec 23, 1965, *and that death occurred at* 7:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 568 W. Wray Wilson M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 12/28/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/29/65
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24d. LOCATION (City, town, or county) (State): Post Falls, Idaho

DATE REC'D BY LOCAL REG.: Dec. 30, 1965
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Fred Noland — LICENSE NO.: 493

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Yates-Morse Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 7 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 29 1974

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Daugherty RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 5518
Local Reg. No. 282
Reg. Dist. No. 120

BIRTH NO.

JAN 6 1966
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 28 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Coeur d' Alene General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 280 b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) Route #2

3. NAME OF DECEASED (Type or Print) a. (First) Lee b. (Middle) 101 c. (Last) Nelson

4. DATE OF DEATH (Month) (Day) (Year) December 25, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH November 26, 1895

9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor 42

10b. KIND OF BUSINESS OR INDUSTRY Paper Mill 80

11. BIRTHPLACE (State or foreign country) Minnesota

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Not Available BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Not Available BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 535-05-3762

17. INFORMANT'S OWN SIGNATURE Blake A Nelson ADDRESS Cd'A, Ida

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1961, *to* Dec 25, 1965, *that I last saw the deceased alive on* Dec 25, 1965, *and that death occurred at* 6:05 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 128 M. Daugherty MD

23b. ADDRESS 816 Sherman, Coeur d'Alene, Idaho

23c. DATE SIGNED 12-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

24b. DATE 12-28-65

24c. NAME OF CEMETERY OR CREMATORY Hazen-Yaeger Funeral H.

24d. LOCATION (City, town, or county) (State) Spokane, Washington

DATE REC'D BY LOCAL REG. Dec. 29, 1965

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. EMBALMER Bill Kauffman

LICENSE NO. E-397

FIRM NAME: English Chapel-Coeur d' Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 24 1966

JAN 31 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5519
Local Reg. No. 285
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JAN 2 0 1966 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY IN (this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d' Alene General Hospt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location): Rt. #1

3. NAME OF DECEASED (Type or Print): a. (First) Edward b. (Middle) 101 c. (Last) Lauderback

4. DATE OF DEATH (Month) (Day) (Year): 12-25-65

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: May 26, 1882

9. AGE (In years last birthday): 83 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming 01

11. BIRTHPLACE (State or foreign country): Oakdale, Nebraska

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Abraham Lauderback, BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Lulda Day, BIRTHPLACE: Sinn Co., Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 520-36-8713

17. INFORMANT'S OWN SIGNATURE: Wayne E. Lauderback ADDRESS: Anacortes, Wash

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerotic Heart disease — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diarrhea with Electrolyte Imbalance — 24 hrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-16, 1965, *to* 12-25, 1965, *that I last saw the deceased alive on* 12/24, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wayne E. Lauderback MD

23b. ADDRESS: Hayden Lake Idaho

23c. DATE SIGNED: 1/11/66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-28-65

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: Jan. 14, 1966

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Bill Neff LICENSE NO.: E-439

FIRM NAME: English Chapel-Coeur d' Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Hawkins

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 5520
Local Reg. No. 283
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 281 JAN 6 1966 100
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pinewood Manor 261

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 405 S. 15th St.

3. NAME OF DECEASED (Type or Print): a. (First) Emmet b. (Middle) O. c. (Last) Peterson

4. DATE OF DEATH (Month) (Day) (Year): December 25, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: August 28, 1884

9. AGE (In years last birthday): 81 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 35

10b. KIND OF BUSINESS OR INDUSTRY: Clothing Store 02

11. BIRTHPLACE (State or foreign country): Ludington, Mich.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Otto Peterson — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Not Available — BIRTHPLACE: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-03-3295

17. INFORMANT'S OWN SIGNATURE: Mildred A. Westling — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 4 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Pneumonitis — 1 Month

19a. DATE OF OPERATION: May 25, 1964

19b. MAJOR FINDINGS OF OPERATION: Transurethral Resection for Benign Hypertrophy

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-18, 1964, *to* 5-25, 1965, *that I last saw the deceased alive on* Dec 24, 1965, *and that death occurred at* 6:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. W. Hawkins M.D. 215

23b. ADDRESS: 609 Sherman Ave Coeur d'Alene Id

23c. DATE SIGNED: 12-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-29-65

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: Dec. 29 1965

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Bill Leuff — LICENSE NO.: E-439

FIRM NAME: English Chapel-Coeur d' Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 5521
Local Reg. No. 279
Reg. Dist. No. 126

STATE OF IDAHO

BIRTH NO.

RECEIVED JAN 6 1966 Bureau of Vital Statistics

281

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 827 6th.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 827 6th.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Martin	VanBuren	Hendrix	12/25/65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	2/19/1894	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner 07	Mining 01	St. Paul, Ark.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Hendrix	Tenn.	Sarah Frazier	Ark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-03-4327	Mrs. Pansy Hendrix	Coeur d'Alene Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Silicosis — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12-25, 1965, *to* 12-25, 1965, *that I last saw the deceased alive on* NEVER, 19__, *and that death occurred at* 4:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Ryan, M.D.	Coeur d'Alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/28/65	Restlawn Mem. Park.	Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 30 1965	Lorraine K. Brush	Gilbert Yates	365

FIRM NAME: Yates-Morse Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 11 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5522
Local Reg. No. 286
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
JAN 20 1966
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen 61

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1215 Gilbert Ave

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Jacelyn	Rachell	Thom		Dec	30	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Never Married	July 13, 1965		5	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None 02	60 None	Coeur d'Alene, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Richard Thom	Idaho	Connie Martin	Portland Ore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None	None	Richard Thom	CdA. Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

744.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Amytonia Congenita. — INTERVAL BETWEEN ONSET AND DEATH: 5 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7-13, 1965, *to* 12-30, 1965, *that I last saw the deceased alive on* Dec 7, 1965 *and that death occurred at* 10:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. 572	Caeur d'alene, Idaho	1-7-'66

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan 3, 1966	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 11, 1966	Lorraine K. Breech	Gilbert Yates	E-365

FIRM NAME: Yates Funeral Home CdA. Ida

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5523
Local Reg. No. 284
Reg. Dist. No. 120

RECEIVED JAN 2 0 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City Gen 10

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 28 b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 301 LaCross

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Rosa	L	Barton		Dec	31	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Married 3	Feb 5, 1890	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	Own Home 01	Wisconsin	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unkown	Unkown	Unkown	Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None		Mr. Seward Barton	Coeur d'Alene,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 24 HRS.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocardial Disease & Depressant — 2-3 yrs.

DUE TO (c) Edema

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov. 18, 1965, *to* Dec. 31, 1965, *that I last saw the deceased alive on* Dec. 30, 1965, *and that death occurred at* 4:10A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lynn C Dickinson MD.	Coeur d'Alene Idaho	1-3-66

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan 3, 66	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 11, 1966	Lorraine K. Brush	Gilbert Yates	E-365

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Yates Funeral Home CdA. Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 23 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 13 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5524
Local Reg. No. 136
Reg. Dist. No. 200

BIRTH NO. 3-11

1. PLACE OF DEATH
a. COUNTY: Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
LENGTH OF STAY (in this place): 77 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital 12

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 29
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 104 Short Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Roy		Mangold	Dec	2	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	married 2	Sept 29, 1890	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lineman 48	Power 01	Hot Springs, S.D.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harry W. Mangold	Illinois	Dora Grosvenor	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	533-01-8454	X Keith Mangold	Soap Lake, Wn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

162.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) BRONCHOGENIC CARCINOMA — INTERVAL BETWEEN ONSET AND DEATH: @ YEARS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug, 1955, *to* Dec, 1965, *that I last saw the deceased alive on* Dec 1, 1965, *and that death occurred at* 6:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Moscow, Idaho	Dec 6, 1965

24a. BURIAL / CREMATION / REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-4-1965	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 9, 1965	Ruth L. Bruce	Donald Ward	E-380

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

GUIDES:

DEC 1 4 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 1 5 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5525
Local Reg. No. 138
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 29 | 3-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 29 | b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 823 Kenneth Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Norman	Eugene	Bakken	Dec	3	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	never married	March 6, 1938	27				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nels Bakken — BIRTHPLACE: Minn.
14. MOTHER'S MAIDEN NAME: Agnes Danielson — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-36-4304
17. INFORMANT'S OWN SIGNATURE: Marvin Bakken — ADDRESS: Moscow, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) uremia — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): diabetes mellitus — since birth
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: cerebral deficiency spastic — since birth

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-6, 1938, *to* 12-3, 1965, *that I last saw the deceased alive on* 12-3, 1965, *and that death occurred at* ~~2:30~~ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Earl 149 Dimm MD	Moscow Idaho	12-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec 7, 1965	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 13, 1965	Ruth L. Bruce	Ronald Ward	E-380

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

APR 17 1981

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5526
Local Reg. No. 141
Reg. Dist. No. 200

RECEIVED DEC 20 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 290 — $105
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 1 mi. So. Potlatch — STAY (in this place): 5 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 95A

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290 — b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Viola
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Marvin	Jene	Cone	Dec	7	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	married 3	April 4, 1927	38				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Logger 08	Lumber 02	Princeton, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Floyd Cone	Idaho	Catherine Rueppel	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	Korean 6	518-24-2861	X Robert J. Cone	Moscow, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Head & Chest Injuries — INTERVAL BETWEEN ONSET AND DEATH: Few Minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident OK	one mile S. of Potlatch	13 mi Highway 95A Latah Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Dec	7	"65"	m.		One car auto accident

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 6:10 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D. Adams 583 M.D., Coroner	Moscow, Idaho	12/10/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec 11, 1965	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 16, 1965	Ruth L. Bruce	Howard Ward	E-380

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 1 1 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5527
Local Reg. No. 139
Reg. Dist. No. 200

65-12703
BIRTH NO.

RECEIVED
DEC 15 1965
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah 29 | 5-08
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 8 Min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 29 | b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): Greenstreet Trailer Court # 12

3. NAME OF DECEASED (Type or Print): a. (First) Tracy | b. (Middle) Lynn | c. (Last) Schultz

4. DATE OF DEATH: (Month) Dec. (Day) 7, (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Dec. 7, 1965

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Moscow, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Phillip Schultz | BIRTHPLACE: Colfax, Wash.

14. MOTHER'S MAIDEN NAME: Jana Lee Millick | BIRTHPLACE: Flint, Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Phillip E. Schultz | ADDRESS: Moscow, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 776X Premature Infant | INTERVAL BETWEEN ONSET AND DEATH: 8 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 7, 1965, *to* Dec 7, 1965, *that I last saw the deceased alive on* Dec 7, 1965, *and that death occurred at* 2:15 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W Adams M.D. 001

23b. ADDRESS: Moscow, Idaho

23c. DATE SIGNED: 12/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 8, 1965

24c. NAME OF CEMETERY OR CREMATORY: Freeze Cemetery

24d. LOCATION (City, town, or county) (State): Latah County, Idaho

DATE REC'D BY LOCAL REG.: Dec. 13, 1965

REGISTRAR'S SIGNATURE: Ruth L. Bruce

25. EMBALMER: Donald Ward | LICENSE NO.: E-80

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5528
Local Reg. No. 140
Reg. Dist. No. 200

BIRTH NO.

RECEIVED DEC 20 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 291 b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 517 East A St.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital 112

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elsie (Eliza)	Ann	Hard	Dec	9	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	widowed 2	Oct 5, 1880	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	01	England	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
E. Brown	England	Unknown	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-58-4434	X Mabelle Hard	517 East A Moscow, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

460X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolyzation — INTERVAL BETWEEN ONSET AND DEATH Dec 9 1965

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Varicose Veins

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death) Eccentric Hypertrophy of Heart Generalized Arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2-13-53, 19__, *to* 12-9-, 1965, *that I last saw the deceased alive on* 12-9-, 1965, *and that death occurred at* 345 a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph G Wilson 567	MD	Moscow, Idaho	12-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-11-1965	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 16, 1965	Ruth L. Bruce	Vonsel Ward	E-380

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: FEB 1 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5529
Local Reg. No. 142
Reg. Dist. No. 200

BIRTH NO.

RECEIVED DEC 20 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH — a. COUNTY: Latah 29 — b. CITY OR TOWN: Moscow — c. LENGTH OF STAY (in this place): 10 days — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 29 — b. COUNTY: Latah — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Deary — d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Al — b. (Middle) Edward — c. (Last) Ruby

4. DATE OF DEATH: (Month) Dec — (Day) 10 — (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: Dec 20, 1908

9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): heavy equip. operator

10b. KIND OF BUSINESS OR INDUSTRY: Construction 01

11. BIRTHPLACE (State or foreign country): Spokane, Wash.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Winsel Ruby — BIRTHPLACE: Germany

52

14. MOTHER'S MAIDEN NAME: Anna Eder — BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 533-03-7342

17. INFORMANT'S OWN SIGNATURE: X Ida Ruby — ADDRESS: Deary, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

162.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Smoking. — ?

19a. DATE OF OPERATION: 8-18-65

19b. MAJOR FINDINGS OF OPERATION: Biopsy-Material from tumor

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-16, 1965, *to* 12-10, 1965, *that I last saw the deceased alive on* 12-10, 1965, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 149 Orval N Dunn MD — **23b. ADDRESS**: Moscow Idaho — **23c. DATE SIGNED**: 12-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 12-13-1965 — **24c. NAME OF CEMETERY OR CREMATORY**: Pinecrest Cemtery — **24d. LOCATION** (City, town, or county) (State): Deary Idaho

DATE REC'D BY LOCAL REG.: Dec. 16, 1965 — **REGISTRAR'S SIGNATURE**: Ruth L. Bruce — **25. EMBALMER**: Arnold Ward — **LICENSE NO.**: E-30

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

DEC 30 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5530
Local Reg. No. 143
Reg. Dist. No. 200

BIRTH NO.

RECEIVED DEC 20 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Latah 290
b. CITY OR TOWN Rural (Princeton)
LENGTH OF STAY (in this place) 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3 Miles North of Princeton 070

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 290
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural (Princeton)
d. STREET ADDRESS (If rural, give location) 3 Miles North of Princeton

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LEE	WILBUR	FRANKLIN	Dec. 11, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	10-25-1888	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Stock Farm 0	Granby County, Missouri	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John C. Franklin	Unknown	Arenettie Jane Mills	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-22-6467	Floyd L. Franklin	Princeton Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 6 Months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease - Years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 1965, *to* Dec, 1965, *that I last saw the deceased alive on* Nov., 1965, *and that death occurred at* 1:45 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D. Z. Adams, M.D	Moscow, Idaho	12/14/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-14-1965	Freeze Cemetery	Latah Co., Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 16, 1965	Ruth L. Bruce	H. E. Kimball	E269

FIRM NAME: Kimball Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5531
Local Reg. No. 145
Reg. Dist. No. 200

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 290 DEC 28 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Herman
b. (Middle): Theodore
c. (Last): Shodene

4. DATE OF DEATH (Month) Dec (Day) 16 (Year) 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: April 19, 1898
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Troy, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Halver Shodene — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Mary Sakrison — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-18-9618
17. INFORMANT'S OWN SIGNATURE: X Norman L. Shodene — ADDRESS: Renton, Wn.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the stomach. — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

151X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-5, 1957 *to* 12-15, 1965, *that I last saw the deceased alive on* 12-15, 1965, *and that death occurred at* 12:16-65 9:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Omer H. Drury 148 (Degree or title) MD
23b. ADDRESS: Troy, Idaho
23c. DATE SIGNED: 12-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-18-1965
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): near Deary Idaho

DATE REC'D BY LOCAL REG.: Dec. 23, 1965
REGISTRAR'S SIGNATURE: Ruth L. Bruce
25. EMBALMER: Donald Ward
LICENSE NO.: E-380

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Short's Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 5532
Local Reg. No. 144
Reg. Dist. No. 200

RECEIVED DEC 28 1965

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 290 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 2 mi. So. of Helmer
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): on Park Road 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): Elemo
b. (Middle): Kieffer
c. (Last): Larson

4. DATE OF DEATH (Month) (Day) (Year): Dec 16 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Aug 11, 1912
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 01
11. BIRTHPLACE (State or foreign country): Genesee, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Hans C. Larson — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-32-6806
17. INFORMANT'S OWN SIGNATURE: X Carol Larson — ADDRESS: Genesee, Idaho

18. CAUSE OF DEATH 919.8
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gunshot wound of chest — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 12
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Country 13
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Helmer, Latah, Idaho 290
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12/16/65 4:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Accidentaly shot self in chest

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 4:00 P.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 583 D. Adams, M.D. Coroner 4
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 12/18/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-20-1965
24c. NAME OF CEMETERY OR CREMATORY: Genesee Valley Cem.
24d. LOCATION (City, town, or county) (State): Genesee Idaho

DATE REC'D BY LOCAL REG.: Dec. 23, 1965
REGISTRAR'S SIGNATURE: Ruth L. Bruce
25. EMBALMER: Donald Ward
LICENSE NO.: E-380

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Short's Chapel

Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should ...rely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record ...n in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 30 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 1 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 15 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

FEB 16 1966

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 3 1966 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5533
Local Reg. No. 146
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 290 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home of Claude McGahn 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Hilma	Alida	Bohman	12	19	65

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	7/18/85	780				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	01	Troy, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew Westberg	Sweden	Charlotta Olsen	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-54-1040	Clyde L Bohman	Troy, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stroke on 11-11-65 — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Auricular fibrillation — Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12-30, 1949, *to* 12-19, 1965, *that I last saw the deceased alive on* 12-19, 1965, *and that death occurred at* 4:45a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Omar A Brunz 148	MD	Troy, Idaho	12-22-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-22-65	Burnt Ridge	Near Troy, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 30, 1965	Ruth L. Bruce	E. Russell Short	E-420

FIRM NAME: Shorts Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5534
Local Reg. No. 147
Reg. Dist. No. 200

Certificate of Death

RECEIVED JAN 3 1966 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 290 3-17
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Potlatch)
c. LENGTH OF STAY (in this place): 17 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 Mile N. W. of Potlatch 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Potlatch)
d. STREET ADDRESS (If rural, give location): 1 Mile N. W. of Potlatch

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle): WAYNE
c. (Last): NORMINGTON

4. DATE OF DEATH (Month) (Day) (Year): Dec. 21, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 12-3-1965
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 17; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 82
10b. KIND OF BUSINESS OR INDUSTRY: None 00
11. BIRTHPLACE (State or foreign country): Colfax, Washington
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: E. D. Normington
BIRTHPLACE: Moscow, Idaho
14. MOTHER'S MAIDEN NAME: Shirley Tinnel
BIRTHPLACE: Potlatch, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: E. Drewey Normington
ADDRESS: Potlatch, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 340.3 Acute meningitis — INTERVAL BETWEEN ONSET AND DEATH: Brief

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute pneumonia — Brief

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 2 P. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. Adams, M.D., Coroner 583
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 12/27/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-22-1965
24c. NAME OF CEMETERY OR CREMATORY: Freeze Cemetery
24d. LOCATION (City, town, or county) (State): Latah County, Idaho

DATE REC'D BY LOCAL REG.: Dec. 30, 1965
REGISTRAR'S SIGNATURE: Ruth L. Bruce
25. EMBALMER: H. E. Kimball
LICENSE NO.: E 269

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Kimball Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5535
Local Reg. No. 148
Reg. Dist. No. 200

BIRTH NO.

RECEIVED
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Latah 290 JAN 3 1966 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Troy
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hiway #99 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 290 b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kendrick
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) CARL c. (Last) WENDT

4. DATE OF DEATH (Month) Dec. (Day) 22 (Year) 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH Oct. 2, 1899

9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY Stock & Grain 01

11. BIRTHPLACE (State or foreign country) Cameron, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charley Wendt
BIRTHPLACE no record

14. MOTHER'S MAIDEN NAME Minnie Brammer
BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518 18 8167

17. INFORMANT'S OWN SIGNATURE Ida Wendt
ADDRESS Kendrick, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Immediate

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-13, 19 60, *to* 10-23, 19 64, *that I last saw the deceased alive on* 10-23, 19 64, *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Omer A Young 148 (Degree or title) M.D.

23b. ADDRESS Troy, Idaho

23c. DATE SIGNED 12-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Dec. 22, 1965

24c. NAME OF CEMETERY OR CREMATORY Cameron Cemetery

24d. LOCATION (City, town, or county) (State) Cameron, Idaho

DATE REC'D BY LOCAL REG. Dec. 31, 1965

REGISTRAR'S SIGNATURE Martha L. Bruce

25. EMBALMER L.E. DeBaun

LICENSE NO. E-295

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 31 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under item 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 5536
Local Reg. No. 149
Reg. Dist. No. 200

BIRTH NO.

RECEIVED JAN 13 1966

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Bureau of Vital Statistics): Rural (Princeton)
c. LENGTH OF STAY (In this place): 53
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 Miles East of Princeton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Princeton)
d. STREET ADDRESS (If rural, give location): 4 Miles East of Princeton

3. NAME OF DECEASED (Type or Print): a. (First) BYRON; b. (Middle) CLARENCE; c. (Last) BUTTERFIELD

4. DATE OF DEATH: (Month) Dec. (Day) 23, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 3-22-1912

9. AGE (In years last birthday): 53
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Stock Farm 01

11. BIRTHPLACE (State or foreign country): Latah County, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Orville C. Butterfield
BIRTHPLACE: Minn.

14. MOTHER'S MAIDEN NAME: Edna F. Johnson
BIRTHPLACE: Harvard, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW2

16. SOCIAL SECURITY NO.: 519-42-3035

17. INFORMANT'S OWN SIGNATURE: Kenneth Butterfield
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4280.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart disease — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug. 3, 1963, *to* Dec. 23, 1965, *that I last saw the deceased alive on* 12-8-, 1965, *and that death occurred at* 8:12 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: D R Adams (Degree or title): M.D.
23b. ADDRESS: Box 402, Moscow, Idaho
23c. DATE SIGNED: 1/1/66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-27-1965
24c. NAME OF CEMETERY OR CREMATORY: Fraternal Cemetery
24d. LOCATION (City, town, or county) (State): Palouse, Washington

DATE REC'D BY LOCAL REG.: Jan. 10, 1966
REGISTRAR'S SIGNATURE: Ruth L. Bruce
25. EMBALMER: H. E. Kimball
LICENSE NO.: E269

FIRM NAME: Kimball Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 1 4 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 1 1966

FEB 8 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 25 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5537
Local Reg. No. 150
Reg. Dist. No. 200

BIRTH NO.

RECEIVED JAN 13 1966 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Genesee
LENGTH OF STAY (in this place) 29 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 290 b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Genesee
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	George	E.	Fox	Dec. 31, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	Jan. 11, 1898	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Service Station Attendant	01	Irene, Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George E. Fox 11	Illinois	Arilla Beebe	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		572122489	X Mrs. C. L. Fucker	Smeltenville, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis, generl — years
DUE TO (c) — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chronic Asthma — years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D. Adams 583, M.D., Coroner	Moscow, Idaho	1/6/66

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 3, 1966	Genesee City Cemetery	Genesee, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 10, 1966	Ruth L. Bruce	E. R. Short	E-420

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

JAN 14 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 5538
Local Reg. No. 151
Reg. Dist. No. 200

BIRTH NO.

RECEIVED JAN 19 1966 Bureau of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah 29
b. CITY OR TOWN: Moscow
c. LENGTH OF STAY IN HOSPITAL OR INSTITUTION (in this place): 3days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 290
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Steve
b. (Middle):
c. (Last): Johann

4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Jan. 14, 1904

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Genesee, Idaho.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Johann
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Catherine Broemeling
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 548-38-2667

17. INFORMANT'S OWN SIGNATURE: Mrs. Joe McLaughlin
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Valvular Cardiac — INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Dyspnea & Insufficiency — yrs

DUE TO (c) Old Rheumatic Fever as a child — yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Uremia

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 16, 1965, *to* Dec 31, 1965, *that I last saw the deceased alive on* Dec 30, 1965, *and that death occurred at* 6:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 490 Philip D. Specht M.D.

23b. ADDRESS: Genesee Idaho

23c. DATE SIGNED: Jan 4, 1966

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE:

24c. NAME OF CEMETERY OR CREMATORY: St Marys Cemetery

24d. LOCATION (City, town, or county) (State): Genesee, Idaho.

DATE REC'D BY LOCAL REG.: Jan. 17, 1966

REGISTRAR'S SIGNATURE: Ruth L. Bruce

25. EMBALMER: V. Vasser

LICENSE NO.: E297

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 5539
Local Reg. No. 690
Reg. Dist. No.

RECEIVED
DEC 24 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi 300
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial (2 days)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 300
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Kenneth 117
b. (Middle): Earl
c. (Last): Brown

4. DATE OF DEATH (Month) (Day) (Year): Dec. 8, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb. 27, 1886
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ranching 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Fort Morgan, Colo.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James K. Brown — BIRTHPLACE: Pendleton, Ore.
14. MOTHER'S MAIDEN NAME: Elizabeth Farnsworth — BIRTHPLACE: Ft. Morgan, Colo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-42-8447
17. INFORMANT'S OWN SIGNATURE: Kenneth M Brown — ADDRESS: Anchorage Alaska

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Emphysema 527.1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: coronary artery disease

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-10, 1961, *to* 12-8, 1965, *that I last saw the deceased alive on* 12-8, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph Johnson 362 MD
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: 12-11-61

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-10-65
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: Dec-20-65
REGISTRAR'S SIGNATURE: Viola E Johnson
25. FUNERAL DIRECTOR: Delbert C Jones — ADDRESS: Salmon, Ida.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Delbert C. Jones Lic. No E369 at Salmon on 12-8-65

ADDITIONAL REMARKS by Physician .....

Certificate of Death

STATE OF IDAHO

State File No. 5540
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED DEC 24 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 300 Lemhi
b. CITY OR TOWN Salmon
c. LENGTH OF STAY (in this place) 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Steele Memorial
117

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 300
b. COUNTY Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Gene
b. (Middle) "A"
c. (Last) Auwen, Sr.

4. DATE OF DEATH (Month) (Day) (Year) Dec. 12, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 4

8. DATE OF BIRTH June 20, 1927

9. AGE (In years last birthday) 38
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) logger 08

10b. KIND OF BUSINESS OR INDUSTRY 02

11. BIRTHPLACE (State or foreign country) New Castle, Oklahoma

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME August J. Auwen
BIRTHPLACE Okla.

14. MOTHER'S MAIDEN NAME Mary Fisher
BIRTHPLACE Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) WW 2 USN

16. SOCIAL SECURITY NO. 517-22-1451

17. INFORMANT'S OWN SIGNATURE Gene A Auwen Jr
ADDRESS Salmon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary artery disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1st, 1960, *to* 12-12, 1965, *that I last saw the deceased alive on* 12-12, 1965, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Bob Johnson 263 (Degree or title) MD

23b. ADDRESS Salmon Idaho

23c. DATE SIGNED 12-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-14-65

24c. NAME OF CEMETERY OR CREMATORY Salmon

24d. LOCATION (City, town, or county) (State) Salmon, Idaho

DATE REC'D BY LOCAL REG. Dec-20-65

REGISTRAR'S SIGNATURE Viola E. Johnson

25. FUNERAL DIRECTOR Delbert C. Jones,
ADDRESS Salmon, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 4 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 17 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

JAN 20 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUL 6 1966

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Delbert C. Jones Lic. No. E369 at Salmon on 12-12-65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 5541
Local Reg. No. 670
Reg. Dist. No.

BIRTH NO.

RECEIVED JAN 3 1966 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 300 Lemhi 3-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
c. LENGTH OF STAY (in this place) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Steele Memorial 117

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 061
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Thelma	Blossom	Quigley	Dec. 17, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Jan. 9, 1905	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
home 01	01	Oaks, North Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Willis P. Cooper	No. Dakota	Grace Colton	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-38-4302	Mrs Robert Horn	Salmon, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	527.1 Emphysema	years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Coronary artery disease	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8-11, 1962, *to* 12-17, 1965, *that I last saw the deceased alive on* 12-17, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert Johnson 263	MD	Salmon Idaho	12 21 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-20-65	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Dec-29-65	Viola E. Johnson	Albert C. Jones	Salmon, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 4 1966

DEC 0 7 1990

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Delbert C. Jones Lic. No. E369 at Salmon on 12-17-65

ADDITIONAL REMARKS by Physician

State File No. 5542
Local Reg. No. 8
Reg. Dist. No. 737

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED DEC 29 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lewis 310
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont
c. LENGTH OF STAY (in this place): minutes 5-05
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway #95 (West Craigmont City Limits)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 310
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winchester, Idaho
d. STREET ADDRESS (If rural, give location): Winchester, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): D. 000
c. (Last): McMillen

4. DATE OF DEATH (Month) (Day) (Year): Nov 5, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: May 21, 1946
9. AGE (In years last birthday): 19yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sawmill 09
10b. KIND OF BUSINESS OR INDUSTRY: Lumber 00
11. BIRTHPLACE (State or foreign country): Cottonwood, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alvin McMillen — BIRTHPLACE: Winchester, Idaho
14. MOTHER'S MAIDEN NAME: Betty Ward. — BIRTHPLACE: Whitebird, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 54 3167
17. INFORMANT'S OWN SIGNATURE — ADDRESS: X Alvin E. McMillen

18. CAUSE OF DEATH 825.4
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Brain Injury — INTERVAL BETWEEN ONSET AND DEATH: Inst

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Skull Fracture
DUE TO (c): Automobile Accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 06
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway #95 13
21c. (CITY, TOWN, OR TOWNSHIP) 310 (COUNTY) (STATE): Craigmont West City Limits Lewis, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 5 1965 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Car Wreck

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE 583 (Degree or title): Philip C. Clovis, Coroner, Lewis County 4
23b. ADDRESS: Craigmont Idaho
23c. DATE SIGNED: 11-8-1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/9/65
24c. NAME OF CEMETERY OR CREMATORY: Craigmont, Idaho
24d. LOCATION (City, town, or county) (State): Craigmont, Idaho

DATE REC'D BY LOCAL REG.: 12/28/65
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR — ADDRESS: Robert Hansen E 433 Grangeville, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 30 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 30 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert R Hansen Lic. No. E 433 at Grangeville on 11/5/65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

BIRTH NO. 65-10478

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 5543
Local Reg. No.
Reg. Dist. No.

JAN 17 1966
Bureau of Vital Statistics

1. PLACE OF DEATH — a. COUNTY: Lewis 310 2-03 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah Ida. — c. LENGTH OF STAY (in this place): 2½ Mo. — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 310 — b. COUNTY: Lewis — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah Ida. — d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print) — a. (First): Sally Ann — b. (Middle): — c. (Last): Walker

4. DATE OF DEATH — (Month): Dec. — (Day): 14 — (Year): 1965

5. SEX: Female

6. COLOR OR RACE: N. P. 3 Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant 12

8. DATE OF BIRTH: Oct. 2, 1965

9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months: 2½ — Days: — IF UNDER 24 HRS.: Hours: — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00

10b. KIND OF BUSINESS OR INDUSTRY: Nil 00

11. BIRTHPLACE (State or foreign country): Grangeville Ida.

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John Walker — BIRTHPLACE: Kamiah Ida.

14. MOTHER'S MAIDEN NAME: Marlene Joy — BIRTHPLACE: Orofino Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Nil

16. SOCIAL SECURITY NO.: Nil

17. INFORMANT'S OWN SIGNATURE: John Walker — ADDRESS: R C Kamiah Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Interstital Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): None

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Philip C. Clavis 582 Coroner, Lewis Co — **23b. ADDRESS**: Craigmont Ida. — **23c. DATE SIGNED**: 1-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Dec 17 1965 — **24c. NAME OF CEMETERY OR CREMATORY**: Kamiah Tribal Cemetery — **24d. LOCATION** (City, town, or county) (State): Kamiah Idaho

DATE REC'D BY LOCAL REG.: 1-11-66 — **REGISTRAR'S SIGNATURE**: Harold L. Pierce

25. EMBALMER: Robert Hanson — LICENSE NO.: E433

FIRM NAME: Hanson Funeral Home, Grangeville Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5544
Local Reg. No. 617
Reg. Dist. No. 43c

BIRTH NO.

RECEIVED
DEC 13 1965
Bureau of Vital Statistics

320

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Woodriver Convalescent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 320
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): OTHELL
b. (Middle): MARIE 240
c. (Last): STRIEGEL

4. DATE OF DEATH: Dec. 6, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 3, 1887
9. AGE (In years last birthday): 78 | IF UNDER 1 YEAR Months: 6 | Days: 3 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Ashland, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Otto Johnson
BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Edward L. Striegel
ADDRESS: Grandview, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis — 4yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* December 1965 *to* 12-6, 1965, *that I last saw the deceased alive on* 12-6, 1965, *and that death occurred at* 2:10 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] MD 386 (Degree or title)
23b. ADDRESS: Box 68 Shoshone Idaho
23c. DATE SIGNED: 12-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-8-1965
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Grandview, Idaho

DATE REC'D BY LOCAL REG.: 12-11-65
REGISTRAR'S SIGNATURE: Francis M. Bergin
25. EMBALMER: Francis M. Bergin
LICENSE NO.: E-463

FIRM NAME: Bergin Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 1 4 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 13 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5545
Local Reg. No. 57
Reg. Dist. No. 6 30

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Madison 33 | DEC 16 1965 | 3-05 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg — LENGTH OF STAY (in this place): 5 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 220 — b. COUNTY: Fremont — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Teton

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

d. STREET ADDRESS (If rural, give location): Box 162

3. NAME OF DECEASED (Type or Print) — a. (First): Alice — b. (Middle): T. 123 — c. (Last): Clark

4. DATE OF DEATH (Month) (Day) (Year): December 2 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	October 9, 1911	54	1	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife 01	-0-	Salt Lake City, Utah	United State

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John R. Thomson	Crossgates, Scotland	Mary Ann Deborah Bird	Mendon, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	----------	518-36-3723	Orey T. Clark	Teton, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hypostatic Pneumonia 3458	3 days
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Respiratory Paralysis due	
DUE TO (c)	Multiple Sclerosis	4 yrs.
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11-28, 1965, *to* Dec 2, 1965, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 8:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O.H. Hansen, MD 233	Rexburg, Idaho	12-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	5 Dec 1965	Teton-Newdale Cemetery	Sugar City, RFD, Madison, Ida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-3-65	Leona Flamm	M.D. Hansen	E-354

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hansen Memorial Chapel
Ha

DUTIES:

DEC 17 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 25 1997

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 17 1998

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5546
Local Reg. No. 58
Reg. Dist. No. 630

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 16 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Madison 331 3-07	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Idaho 260 b. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg; c. LENGTH OF STAY (in this place) 1 week	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewisville
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison County Memorial	d. STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print) a. (First) SANDRA b. (Middle) ESTILE 123 c. (Last) De ROCHE			4. DATE OF DEATH (Month) (Day) (Year) Dec. 4, 1965
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 7 Dec. 1946
9. AGE (In years last birthday) 18	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 77	10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (State or foreign country) Rigby, Idaho.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Clarence A. DeRoche	BIRTHPLACE Idaho	14. MOTHER'S MAIDEN NAME Merle Jackson	BIRTHPLACE Wyoming
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE Clarence A. DeRoche ADDRESS Lewisville, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myelomonocytic leukemia — INTERVAL BETWEEN ONSET AND DEATH 5 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 8, 1965, *to* Dec 4, 1965, *that I last saw the deceased alive on* Dec 4, 1965, *and that death occurred at* 9:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE Blair H. Parkey 409 (Degree or title) M.D.	23b. ADDRESS Rexburg, Idaho.	23c. DATE SIGNED 12-8-65	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7 Dec. 1965	24c. NAME OF CEMETERY OR CREMATORY Little Butte	24d. LOCATION (City, town, or county) (State) Annis Jefferson Idaho.
DATE REC'D BY LOCAL REG. 12-10-65	REGISTRAR'S SIGNATURE Leona Flamm	25. FUNERAL DIRECTOR Bruce A. Eckersell	ADDRESS Rigby, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho. on 4/Dec/1965

ADDITIONAL REMARKS by Physician.....

State File No. 5547
Local Reg. No. 59
Reg. Dist. No. 630

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 16 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison 331
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 331
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MARGARET
b. (Middle): AGNES 123
c. (Last): ARCHIBALD RICKS

4. DATE OF DEATH (Month) (Day) (Year): Dec. 8, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 16, 1876
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Wellsville, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Robert Russell Archibald — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Isabella Watson — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Agnes R. Withers — ADDRESS: Rexburg, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Mesenteric Artery Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Recurrent peptic ulcer — years

570.2

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May, 1957, *to* Dec 8, 1965, *that I last saw the deceased alive on* Dec 8, 1965, *and that death occurred at* 11:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Blaine H Rossiyne 409
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: 12-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/11/65
24c. NAME OF CEMETERY OR CREMATORY: Rexburg
24d. LOCATION (City, town, or county) (State): Rexburg Madison Idaho

DATE REC'D BY LOCAL REG.: 12-8-65
REGISTRAR'S SIGNATURE: Leona Flamm
25. EMBALMER: Kenneth R. Flamm — LICENSE NO. E347

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5548
Local Reg. No. 61
Reg. Dist. No. 630

BIRTH NO.

RECEIVED
JAN 17 1966
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Madison 331 3-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (in this place) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison County Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 260
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Menan
d. STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print)
a. (First) MABLE
b. (Middle) 123
c. (Last) FISHER HART

4. DATE OF DEATH (Month) (Day) (Year) Dec. 8, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2
8. DATE OF BIRTH Sept. 16, 1887
9. AGE (In years last birthday) 78
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker 01
10b. KIND OF BUSINESS OR INDUSTRY Home 01
11. BIRTHPLACE (State or foreign country) Carmen Creek, Idaho.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Oliver Cowdery Fisher
BIRTHPLACE Illinois
14. MOTHER'S MAIDEN NAME Alice Richardson
BIRTHPLACE Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Nellie H. Garner
ADDRESS Rexburg, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage
INTERVAL BETWEEN ONSET AND DEATH 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 27, 1965, *to* Dec 8, 1965, *that I last saw the deceased alive on* Dec 8, 1965, *and that death occurred at* 2:20P m., *from the causes and on the date stated above.*

23a. SIGNATURE Ray G. Mabey 317
(Degree or title) M.D.
23b. ADDRESS 16 S. Center. Rexburg, Ida.
23c. DATE SIGNED 12/11/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 11, 1965
24c. NAME OF CEMETERY OR CREMATORY Little Butte
24d. LOCATION (City, town, or county) (State) Annis Jefferson Idaho.

DATE REC'D BY LOCAL REG. 12-16-65
REGISTRAR'S SIGNATURE Leona Flamm
25. FUNERAL DIRECTOR Bruce A. Eckersell
ADDRESS Rigby, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

FEB 16 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho. on 12/8/1965

ADDITIONAL REMARKS by Physician

Certificate of Death

State File No. 5549
Local Reg. No. 60
Reg. Dist. No. 6-30

BIRTH NO. RECEIVED STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Madison (33) DEC 16 1965
b. CITY OR TOWN: Rexburg
c. LENGTH OF STAY IN THIS PLACE: (000)
d. FULL NAME OF HOSPITAL OR INSTITUTION: Madison Memorial Hospital

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (330)
b. COUNTY: Madison
c. CITY OR TOWN: Rural Teton City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): KATHLEEN
b. (Middle): GRACE (123)
c. (Last): MISSELDINE BIGLER

4. DATE OF DEATH (Month) (Day) (Year): December 10, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married (3)

8. DATE OF BIRTH: Dec. 9, 1905

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher (12)

10b. KIND OF BUSINESS OR INDUSTRY: (01)

11. BIRTHPLACE (State or foreign country): Carlton Nottinghamshire England

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frank Misseldine
BIRTHPLACE: Carlton, England

14. MOTHER'S MAIDEN NAME: Grace F. Lay Lavendon Bucks England
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Justin Bigler
ADDRESS: Teton City, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 1944 *to* Dec 10, 1965, *that I last saw the deceased alive on* Dec 10 1965, *and that death occurred at* 2:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M F Bigler MD
23b. ADDRESS: Rexburg Idaho
23c. DATE SIGNED: Dec. 11 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/13/65
24c. NAME OF CEMETERY OR CREMATORY: Teton-Newdale
24d. LOCATION (City, town, or county) (State): Teton City Madison Idaho

DATE REC'D BY LOCAL REG.: 12-11-65
REGISTRAR'S SIGNATURE: Lena Flamm
25. EMBALMER: Kenneth K Flamm
LICENSE NO.: E347

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Flamm Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5550
Local Reg. No. 62
Reg. Dist. No. 630

Certificate of Death

RECEIVED
JAN 17 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison 331 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital 123

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 330
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Plano
d. STREET ADDRESS (If rural, give location): Rexburg Rt. 2

3. NAME OF DECEASED (Type or Print)
a. (First): HERBERT
b. (Middle): EMILE
c. (Last): PERRENOUD

4. DATE OF DEATH (Month) (Day) (Year): Dec. 13, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 26, 1884
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Chaux-Du-Milieu, Switzerland
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Fritz Emile Perrenoud
BIRTHPLACE: Chauz-Du-Milieu, Switzerland
14. MOTHER'S MAIDEN NAME: Laura Adelle Huguenin Verrieres
BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-40-9020
17. INFORMANT'S OWN SIGNATURE: Leo Perrenoud
ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

422.2

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 year
DUE TO (c) Chronic Nephritis — 6 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1947, *to* Dec 13, 1965, *that I last saw the deceased alive on* Dec 13, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. F. Rigby M.D. 442
23b. ADDRESS: Rexburg Idaho
23c. DATE SIGNED: Dec. 15-1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/17/65
24c. NAME OF CEMETERY OR CREMATORY: Plano
24d. LOCATION (City, town, or county) (State): Plano Madison Idaho

DATE REC'D BY LOCAL REG.: 12-15-65
REGISTRAR'S SIGNATURE: Leona Flamm
25. EMBALMER: Kenneth L. Flamm
LICENSE NO.: C347
FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 19 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5551
Local Reg. No. 63
Reg. Dist. No. 630

Certificate of Death

STATE OF IDAHO

RECEIVED
JAN 17 1966
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Madison 331 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison Memorial Hospital 123

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 330
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sugar City (Rural)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) FONTELLA
b. (Middle) RICKS
c. (Last) DAVIS

4. DATE OF DEATH (Month) (Day) (Year) Dec. 16, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Jan. 29, 1910
9. AGE (In years last birthday) 55 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Sugar City, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alfred Ricks Sr. BIRTHPLACE Logan, Utah
14. MOTHER'S MAIDEN NAME Winnifred Lovina Roberts BIRTHPLACE Malad, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Sylvia D. Hatton ADDRESS Iona, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Breast 170X — INTERVAL BETWEEN ONSET AND DEATH 2 years ago for past 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Bony
DUE TO (c) Metastases

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1963
19b. MAJOR FINDINGS OF OPERATION Ca of Breast (Radical Removal
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1942, *to* Dec 16, 1965, *that I last saw the deceased alive on* Dec. 16, 1965, *and that death occurred at* 12:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE M F Rigby MD (Degree or title) 442
23b. ADDRESS Rexburg Idaho
23c. DATE SIGNED Dec 19-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12/20/65
24c. NAME OF CEMETERY OR CREMATORY Sugar City
24d. LOCATION (City, town, or county) (State) Sugar City, Madison Idaho

DATE REC'D BY LOCAL REG. 12-19-65
REGISTRAR'S SIGNATURE Leona Flamm
25. EMBALMER Kenneth R Flamm
LICENSE NO. E347

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5552 64
Local Reg. No.
Reg. Dist. No. 6 30

RECEIVED
JAN 17 1966
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 33 Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison County Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 260
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby (rural)
d. STREET ADDRESS (If rural, give location) Rte. #2 Box 36

3. NAME OF DECEASED (Type or Print)
a. (First) SELMA
b. (Middle) 128
c. (Last) FELL

4. DATE OF DEATH (Month) (Day) (Year) Dec. 26, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Mar. 20, 1911
9. AGE (In years last birthday) 54
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker 01
10b. KIND OF BUSINESS OR INDUSTRY Home 01
11. BIRTHPLACE (State or foreign country) Garfield, Idaho.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME D. Enoch Danielsen
BIRTHPLACE Sweden
14. MOTHER'S MAIDEN NAME Emma Jeffs
BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Rosey Fell
ADDRESS Rte. #2 Rigby, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1965, *to* Dec 26, 1965, *that I last saw the deceased alive on* Dec 25, 1965, *and that death occurred at* 54 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Lester J Peterson MD M.D.
23b. ADDRESS 51 South Center Rexburg, Idaho.
23c. DATE SIGNED 12-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 29, 1965
24c. NAME OF CEMETERY OR CREMATORY Pioneer
24d. LOCATION (City, town, or county) (State) Rigby Jefferson Idaho

DATE REC'D BY LOCAL REG. 12-31-65
REGISTRAR'S SIGNATURE Leona Flamm
25. FUNERAL DIRECTOR Bruce O. Eckersell
ADDRESS Rigby, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho on 12/26/1965

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5553
Local Reg. No. 65
Reg. Dist. No. 630

RECEIVED JAN 17 1966 Bureau of Vital Statistics

BIRTH NO. 331

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison County Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 260 b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Menan
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print): a. (First) ANNIE b. (Middle) JANETTE 133 c. (Last) TANNER

4. DATE OF DEATH (Month) (Day) (Year): Dec. 28, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 19, 1886
9. AGE (In years last birthday): 79 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher 12
10b. KIND OF BUSINESS OR INDUSTRY: School 01
11. BIRTHPLACE (State or foreign country): Annis, Idaho.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sareene Olson — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Annie Peterson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Adell L Barnes — ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1956, *to* Dec. 28, 1965, *that I last saw the deceased alive on* 12/28, 1965, *and that death occurred at* 5:14 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edson Hall, M.D.
23b. ADDRESS: Rigby, Idaho.
23c. DATE SIGNED: 12/31/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 31, 1965
24c. NAME OF CEMETERY OR CREMATORY: Little Butte
24d. LOCATION (City, town, or county) (State): Annis Jefferson Idaho.

DATE REC'D BY LOCAL REG.: 1-4-66
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: Bruce A Eckersell — ADDRESS: Rigby, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho. on 12/28/1965

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5554
Local Reg. No. 66
Reg. Dist. No. 630

BIRTH NO.

RECEIVED
JAN 17 1966
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Madison 33
b. CITY OR TOWN (If outside corporate limits, write RURAL and give TOWN): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 33
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): East Main

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JACQUELINE	HENNING	JENKINS	December 31, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	October 26, 1930	35				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	01	Nounan, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clarence K. Henning	Richmond, Utah	Vivian Crossley	Nounan, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Doston Davis Jenkins	Rexburg, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

353.3

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation (aspiration) — INTERVAL BETWEEN ONSET AND DEATH: 3-4 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Grand mal seizure — 5 minutes
DUE TO (c) Epilepsy — 35 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May 1, 1953, *to* Dec. 31, 1965, *that I last saw the deceased alive on* Dec. 29, 1965, *and that death occurred at* 1-2:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
537 A C Lyman, M.D.	Rexburg, Idaho	1-3-66

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/3/66	Sugar City	Sugar City Madison Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-3-66	Leona Flamm	Kenneth Flamm	E347

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

v Humphrey

Certificate of Death

STATE OF IDAHO

State File No. 5555
Local Reg. No. 92
Reg. Dist. No. 450

RECEIVED DEC 17 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 340 Minidoka 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert | LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 406 South F Street 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340 b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 1008 Eighth Street

3. NAME OF DECEASED (Type or Print) a. (First) ANDREW b. (Middle) ANTHONY c. (Last) BIEHL

4. DATE OF DEATH (Month) (Day) (Year) December 4, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Caucasian	Widowed 2	July 1, 1887	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Agriculture 01	Audibon, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew F. Biehl	Schleswig Denmark	Anna Marie Wigges Lapenhagen	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-12-7279	Rella Zoerb	Rupert, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) A.S.C.V.D.
DUE TO (c) Age + ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* 12-3-65; 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ben K. Humphrey 253	MD.	Rupert, Idaho	12-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 7, '65	Rupert Cemetery	Rupert, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-13-65	Mary Ellen Carlson	Charles L. Persons	E-494

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 1 7 1987

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 20 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5556
Local Reg. No. 98
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print) a. (First) TERESA b. (Middle) 25 c. (Last) WENTZ

4. DATE OF DEATH (Month) (Day) (Year) December 6, 1965

5. SEX Female

6. COLOR OR RACE Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH July 16, 1880

9. AGE (In years last birthday) 85
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Own Home 01

11. BIRTHPLACE (State or foreign country) Munjor, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Peter Rohr BIRTHPLACE Russia

14. MOTHER'S MAIDEN NAME Elizabeth Sanders BIRTHPLACE Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
(If yes, give war or dates of service) — — — —

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Mary Engbrag ADDRESS Route #1 Rupert Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7948

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Senile debilities — INTERVAL BETWEEN ONSET AND DEATH: Several years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/28/64, 19__, *to* 12/6, 1965, *that I last saw the deceased alive on* 11/29, 1965, *and that death occurred at* 6:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE C F Dalley 127 (Degree or title) MD

23b. ADDRESS 702 G St Rupert Idaho

23c. DATE SIGNED 12/11/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec. 10, '65

24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery

24d. LOCATION (City, town, or county) (State) Rupert, Idaho

DATE REC'D BY LOCAL REG. 12-15-65

REGISTRAR'S SIGNATURE Mary Ellen Karlson

25. EMBALMER Charles L. Persons

LICENSE NO. E-494

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 5557
Local Reg. No. 94
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Minidoka 340 — DEC 28 1965 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert — c. LENGTH OF STAY (in this place): [illegible]
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 906½ Fourth Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 340 — b. COUNTY: Minidoka — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert — d. STREET ADDRESS (If rural, give location): 906½ Fourth Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Robert	Wayne	CARREL	December 8, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Caucasian	Never Married	April 8, 1965		8			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Never Worked 82	- - 60 - -	Portland, Oregon	U.S.A.

13. FATHER'S NAME — BIRTHPLACE	14. MOTHER'S MAIDEN NAME — BIRTHPLACE
Gerald Wesley Carrel - Twin Falls, Idaho	Marion Delores Simpson-Painton, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE — ADDRESS
No	None	Marion D Carrel — Rupert, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation & Burns — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) received when House burned
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	at Home	Rupert - Minidoka County Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Did not See Alive, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert C Walk Coroner	710 Sixth Street, Rupert	12-12-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec 11-65	Rupert Cemetery	Rupert, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-24-65	Mary Ellen Carlson	Robert C Walk	E 294

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Walk Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5558
Local Reg. No. 99
Reg. Dist. No. 45 0

RECEIVED
JAN 6 1966
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka 340 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert (rural)
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 114 East Baseline Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340 b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert (rural)
d. STREET ADDRESS (If rural, give location) 114 East Baseline Road

3. NAME OF DECEASED (Type or Print) a. (First) DOUGLAS b. (Middle) CLARENCE c. (Last) MILLER

4. DATE OF DEATH (Month) (Day) (Year) December 9, 1965

5. SEX Male

6. COLOR OR RACE Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH

9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 06

10b. KIND OF BUSINESS OR INDUSTRY Meat Processing

11. BIRTHPLACE (State or foreign country) Bellevue, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Miller BIRTHPLACE Galesburg, Illinois

14. MOTHER'S MAIDEN NAME Anna Galliger BIRTHPLACE Bellevue, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-14-2407

17. INFORMANT'S OWN SIGNATURE Edwin B Miller ADDRESS Rupert, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-1, 1965, to 12-9, 1965, *that I last saw the deceased alive on* 12-9, 1965, *and that death occurred at* 12 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 255 T. A. Hansard

23b. ADDRESS Rupert, Idaho

23c. DATE SIGNED 12-10-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec. 13, '65

24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery

24d. LOCATION (City, town, or county) (State) Rupert, Idaho

DATE REC'D BY LOCAL REG. 1-4-66

REGISTRAR'S SIGNATURE Mary Ellen Carlson

25. EMBALMER Charles H Persons LICENSE NO. E-494

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5559
Local Reg. No. 96
Reg. Dist. No. 450

BIRTH NO.

RECEIVED
DEC 29 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Minidoka 340
b. CITY OR TOWN Heyburn
c. LENGTH OF STAY (in this place) 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION Route #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN Heyburn
d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print)
a. (First) Mary
b. (Middle) Emma
c. (Last) Winmill

4. DATE OF DEATH (Month) (Day) (Year) Dec. 16, 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH Jan 5, 1912

9. AGE (In years last birthday) 53
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Home 01

11. BIRTHPLACE (State or foreign country) Fremont County, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward Norris
BIRTHPLACE Utah

14. MOTHER'S MAIDEN NAME Nettie Orgil
BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) * * *

16. SOCIAL SECURITY 519-28-8450

17. INFORMANT'S OWN SIGNATURE Francis W. Winmill
ADDRESS Heyburn, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 1-3 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 16, 1965, *to* Dec 16, 1965, *that I last saw the deceased alive on* 10-22-65, *and that death occurred at* 9:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 526 (Degree or title) MD

23b. ADDRESS Burley, Idaho

23c. DATE SIGNED 12-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 2

24b. DATE 12/21/65

24c. NAME OF CEMETERY OR CREMATORY Sugar City Cemetery

24d. LOCATION (City, town, or county) (State) Sugar City, Idaho

DATE REC'D BY LOCAL REG. 12-27-65

REGISTRAR'S SIGNATURE Mary Ellen Carlson

25. EMBALMER [signature]

LICENSE NO. E-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 27 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 22 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 5560
Local Reg. No. 95
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka 340 DEC 28 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Heyburn
c. LENGTH OF STAY (in this place) None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) E. Street RR Crossing

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340 b. COUNTY Minidoka
c. CITY OR TOWN Heyburn
d. STREET ADDRESS (If rural, give location) 1341 21st Street

3. NAME OF DECEASED (Type or Print) a. (First) Nadine b. (Middle) c. (Last) Banner

4. DATE OF DEATH (Month) (Day) (Year) Dec. 17, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH July 27, 1926
9. AGE (In years last birthday) 39 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home 01
11. BIRTHPLACE (State or foreign country) Declo, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Vasco Parke - Albion, Idaho
BIRTHPLACE
14. MOTHER'S MAIDEN NAME Teresa Anderson - Oakley, Idaho
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 348-22-1177
17. INFORMANT'S SIGNATURE John Leslie Banner
ADDRESS Heyburn Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right leg almost severed, left leg badly crushed, extensive internal hemorrhage, fractured skull.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) car train accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Instant

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 10
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) E. Street RR Crossing
21c. (CITY, TOWN, OR TOWNSHIP) 340 (COUNTY) Heyburn Minidoka (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 17 65 11:45 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? car skidded into path of train.

22. *I hereby certify that I attended the deceased from* Did not see alive, 19, *to* , 19, *that I last saw the deceased alive on* , 19, *and that death occurred at* m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert C. Walk (Degree or title) Coroner 4
23b. ADDRESS 710 6th street Rupert
23c. DATE SIGNED 12-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE Dec. 22, 1965
24c. NAME OF CEMETERY OR CREMATORY Declo Cemetery
24d. LOCATION (City, town, or county) Declo, Idaho (State)

DATE REC'D BY LOCAL REG. 12-24-65
REGISTRAR'S SIGNATURE Mary Ellen Barton
25. EMBALMER Robert C. Walk
LICENSE NO. E 294
FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 12 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
JAN 6 1966
BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 5561
Local Reg. No. 10 1
Reg. Dist. No. 4 5 0

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Minidoka 340
b. CITY OR TOWN Rupert
c. LENGTH OF STAY (in this place) 4 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340 b. COUNTY Minidoka
c. CITY OR TOWN Rupert
d. STREET ADDRESS (If rural, give location) 914 5th street

3. NAME OF DECEASED (Type or Print) a. (First) Josephine b. (Middle) C 125 c. (Last) Redford

4. DATE OF DEATH (Month) (Day) (Year) Dec 21 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Mar 11 1889
9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Panaca Nevada
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME BIRTHPLACE Christin Peter Ronnow--Denmark
14. MOTHER'S MAIDEN NAME BIRTHPLACE Amelia Taurine Hansen--Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE George E Redford ADDRESS Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 904.9 Myocardial . Senility.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fractured st hip.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION Nov 1965
19b. MAJOR FINDINGS OF OPERATION Fractured st hip. This was nailed
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT XX SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 01 Home
21c. (CITY, TOWN, OR TOWNSHIP) 340 Rupert (COUNTY) Minidoka (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-23-65 7:00p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 365 MD
23b. ADDRESS Buhl, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-23-65
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) Rupert (State) Idaho

DATE REC'D BY LOCAL REG. 1-4-66
REGISTRAR'S SIGNATURE Mary Ellen Carlson
25. EMBALMER Charles L Parsons
LICENSE NO. E-494
FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

JAN 28 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 27 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5562
Local Reg. No. 97
Reg. Dist. No. 450

RECEIVED DEC 29 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 340 Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Paul
c. LENGTH OF STAY (in this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway # 25 ½ mile W. of Paul

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 340
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
d. STREET ADDRESS (If rural, give location): Rt. #2

3. NAME OF DECEASED (Type or Print)
a. (First): Ronald
b. (Middle): Lee
c. (Last): Burgess

4. DATE OF DEATH: (Month) Dec (Day) 22, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Nov. 22, 1949

9. AGE (In years last birthday): 16
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 77

10b. KIND OF BUSINESS OR INDUSTRY: High School 02

11. BIRTHPLACE (State or foreign country): Burley, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Melrose Lloyd Burgess
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Berniece Stephens
BIRTHPLACE: Burley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service) * *

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Melrose L Burgess
ADDRESS: Paul, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Skull Fracture and internal injuries — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auto accident car skidded and hit concrete bridge
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

819.4

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): on hiway

21c. (CITY, TOWN, OR TOWNSHIP) 340 **(COUNTY)** Paul Minidoka **(STATE)** Idaho

21d. TIME OF INJURY (Month) Dec (Day) 22 (Year) 65 (Hour) 8 A.M.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Car skidded on icy road and hit concrete bridge

22. *I hereby certify that I attended the deceased from* Did not see alive, 19—, to —, 19—, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* — m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert A Welk 583 (Degree or title): Coroner 4

23b. ADDRESS: 710 6th street Rupert Idaho

23c. DATE SIGNED: 12-24-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/27/65

24c. NAME OF CEMETERY OR CREMATORY: Paul Cemetery

24d. LOCATION (City, town, or county) (State): Paul, Idaho

DATE REC'D BY LOCAL REG.: 12-27-65

REGISTRAR'S SIGNATURE: Mary Ellen Carlson

25. EMBALMER: [signature]
LICENSE NO.: E 389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5563
Local Reg. No. 102
Reg. Dist. No. 450

BIRTH NO.

RECEIVED JAN 6 1966 Bureau of Vital Statistics

1. PLACE OF DEATH — a. COUNTY Minidoka 340 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert — LENGTH OF STAY (in this place) 24 hours

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE Idaho 340 — b. COUNTY Minidoka — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hospital

d. STREET ADDRESS (If rural, give location) 1146 Link Street

3. NAME OF DECEASED (Type or Print) — a. (First) FLORENCE — b. (Middle) 125 — c. (Last) MATHEWS

4. DATE OF DEATH — (Month) (Day) (Year) December 25, 1965

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: August 21, 1893

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01

11. BIRTHPLACE (State or foreign country): Birmingham, Alabama

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown — BIRTHPLACE: Alabama

14. MOTHER'S MAIDEN NAME: unknown Wilson — BIRTHPLACE: Alabama

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-60-7807

17. INFORMANT'S OWN SIGNATURE: Rex Mathews — ADDRESS: Rupert, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovecular Accident — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriolar sclerosis — Not Known

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertensive Cardiovascular disease; Fracture Jaw right; Fracture of Zygomatic Process left

331X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/24, 1965, *to* 12/25, 1965, *that I last saw the deceased alive on* 12/25, 19 65, *and that death occurred at* 9:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C J Walker — (Degree or title) M D — 23b. ADDRESS: Rupert Idaho — 23c. DATE SIGNED: 1/4/66

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3 — 24b. DATE: Dec. 27, 1965 — 24c. NAME OF CEMETERY OR CREMATORY: Huston Texas — 24d. LOCATION (City, town, or county) (State): Huston, Texas

DATE REC'D BY LOCAL REG.: 12-27-65 — REGISTRAR'S SIGNATURE: Mary Ellen Barbour — 25. EMBALMER: Robert Walk — LICENSE NO.: E-294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr Hunt

Certificate of Death

STATE OF IDAHO

State File No. 5564
Local Reg. No. 103
Reg. Dist. No. 450

RECEIVED JAN 6 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. STATE OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Roberts Nursing Home 229

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 340
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 213 Linden Street

3. NAME OF DECEASED (Type or Print)
a. (First): Estella
b. (Middle): Elizabeth
c. (Last): Barnes

4. DATE OF DEATH (Month) (Day) (Year): December 26, 1965

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: October 5, 1896
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Cherokee Co., Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William A. Simmers — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Mary Alice Rice — BIRTHPLACE: Alta, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - - -
16. SOCIAL SECURITY NO.: 519-24-2900
17. INFORMANT'S OWN SIGNATURE: Lawrence R. Barnes — ADDRESS: Billings, Mont.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1965, *to* Dec 26, 1965, *that I last saw the deceased alive on* 12-26, 1965, *and that death occurred at* 11 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 255 T. A. Hunt MD
23b. ADDRESS: Rupert, Idaho
23c. DATE SIGNED: 1-3-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 30, 1965
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert, Idaho

DATE REC'D BY LOCAL REG.: 1-4-66
REGISTRAR'S SIGNATURE: Mary Ellen Carlson
25. EMBALMER: Charles H Persons
LICENSE NO.: E-494

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Walk Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 5 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 19 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 4 1969

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5565
Local Reg. No. 78
Reg. Dist. No. 450

Certificate of Death

RECEIVED
JAN 5 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 340
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 340
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 118 2nd Street

3. NAME OF DECEASED (Type or Print)
a. (First): Jospeph
b. (Middle): Chester 125
c. (Last): Anderson

4. DATE OF DEATH (Month) (Day) (Year): Dec. 26, 1965

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 27, 1887
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 2, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Oakley, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John A. Anderson, — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Annie Berg — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): = = = =
16. SOCIAL SECURITY NO.: 530-05-2196
17. INFORMANT'S OWN SIGNATURE: Ruth Senere — ADDRESS: 801 D St. Rupert

18. CAUSE OF DEATH 794X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): General Senile Deterioration — INTERVAL BETWEEN ONSET AND DEATH: Not known

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Congestive heart failure
Deafness
Developing Cataracts

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to* Dec 26, 1965, *that I last saw the deceased alive on* Dec 26, 1965, *and that death occurred at* 10:20 Am., *from the causes and on the date stated above.*

23a. SIGNATURE 127 A F Dalley (Degree or title) M D
23b. ADDRESS: 702 G St Rupert Idaho
23c. DATE SIGNED: 12/27/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 12-29-65
24c. NAME OF CEMETERY OR CREMATORY: Oakley Cemetery
24d. LOCATION (City, town, or county) (State): Oakley, Idaho

DATE REC'D BY LOCAL REG.: 1-3-66
REGISTRAR'S SIGNATURE: Mary Ellen Carlson
25. EMBALMER: Ormand F Burch
LICENSE NO.: E-471

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MC CULLOCH FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 2 6 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr Stovall

Certificate of Death

STATE OF IDAHO

State File No. 5566
Local Reg. No. 2
Reg. Dist. No. 450

BIRTH NO.

RECEIVED
JAN 10 1966
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 115 No. Second St. West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 340
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
d. STREET ADDRESS (If rural, give location): 115 North Second Street West

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): 000
c. (Last): Zimmerman

4. DATE OF DEATH (Month) (Day) (Year): December 27, 1965

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: January 13, 1889
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Odessa, Russia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Fredrick Wakanhute — BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: Anna Schelzski - Burchark, So. Russia — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - - -
16. SOCIAL SECURITY NO.: 518-46-4960
17. INFORMANT'S OWN SIGNATURE: Albert Meyer — ADDRESS: Paul, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: undet

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-21-, 1961, *to* 12-7-, 1965, *that I last saw the deceased alive on* 12-7-, 1965, *and that death occurred at* 8. *m., from the causes and on the date stated above.*

23a. SIGNATURE 506 (Degree or title): Robert M Stovall Jr MD
23b. ADDRESS: Paul, Idaho
23c. DATE SIGNED: 12/31/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 31, 1965
24c. NAME OF CEMETERY OR CREMATORY: Paul Cemetery
24d. LOCATION (City, town, or county) (State): Paul, Idaho

DATE REC'D BY LOCAL REG.: 1-6-66
REGISTRAR'S SIGNATURE: Mary Ellen Carlson
25. EMBALMER: Robert C Walk — LICENSE NO. E 294

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Walk Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5567
Local Reg. No. 2
Reg. Dist. No. 450

Certificate of Death

RECEIVED
JAN 1 0 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 340 3-04
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (In this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paul
d. STREET ADDRESS (If rural, give location) Rt. #2 Box 72

3. NAME OF DECEASED (Type or Print)
a. (First) Willard
b. (Middle) Loveland 125
c. (Last) Gibbs

4. DATE OF DEATH (Month) (Day) (Year) Dec. 28, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH May 7, 1898
9. AGE (In years last birthday) 67
IF UNDER 1 YEAR Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Lago, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Gibbs
BIRTHPLACE Brigham City, Utah
14. MOTHER'S MAIDEN NAME Nancy Loveland
BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) W.W. 1 3
16. SOCIAL SECURITY NO. 518-42-6384
17. INFORMANT'S OWN SIGNATURE John T. Gibbs, O.D.
ADDRESS Jobele, Utah

18. CAUSE OF DEATH 527.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: Several weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Severe advanced chronic pulmonary emphysema — many years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 3, 1960, *to* Dec 28, 1965, *that I last saw the deceased alive on* Dec 28, 1965, *and that death occurred at* 3:40 pm., *from the causes and on the date stated above.*

23a. SIGNATURE 127 A F Dalley (Degree or title) MD
23b. ADDRESS 702 G. Street, Rupert, Idaho
23c. DATE SIGNED 1-4-66

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/3/1966
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert, Idaho

DATE REC'D BY LOCAL REG. 1-7-66
REGISTRAR'S SIGNATURE Mary Ellen Carlson
25. EMBALMER J. Garth Payne
LICENSE NO. E389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 11 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 26 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr A. F. Dalley.

Certificate of Death

STATE OF IDAHO

State File No. 5568
Local Reg. No. 100
Reg. Dist. No. 45

RECEIVED JAN 6 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka 340 1-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) one year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 814 4th street Rupert Idaho

3. NAME OF DECEASED (Type or Print)
a. (First) Christina
b. (Middle) 125
c. (Last) Schenk

4. DATE OF DEATH (Month) (Day) (Year) Dec 29 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Feb 18 1886
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Menno South Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Andrew Hehn Sr. — BIRTHPLACE Poland
14. MOTHER'S MAIDEN NAME Louise Quast — BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Victor Schenk — ADDRESS Paul, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH few minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) arteriolar sclerosis. — Not known
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* chronic cholecystitis

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to* Dec 29, 1965, *that I last saw the deceased alive on* Dec 29, 1965, *and that death occurred at* 10:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE A F Dalley 127 (Degree or title) MD
23b. ADDRESS 702 G St Rupert Idaho
23c. DATE SIGNED 1/4/66

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan 3 1966
24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery
24d. LOCATION (City, town, or county) (State) Heyburn Idaho

DATE REC'D BY LOCAL REG. 1-4-66
REGISTRAR'S SIGNATURE Mary Ellen Carlson
25. EMBALMER Charles L. Persons — LICENSE NO. E-494

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Walk Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5569
Local Reg. No. 4
Reg. Dist. No. 450

Certificate of Death

RECEIVED
JAN 10 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ******

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 340
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
d. STREET ADDRESS (If rural, give location): ******

3. NAME OF DECEASED (Type or Print)
a. (First): Amos
b. (Middle): Azariah
c. (Last): Jordan

4. DATE OF DEATH (Month) (Day) (Year): Dec. 31, 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: July 25, 1898
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 91
10b. KIND OF BUSINESS OR INDUSTRY: 03 ******
11. BIRTHPLACE (State or foreign country): Ambia, Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME / BIRTHPLACE: Thomas Vincent Jordan - Tepnoe, Ind.
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Bertha Robertson, Warren Co., Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 518-14-1040
17. INFORMANT'S OWN SIGNATURE: Amos A. Jordan — ADDRESS: West Point, New York

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertensive cardiovascular disease. — 1½ years
DUE TO (c): Essential hypertension [by history.] — 10 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-7, 1964, *to* 12-10, 1965, *that I last saw the deceased alive on* 12-10, 1965 *and that death occurred at* 7:25A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 120 E. Hutter MD
23b. ADDRESS: 135 West 13th St. Burley, Idaho
23c. DATE SIGNED: 1-4-66

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 1-4-66
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Heyburn, Idaho

DATE REC'D BY LOCAL REG.: 1-7-66
REGISTRAR'S SIGNATURE: Mary Ellen Carlson
25. EMBALMER: [signature]
LICENSE NO.: E-389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JAN 11 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 13 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5570
Local Reg. No. 280
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nezperce 351 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kenterville 1 mi West
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Evelyn
b. (Middle): Marie
c. (Last): Enneking

4. DATE OF DEATH (Month) Dec (Day) 4 (Year) 65

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Nov 9 1926
9. AGE (In years last birthday): 39 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Kenterville, Idaho
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Alvin Bensching — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Clara Entrup — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 534 26 0304
17. INFORMANT'S OWN SIGNATURE: Vincent Enneking — ADDRESS: Kenterville

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chemical peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rupture Duodenum — 36 hrs.
DUE TO (c) automobile collision — 36 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

816.4

19a. DATE OF OPERATION: 12-3-65
19b. MAJOR FINDINGS OF OPERATION: chemical peritonitis near marked, rupture and portion duodenum forever
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): road 04
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13 Lewiston Nez perce 351 Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? auto collision

22. *I hereby certify that I attended the deceased from* 12-3, 1965, *to* 12-4, 1965, *that I last saw the deceased alive on* 12-4, 1965, *and that death occurred at* 1038 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: John F. Barnes 028 (Degree or title) M.D.
23b. ADDRESS: 341 St. Johns way, Lewiston, Idaho
23c. DATE SIGNED: 12-1-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 7 1965
24c. NAME OF CEMETERY OR CREMATORY: Kenterville,
24d. LOCATION (City, town, or county) (State): Kenterville, Idaho

DATE REC'D BY LOCAL REG.: 12-10-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. FUNERAL DIRECTOR: Arthur Uhlorn — ADDRESS: Cottonwood, Ida

Uhlorn Funeral Home

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

JUL 24 1969

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Cletus A. Uhlorn Lic. No. E 421 at Cottonwood on Dec 5 65

ADDITIONAL REMARKS by Physician

State File No. 5571
Local Reg. No. 284
Reg. Dist. No. 220

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY NezPerce 351 DEC 22 1965 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston Bureau of Vital Statistics
c. LENGTH OF STAY (In this place) DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 351
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 1712 - 12th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) ROLAND
b. (Middle) PALMER
c. (Last) O'NEIL

4. DATE OF DEATH (Month) Dec. (Day) 5, (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH April 25, 1892
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner-Operator 74
10b. KIND OF BUSINESS OR INDUSTRY Mattress Factory 09
11. BIRTHPLACE (State or foreign country) Penna.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME NO RECORD
BIRTHPLACE NO RECORD
14. MOTHER'S MAIDEN NAME NO RECORD
BIRTHPLACE NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO RECORD
16. SOCIAL SECURITY NO. 567 38 8519
17. INFORMANT'S OWN SIGNATURE Miss Lois Grace Page
ADDRESS Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

795.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown - died suddenly at home in bathroom. Fell into dry tub but no signs of injury.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 19 *, to* _____, 19__, *that I last saw the deceased alive on* 3 *, 19*65*, and that death occurred at* 4:30PM *m., from the causes and on the date stated above.*

Face not attended him except to pronounce him

23a. SIGNATURE L M Eastwood MD 152 (Degree or title)
23b. ADDRESS Lewiston Idaho
23c. DATE SIGNED 12-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 9, 1965
24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. 12-13-65
REGISTRAR'S SIGNATURE Mildred Hughes
25. EMBALMER L. E. DeBaun
LICENSE NO. E-295

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5572
Local Reg. No. 285
Reg. Dist. No. 220

BIRTH NO.

RECEIVED

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY Nez Perce 35 | DEC 22 1965 | 3-21
b. CITY OR TOWN Lewiston
c. LENGTH OF STAY IN (this place) 3 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 35 | b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 315 - 16th Ave.

3. NAME OF DECEASED (Type or Print) a. (First) EVA | b. (Middle) WILHELMINA [Minnie] | c. (Last) KENWORTHY

4. DATE OF DEATH (Month) Dec. (Day) 6, (Year) 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH Aug. 12, 1902

9. AGE (In years last birthday) 63 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Own Home 01

11. BIRTHPLACE (State or foreign country) Tamarack, Minnesota

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William O. Wiberg | BIRTHPLACE Sweden

14. MOTHER'S MAIDEN NAME Mary Johnson | BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518 46 6833

17. INFORMANT'S OWN SIGNATURE Ralph E. Kenworthy | ADDRESS Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Toxic Hepatitis & Necrosis | Interval between onset and death: 2 days
Etiology Undetermined
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 12-6-65

19b. MAJOR FINDINGS OF OPERATION No bile duct obstruction. Generalized jaundice & disseminated fatty degeneration of liver.

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-17, 1965 *to* 12-6, 1965, *that I last saw the deceased alive on* 12-6, 1965, *and that death occurred at* 10:15 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE Ralph E. Kenworthy | (Degree or title) MD | **23b. ADDRESS** Lewiston Idaho | **23c. DATE SIGNED** 12-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | **24b. DATE** 9 Dec. 1965 | **24c. NAME OF CEMETERY OR CREMATORY** Normal Hill Cemetery | **24d. LOCATION** (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. 12-13-65 | REGISTRAR'S SIGNATURE Mildred Hughes | **25. EMBALMER** L. E. DeBoer | LICENSE NO. E-295

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAR 4 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5573
Local Reg. No. 286
Reg. Dist. No. 220

BIRTH NO.

RECEIVED DEC 22 1965 Bureau of Vital Statistics

351 3-01

1. PLACE OF DEATH
a. COUNTY: Nezperce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF DEATH (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 310
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
d. STREET ADDRESS (If rural, give location): Kamiah

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): A
c. (Last): CHITWOOD

4. DATE OF DEATH (Month) (Day) (Year): DEC. 7 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 27, 1898
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logging 08
10b. KIND OF BUSINESS OR INDUSTRY: Lumber 02
11. BIRTHPLACE (State or foreign country): Kirksville, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jim Chitwood — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown Stockton — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518 14 6923
17. INFORMANT'S OWN SIGNATURE: X Mrs John Chitwood — ADDRESS: Kamiah, Ida.

18. CAUSE OF DEATH 241X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial failure Cor Pulmonale — INTERVAL BETWEEN ONSET AND DEATH: 6 ms

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Emphysema — 5 yrs.
DUE TO (c): Bronchial Asthma — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1st, 1965, *to* Dec 7th, 1965; *that I last saw the deceased alive on* Dec 7th, 1965, *and that death occurred at* 11 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 022 Jacob E Boehl Md
23b. ADDRESS: 1522 17th St Lewiston Idaho
23c. DATE SIGNED: 12/16/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Entombment
24b. DATE: 12/10/1965
24c. NAME OF CEMETERY OR CREMATORY: Crest View Mossolieum
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 12-16-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. FUNERAL DIRECTOR: Robert R Hanson E433 — ADDRESS: Grangeville Ida

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

FEB 2 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert L Hansen Lic. No E 433 at Kamiah on 12/7/65

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 5574
Local Reg. No. 289
Reg. Dist. No. 220

RECEIVED

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce — 351 DEC 22 1965 — 3-01
b. CITY OR TOWN: Lewiston
c. LENGTH OF STAY (in this place): 1 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 48 Washington — b. COUNTY: 555 Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 1238 12th.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ROBERT		MEYER	December 7, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	January 10, 1865	100				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home Builder 01	Housing 01	Mishicot, Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
UNKNOWN		UNKNOWN	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	539-22-1609	Neva Brandt	Clarkston Wash.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF BLADDER — INTERVAL BETWEEN ONSET AND DEATH: 1 YEAR

ANTECEDENT CAUSES — SUSPECT

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) NOT PROVEN

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* DEBILITY OF OLD AGE

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1 DEC, 19 65, *to* 7 DEC, 19 65, *that I last saw the deceased alive on* 7 DEC, 19 65, *and that death occurred at* 9:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] MD	307 St Johns Way	14 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 2	12-10-1965	Vineland Cemetery	Clarkston, Washington

DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-17-65	Mildred Hughes	Patrick Mahoney	E-492

FIRM NAME: MERCHANT FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 22 1965

SEP 9 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5575
Local Reg. No. 297
Reg. Dist. No. 220

RECEIVED
JAN 6 1966
BUREAU OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (In this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence - 3620 - 20th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 35
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 3620 - 20th Street

3. NAME OF DECEASED (Type or Print) a. (First) MABEL b. (Middle) LILLIAN c. (Last) PETERSON

4. DATE OF DEATH (Month) Dec. (Day) 8, (Year) 1965

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH May 22, 1893

9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Own Home 01

11. BIRTHPLACE (State or foreign country) Deary, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Anderson
BIRTHPLACE Sweden

14. MOTHER'S MAIDEN NAME Ada Brating
BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Mabel L. Peterson ADDRESS Lewiston, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Tamponade — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Dissecting aortic aneurysm — 1 hr.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Abdominal aortic aneurysm. — 3-4 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June. 1956 *to* Dec. 1965, *that I last saw the deceased alive on* Dec 2. 1965; *and that death occurred at* 6 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert L. Stern 496 (Degree or title) M.D.

23b. ADDRESS Lewiston Ida

23c. DATE SIGNED 12 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec. 11, 1965

24c. NAME OF CEMETERY OR CREMATORY Lewis-Clark Memo. Gar.

24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. 12-27-65

REGISTRAR'S SIGNATURE Mildred Hughes

25. EMBALMER L.E. DeBaun

LICENSE NO. E-295

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Information, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 7 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5576
Local Reg. No. 281
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 22 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ne z Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hap's rest home 217

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 617A Lindsay Creek Road

3. NAME OF DECEASED (Type or Print)
a. (First): Allie
b. (Middle): M.
c. (Last): Hersey

4. DATE OF DEATH (Month) (Day) (Year): December 9, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: August 6, 1866
9. AGE (In years last birthday): 99 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: at home 01
11. BIRTHPLACE (State or foreign country): Rideout, Illinois
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME / BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Jim Hersey — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Infirmities of age
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 4:00 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wilfred J. Duclos 583 coroner 4
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): burail
24b. DATE: Dec. 11, 1965
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 12-10-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: Andrew F. Vassar
LICENSE NO.: E315

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5577
Local Reg. No. 282
Reg. Dist. No. 220

RECEIVED
DEC 22 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
STAY (in this place): 1 wk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 3119 - 7th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	HATTIE	MABEL	PITTMAN	DEC.	9	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Sept. 22, 1879	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home 01	Shelby, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Nathanal Palmer	no record	Alice Crumet	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		no record	Mrs. Albert Hufford	Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 Week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery Insufficiency
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Infirmities of age

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* February 1958 *to* Dec. 9, 1965, *that I last saw the deceased alive on* Dec. 9, 1965, *and that death occurred at* 2:45 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R-00507 Stover, M.D.	939 Bryden Ave., Lewiston, Idaho	12/11/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Dec. 13, 1965	I.O.O.F. Cemetery	Milton Freewater, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-13-65	Mildred Hughes	L. E. DeBaun	E-295

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5578
Local Reg. No. 2878
Reg. Dist. No. 220

RECEIVED DEC 22 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
Bureau of Vital Statistics
c. LENGTH OF STAY IN (this place): 2 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1030 Burrell

3-14

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	ROBERT	LONGSTAF	INGHRAM	Dec.	9	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	Sept 23 1868	97				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Stock & Grain 01	Bancor, Maine	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
No record		Eliza Small	No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	No record	Ethel Alton	Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

610X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prostatic Hypertrophy

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 97 year old Infirmities of Age

INTERVAL BETWEEN ONSET AND DEATH
(a) 1 wk.
(b) Unknown.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES XX NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec 1st 19 65, to Dec 9, 19 65, *that I last saw the deceased alive on* Dec 9, 19 65, *and that death occurred at* 6:50 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph E Bardsley MD	152 - 17th St Lewiston	12/12/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 14, 1965	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-17-65	Mildred Hughes	L.E. DeBaun	E-295

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 5579
Local Reg. No. 287
Reg. Dist. No. 220

BIRTH NO.

RECEIVED STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35 — DEC 22 1965 — 2-11
b. CITY OR TOWN: Lewiston — Bureau of Vital Statistics
c. LENGTH OF STAY (In this place): 11 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewiston Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 310 — b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CARL	FRANKLIN 312	BUCKMASTER	Dec. 9, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	No record 0	Oct. 3, 1897	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Scaler 08	Logging 02	Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
No Record	No Record	No Record	No Recore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No Record	No Record	Nursing Home Records	Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: Jan 1963

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2/8/63	Bladder Neck Obstruction	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 14 Dec, 1963 *to* 9 Dec, 1965, *that I last saw the deceased alive on* 15 Oct, 1965, *and that death occurred at* 1:42 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. R. Scott M.D.		Lewiston, Idaho	15 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	Dec. 15, 1965	Kamiah City Cemetery	Kamiah, LewisCo., Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-16-65	Mildred Hughes	L. E. DeBaun	E-295

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5580
Local Reg. No. 291
Reg. Dist. No. 220

RECEIVED
DEC 28 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 21 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1126 3rd. Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1126 3rd. Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARGARET		WAGNER	December 10 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	May 15, 1880	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homekeeper 01	Homekeeping 01	Sutterland, North Carolina	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alexander Rominger	North Carolina	Salvina K. Norris	North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		NONE	Wiley Wagner	Lewiston, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION — 433.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident (Thrombosis) — INTERVAL BETWEEN ONSET AND DEATH: 5 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular fibrillation.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4 Nov. *, 1965, to* 10 Dec. *, 1965, that I last saw the deceased alive on* 8 Dec. *, 1965, and that death occurred at* 7:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
B C Stein 496	MD	Lewiston Idaho	15 Dec. 65.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	12-13-1965	Vineland Cemetery	Clarkston, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-20-65	Mildred Hughes	Patrick Mahoney	E-142

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: MERCHANT FUNERAL HOME-CLARKSTON

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5581
Local Reg. No. 298
Reg. Dist. No. 220

RECEIVED
Bureau of Vital Statistics
JAN 6 1966

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: NezPerce 35 1 — JAN 6 1966 4-12
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY IN HOSPITAL (Institution): 12 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35 1
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 706 - 6th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) JACK; b. (Middle); c. (Last) EGENES

4. DATE OF DEATH: (Month) Dec. (Day) 14 (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED

8. DATE OF BIRTH: Dec. 2, 1893

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger 08

10b. KIND OF BUSINESS OR INDUSTRY: 07 Lumbering

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY?: No Record

13. FATHER'S NAME: No Record — BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No Record

16. SOCIAL SECURITY NO.: No Record

17. INFORMANT'S OWN SIGNATURE: Dana Baach — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer of Rectum Operation — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 8 1965 *to* Dec 14 1965, *that I last saw the deceased alive on* Dec 14 1965, *and that death occurred at* 6:10 am *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph E Baird MD

23b. ADDRESS: 1522 17th St City

23c. DATE SIGNED: 12/17/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 16, 1965

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 12-27-65

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: L.E. DeBaun — LICENSE NO.: E-295

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RE

Certificate of Death

STATE OF IDAHO

State File No. 5582
Local Reg. No. 298
Reg. Dist. No. 220

BIRTH NO.

DEC 28 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce 350
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Lewiston (Rural)
c. LENGTH OF STAY (in this place): 8 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchard Nursing Home-Lewiston

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 511 7th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Park
b. (Middle): Lewis 174
c. (Last): Day

4. DATE OF DEATH (Month) (Day) (Year): December 15, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Feburary 19, 1872

9. AGE (In years last birthday): 93
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37

10b. KIND OF BUSINESS OR INDUSTRY: Construction 06

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Day
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Marion Aldrich
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 507-22-6755

17. INFORMANT'S OWN SIGNATURE: Mrs. Lois Darley daughter
ADDRESS: 1432 Burrell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4918

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia
INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan., 1950, *to* 12-15-, 1965, *that I last saw the deceased alive on* 12-15-, 1965, *and that death occurred at* 12:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 12-15-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 2
24b. DATE: Dec. 15, 1965
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 12-20-65
REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: Myron E. Krumm Spokane, Wn.
LICENSE NO.: * * * *

FIRM NAME: Ball & Dodd Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-69021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5583
Local Reg. No. 299
Reg. Dist. No. 220

RECEIVED
JAN 6 1966
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Josephs 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 634 Bryden

3. NAME OF DECEASED (Type or Print)
a. (First): Theresa
b. (Middle):
c. (Last): Grieser

4. DATE OF DEATH (Month) (Day) (Year): Dec 15 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Sept 12, 1873
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): New Ulm, Minn.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Baumgartner — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Martin Grieser — ADDRESS: Genesee, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Calcific Aortic VALVE Disease — Yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 27, 1960, *to* Dec 15, 1965, *that I last saw the deceased alive on* Dec 14, 1965, *and that death occurred at* 8:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John Armstrong 013 M.D.
23b. ADDRESS: 307 St Johns Way Lewiston Idaho
23c. DATE SIGNED: 12/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-18-1965
24c. NAME OF CEMETERY OR CREMATORY: Genesee Catholic Cem.
24d. LOCATION (City, town, or county) (State): Genesee Idaho

DATE REC'D BY LOCAL REG.: 12-27-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: Donald Ward — LICENSE NO.: E-380

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Short's Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out-certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 29 2010

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5584
Local Reg. No. 310
Reg. Dist. No. 220

Certificate of Death

RECEIVED
JAN 17 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (in this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchard Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Martha
b. (Middle):
c. (Last): Rach

4. DATE OF DEATH (Month) (Day) (Year): Dec 15 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 1
8. DATE OF BIRTH: Dec 12, 1887
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): homemaker 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Waverly, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: August Rach — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Emily Wolgast — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Libby Harris — ADDRESS: Genesee, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive CVD — yrs
DUE TO (c) Genl Arteriosclerosis — yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1955 *to* Dec 15, 1965, *that I last saw the deceased alive on* 10-9, 1965 *and that death occurred at* 6:35p *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): 498
23b. ADDRESS: Genesee Idaho
23c. DATE SIGNED: Jan 4, 1966

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-20-1965
24c. NAME OF CEMETERY OR CREMATORY: Genesee Lutheran Cem.
24d. LOCATION (City, town, or county): Genesee — (State): Idaho

DATE REC'D BY LOCAL REG.: 1-11-66
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: Donald Ward — LICENSE NO.: E-380

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Short's Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5585
Local Reg. No. 300
Reg. Dist. No. 220

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 JAN 6 1966 4-11
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 11 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1128 Cedar

3. NAME OF DECEASED (Type or Print)
a. (First): HELEN
b. (Middle): MINERVA
c. (Last): RIDEOUT

4. DATE OF DEATH (Month) Dec. (Day) 16 (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 24, 1915
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Kooskia, Idaho
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Milton Watson — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Mina McCready — BIRTHPLACE: Nebr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 16 9646
17. INFORMANT'S OWN SIGNATURE: H.C. Rideout — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH 200.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Reticulum cell sarcoma — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/6/60, 19__, *to* 12/16/1965, *that I last saw the deceased alive on* 12/16, 1965, *and that death occurred at* 8:05 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. S. English 160 M.D.
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 12/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 20, 1965
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 12-27-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: L. E. DeBaun
LICENSE NO.: E-295

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: OCT 8 1975

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5586
Local Reg. No. 302
Reg. Dist. No. 220

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY NezPerce 351 JAN 6 1966
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston Bureau of Vital Statistics
c. LENGTH OF STAY (If this place) DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 351
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 929 Airway

3. NAME OF DECEASED (Type or Print)
a. (First) DELMER
b. (Middle) ELLIS
c. (Last) JOHNSON

4. DATE OF DEATH (Month) (Day) (Year) December 18, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Aug. 8, 1906
9. AGE (In years last birthday) 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill Worker 09
10b. KIND OF BUSINESS OR INDUSTRY Lumbering 00
11. BIRTHPLACE (State or foreign country) Medical Lake, Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frank E. Johnson — BIRTHPLACE Minnesota
14. MOTHER'S MAIDEN NAME Adelia Chambers — BIRTHPLACE Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518 16 2725
17. INFORMANT'S OWN SIGNATURE Pearl Johnson — ADDRESS Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) none
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-18-65, 19__, *to* 12-18, 1965, *that I last saw the deceased alive on* 12-18, 1965, *and that death occurred at* 10 am *m., from the causes and on the date stated above.*

23a. SIGNATURE Edward G. Hoffman MD 233 (Degree or title)
23b. ADDRESS 347 St Johns Way Lewiston
23c. DATE SIGNED 12-22-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 22, 1965
24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. 12-28-65
REGISTRAR'S SIGNATURE Mildred Hughes
25. EMBALMER W. T. Black
LICENSE NO. E-426

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5587
Local Reg. No. 301
Reg. Dist. No. 220

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

351 JAN 6 1966 3-01
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1521 Grelle

3. NAME OF DECEASED (Type or Print)
a. (First): ISSIE
b. (Middle): MAY
c. (Last): SWEET

4. DATE OF DEATH (Month) (Day) (Year): Dec. 19, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 9, 1897
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Strowd, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas J. Brown — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Kathrine McDowell — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Ocea E. Brown — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

522X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Unknown (Heart?)

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Pulmonary Congestion
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Multiple Sclerosis

INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 19, 1965, *to* only, 19__, *that I last saw the deceased alive on* Dec. 19, 1965, *and that death occurred at* 2:35 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R M Slovek MD 507
23b. ADDRESS: 939 Bryden Ave., Lewiston, Idaho
23c. DATE SIGNED: 12/22/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 23, 1965
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 12-27-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: W. G. Black
LICENSE NO.: E-426

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5588
Local Reg. No. 303
Reg. Dist. No. 220

BIRTH NO.

RECEIVED
JAN 6 1966
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35
b. CITY OR TOWN: Lewiston
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence, 802 - 19th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 802 - 19th Street

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM; b. (Middle) MINOR; c. (Last) FULLER

4. DATE OF DEATH: (Month) Dec. (Day) 22, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Dec. 2, 1886 89

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber 44

10b. KIND OF BUSINESS OR INDUSTRY: Barbering 60

11. BIRTHPLACE (State or foreign country): Barbersville, Ky.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fielding Fuller
BIRTHPLACE: no record

14. MOTHER'S MAIDEN NAME: Elizabeth Bryant
BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: no record

17. INFORMANT'S OWN SIGNATURE: Mrs W. Fuller
ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3347

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arterio Sclerosis
INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 9, 1965, *to* Dec 22, 1965, *that I last saw the deceased alive on* Dec 22, 1965, *and that death occurred at* 9:20 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): MD

23b. ADDRESS: 307 1st National Bank

23c. DATE SIGNED: 12/27/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 27, 1965

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 12-28-65

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: L. E. DeBaun L. E. DeBaun

LICENSE NO.: E-295

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

OCT 4 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5589
Local Reg. No. 304
Reg. Dist. No. 220

Certificate of Death

RECEIVED
JAN 6 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 2-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 6 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1511 - 10th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): FLEET
b. (Middle): NMI
c. (Last): JORDAN

4. DATE OF DEATH (Month) (Day) (Year): Dec. 22 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Jan. 14, 1875
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer-Cafe-Gen. Store-Construction 04
10b. KIND OF BUSINESS OR INDUSTRY: 81
11. BIRTHPLACE (State or foreign country): Circleville, West Vir.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Adonijah N. Jordan — BIRTHPLACE: Vir.
14. MOTHER'S MAIDEN NAME: Amanda Nelson — BIRTHPLACE: W. Vir.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Glenn W. Jordan — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH 260X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Mitral Insufficiency — 10 yrs
DUE TO (c): Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Possible TB.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1954, 19__ *to* Dec 22, 1965, *that I last saw the deceased alive on* Dec 21, 1961, *and that death occurred at* 7:10 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph E. Baldwin, Md. 022
23b. ADDRESS: 1522 17th St. Lewiston Idaho
23c. DATE SIGNED: 12/24/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 24, 1965
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 12-28-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: L. E. DeBaun — LICENSE NO.: E-295

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5590
Local Reg. No. 292
Reg. Dist. No. 220

RECEIVED JAN 6 1966 Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 516-16th Street 507

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 516-16th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	HATTIE	MAE	McCONKEY	Dec. 23, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	never married	Jan. 22, 1880	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
dressmaker 43	self 01	Walla Walla, Washington	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
J. D. McConkey	Scotland	Anna Mae Joslin	Massachusetts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Mabel E. Grace	Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) had left lower chest pain from 1 to two hours prior
DUE TO (c) to death.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 1948, *to* 12-23, 1965, *that I last saw the deceased alive on* 12-23, 1965, *and that death occurred at* 1:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. W. Eastwood MD	Lewiston Ida	12-31-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Dec. 27, 1965	Normal Hill cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-27-65	Mildred Hughes	V. Vassar	E297

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5591
Local Reg. No. 294
Reg. Dist. No. 220

Certificate of Death

RECEIVED
JAN 6 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 4mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchard Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 615½-5th Ave
d. STREET ADDRESS (If rural, give location): Lewiston, Idaho.

3. NAME OF DECEASED (Type or Print)
a. (First): Kate
b. (Middle):
c. (Last): Schooler

4. DATE OF DEATH (Month) (Day) (Year): Dec. 24, 1965

5. SEX: female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 9-9-1888
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home 01
11. BIRTHPLACE (State or foreign country): Genesee, Idaho.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Magee — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Isabell Cunningham — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Phil Schooler — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 31, 1964, *to* 12 24, 1965, *that I last saw the deceased alive on* 12 24, 1965, *and that death occurred at* 7 A *m., from the causes and on the date stated above.*

23a. SIGNATURE L. Cusmon 114 (Degree or title) MD
23b. ADDRESS 342 St. Johns Way
23c. DATE SIGNED 12 29 65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Dec. 27, 1965
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 12-27-65
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: Andrew F. Vassar — LICENSE NO. E 315

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5592
Local Reg. No. 275
Reg. Dist. No. 220

RECEIVED Bureau of Vital Statistics JAN 6 1966

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 350 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural Webb Ridge
DURATION OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): rural Webb Ridge road 177

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 358
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
d. STREET ADDRESS (If rural, give location): 829 Bryden

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Floyd	E.	Stevenson	Dec. 24, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	married 3	April 26, 1914	51		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
oiler 09	lumber mill 07	Rupert, Idaho	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
no record	no record	no record	no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-03-1314	[signature]	Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	SHOCK + HEMHORRAGE	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Auto Acc.	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / ~~SUICIDE~~ / ~~HOMICIDE~~ (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 351 (COUNTY) (STATE)
Acc.	Highway Webb Road	Lewiston Nez Perce Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
12-24-65 7 30 PM.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Auto Left Roadway into Canyon

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 7 30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wilfred D. Duclos 583	Coroner	Lewiston, Idaho	12-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	12-26-65	Normal Hill cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-27-65	Mildred Hughes	Vasser	E297

Federal Security Agency
United States Public Health Service Dec

Form DH-63021

FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 7 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 27 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5593
Local Reg. No. 293
Reg. Dist. No. 220

RECEIVED Bureau of Vital Statistics 3-06

BIRTH NO.

1. PLACE OF DEATH — 35 JAN 6 1966
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~1030 x Cedar x Avenue~~ Lewiston Orchards
d. STREET ADDRESS (If rural, give location): 1130 Cedar Avenue

3. NAME OF DECEASED (Type or Print): a. (First) OLIVE b. (Middle) E c. (Last) CUSHING

4. DATE OF DEATH (Month) (Day) (Year): Dec. 24, 1965

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2

8. DATE OF BIRTH: Jan. 10, 1887

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: at home 01

11. BIRTHPLACE (State or foreign country): Auborn, N. Y.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: no record
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: no record
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: E. M. Cushing
ADDRESS: Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 871.0 Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Over dose of Nembutal

DUE TO (c) Depression

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 01 Home

21c. (CITY, TOWN, OR TOWNSHIP) 35 13 Lewiston (COUNTY) (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-9,1965 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Overdose of Nembutal

22. *I hereby certify that I attended the deceased from* July 15, *1964, to* Dec. 24, *1965, that I last saw the deceased alive on* Dec. 24, *1965, and that death occurred at* 6:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. M. Stover MD

23b. ADDRESS: 939 Bryden Ave., Lewiston, Idaho

23c. DATE SIGNED: 12/28/65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Dec. 27, 1965

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 12-27-65

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: V. Vassar

LICENSE NO.: E297

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 7 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 18 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5594
Local Reg. No. 296
Reg. Dist. No. 220

RECEIVED

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35 | JAN 6 1966
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY IN THIS PLACE: 28 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 728-11th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35 | b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 728-11th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lillie	Gimlin	Williams	Dec. 25, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed 2	Oct. 30, 1885	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	at home 01	Carlton, Arkansas	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
No record		No record	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-22-6619	Ella V. Williams	Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Congestive Heart Failure

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
420 W.R. Price MD	Lewiston Ida	12/29/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	12-28-65	Normal Hill cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-27-65	Mildred Hughes	V. Vassar	E297

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 7 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 5595
Local Reg. No. 305
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED

Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce 35 JAN 6 1966
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1532 Birch

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 35 b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 1532 Birch

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HENRIETTA	ELLA (a/k/a Hattie)	SOUTHWICK	Dec.	27,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Oct. 28, 1885	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper 01	Own Home 01	Beaver City, Nebr.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Anson Thornton	no record	Martha Tiffany	no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518 46 6580	Howard Southwick	Lewiston, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 Hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 5 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 9 a.m. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Preston 502 M.D.	Lewiston, Idaho	12-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-30-65	Southwick Cemetery	Southwick, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-3-66	Mildred Hughes	L. E. DeBaun	E-295

FIRM NAME: Brower-Mann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

APR 18 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 5596
Local Reg. No. 306
Reg. Dist. No. 220

RECEIVED STATE OF IDAHO
JAN 17 1966
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 1 yr. 10½ mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sommerville Home 131

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 350
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lapwai
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	OTTO	FRANKLIN	STUCKER	Dec.	28	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced 4	Aug. 23, 1886	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Row Crop 01	Knoxville, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel Stucker	no record	Ida Herrold	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		518 24 4091	Sommerville Home Records	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

153.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer of bowel (colon)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug. 20, 1962 *to* Dec. 28, 1965, *that I last saw the deceased alive on* Nov. 29, 1965, *and that death occurred at* 10:30PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert Brower MD	939 Bryden Ave., Lewiston, Idaho	12/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-31-65	Genesee City Cemetery	Genesee, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-6-66	Mildred Hughes	W. Black	E-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5597
Local Reg. No. 307
Reg. Dist. No. 220

RECEIVED
JAN 17 1966
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35 2-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (in this place): 5 months

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 350 b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Culdesac
d. STREET ADDRESS (If rural, give location):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewiston Manor Nursing Home

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LILLIAN	ELLA 3/2	MOORE	Dec. 30, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed 2	Oct. 1, 1885	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper 01	Own Home 01	Kansas City, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert Stewart	Michigan	Sarah Brown	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	no record	Mrs D H. Palmer	Culdesac, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hypertensive Heart Disease 443X	yrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* March 4, 1958, *to* Dec 30, 1965, *that I last saw the deceased alive on* Dec 29, 1965, *and that death occurred at* 9:20 PM., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm. A. Armstrong MD	307 St John's Way	1-4-66

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-3-66	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-6-66	Mildred Hughes	L. E. DeBaun	E-295

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5598
Local Reg. No. 309
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

BIRTH NO.

JAN 17 1966
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: NezPerce 351 2-11
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 11 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewiston Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1828 - 14th Street

3. NAME OF DECEASED (Type or Print)
a. (First): ESSIE
b. (Middle): WATSON 312
c. (Last): KOHL

4. DATE OF DEATH (Month) (Day) (Year): Dec. 31 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Aug. 18, 1876
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Dayton, Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wm. Henry Harrison Waton — BIRTHPLACE: Washington
14. MOTHER'S MAIDEN NAME: Sharah Chambers — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No Record
17. INFORMANT'S OWN SIGNATURE: Louis H. Kohl — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

903.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CONGESTIVE HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 3 DAYS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): FRACTURED HIP
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO XX

21a. ACCIDENT SUICIDE HOMICIDE XX (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 01 Home
21c. (CITY, TOWN, OR TOWNSHIP) 351 (COUNTY) (STATE): 13 Lewiston — Nez Perce — Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2-13-65 9p m. 2
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Patient fell at her home

22. *I hereby certify that I attended the deceased from* NOV, 1965, *to* 31 DEC, 1965, *that I last saw the deceased alive on* 30 DEC, 1965, *and that death occurred at* 10:38 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David W. Heusendorff MD 227
23b. ADDRESS: 307 St John's Way
23c. DATE SIGNED: 4 Jan 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 3, 1966
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 1-6-66
REGISTRAR'S SIGNATURE: Mildred Heughes
25. EMBALMER: W. T. Black — LICENSE NO.: E-426

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 8 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5599
Local Reg. No. 25
Reg. Dist. No. 530

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

JAN 1 0 1966

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Oneida 36 | 3-14
b. CITY OR TOWN Malad
LENGTH OF STAY (in this place) 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION ONEIDA HOSPITAL 132

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 36 | b. COUNTY Oneida
c. CITY OR TOWN Malad City
d. STREET ADDRESS 735 North 400 West

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	ALICE K.	EVANS	PEABODY	Dec	21	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed 2	April 5, 1883	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Malad City, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel R. Evans — BIRTHPLACE: St. Joseph, Mo.
14. MOTHER'S MAIDEN NAME: Ann Elizabeth Colton — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE x William Peabody — ADDRESS: Malad, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

93 IX

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cerebro Vascular Accid. — INTERVAL BETWEEN ONSET AND DEATH: 13 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) General & cerebral Arteriosclerosis — Prog. 2 Weeks

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Previous Cerebro-Vascular Thrombosis - 1962

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from _____, 1952, to 12/24, 1965, that I last saw the deceased alive on 12/24, 1965 and that death occurred at 5:15 Pm., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph E. Mabe 314	M.D.	Malad, Idho	Dec 24, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec 24, 1965	Malad City, Cemetery	Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec 24, 1965	Bob G. Sumsion	Raiford G. Benson	E #-351

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: BENSON FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 25 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 5600
Local Reg. No. 26
Reg. Dist. No. 530

BIRTH NO.

JAN 1 01966

Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Oneida 36
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
c. LENGTH OF STAY (in this place): weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital 132

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Nevada 29 888
b. COUNTY: Elko
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wells
d. STREET ADDRESS (If rural, give location): died Husband: Jack Brunett-1964

3. NAME OF DECEASED (Type or Print): a. (First) MARIE; b. (Middle) WILLIAMS; c. (Last) BRUNETT

4. DATE OF DEATH: (Month) (Day) (Year): December 27, 1965

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 1

8. DATE OF BIRTH: Nov 6 1901

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: - 01

11. BIRTHPLACE (State or foreign country): Samaria, Oneida, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: GEORGE H. WILLIAMS
BIRTHPLACE: Woodruff, Idh

14. MOTHER'S MAIDEN NAME: SARAH ELIZABETH MORSE
BIRTHPLACE: Samaria, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: John R Brunett
ADDRESS: 2773 Lexford Ave San Jose Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I(a) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Glomerulonephritis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cirrhosis of liver
DUE TO (c): Asteno deleopectoral Dis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Congestive failure

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 4, 1965 *to* Dec 27, 1965 *that I last saw the deceased alive on* Dec 26, 1965, *and that death occurred at* 2:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: O R Mabey Jr (Degree or title): M.D.

23b. ADDRESS: Malad, Idaho

23c. DATE SIGNED: Dec 28, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE:

24c. NAME OF CEMETERY OR CREMATORY: Elko Cemetery

24d. LOCATION (City, town, or county) (State): Elko Elko County Nevada

DATE REC'D BY LOCAL REG.: Dec 28 1965

REGISTRAR'S SIGNATURE: Ruth G Swanston

25. EMBALMER: Raiford G. Benson

LICENSE NO.: E-351

FIRM NAME: BENSON FUNERAL HOME, MALAD, IDAHO

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JAN 1 1 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 2 1 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

BIRTH NO. 65-1641

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 5601
Local Reg. No. 27
Reg. Dist. No. 530

1. PLACE OF DEATH
a. COUNTY: Oneida 36 JAN 1 0 1966
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
LENGTH OF STAY (in this place): 4-04 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital 132

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 36
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 550 N 200 W

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	TRUDY	—	LARSEN		Dec	31	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
female	white	child	Feb 22 1965		10			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
- 02	07	Malad City, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Larry Alan Larsen	Malad, Idaho	Mary Beth Gleed	Malad, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
-	-	-	Larry A Larsen	Malad, Idaho

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Congenital Heart Disease,	since birth
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Agnomatic Type Unclassified	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Flu Syndrome	1 wk.

754.5

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Feb 22, 1965 *to* Dec 31, 1965, *that I last saw the deceased alive on* 12-31, 1965, *and that death occurred at* 5:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert F. Wade 3/4	M.D.	Malad, Idaho	Jan 3, 1966

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Jan 3 1966	Malad Cemetery	Malad Oneida Idh

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan 3 1966	Ruth G. Sweeten	Raiford G. Benson	E-351

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: BENSON FUNERAL HOME, MALAD, IDAHO

DUTIES:

JUN 15 1978

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5692
Local Reg. No. 392
Reg. Dist. No. Homedale Marsing

BIRTH NO.

RECEIVED DEC 29 1965 Vital Statistics Bureau of Statistics

1. PLACE OF DEATH
a. COUNTY: Owyhee 370
b. CITY OR TOWN: Homedale
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1 mile west 1 mile N. Homedale

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 370
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): S. E. of Homedale

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Daniel	Dwane	Carver	Dec. 15, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	Jan. 17, 19[illegible]	16	10	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student & Com. Hauler	Trucker	Caldwell, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Donald Carver	Vesdegre, Nebraska	Kathrine Aten	Wilder, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	X Howard H. Carver	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of Heart — INTERVAL BETWEEN ONSET AND DEATH: Instnt

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP	(COUNTY)	(STATE)
Accident	In Rural - Homedale	Homedale	Owyhee	Ida.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Dec 15 1965 11:45a		Shot by another with a rifle

22. *I hereby certify that I attended the deceased from* [illegible] *19__, Dec 15, 1965, that I last saw the deceased alive on* [illegible] *19__, and that death occurred at* 11:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] 583	M.D. Coroner	Homedale Ida.	12-18-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	Dec. 20, 1965	Marsing-Homedale Cemetery	Near, Marsing,	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec. 27, 1965	Mrs Bessie Barnes	Leonard C. Flahiff	E-481

FIRM NAME: Homedale's Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV - 8 1982

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5603
Local Reg. No. 392
Reg. Dist. No. Homedale Marsing

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 370 Owyhee JAN 3 1966
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Marsing
c. VIEWED OF STAT (In this place) 000
Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2 miles Northwest 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 370 b. COUNTY Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Marsing
d. STREET ADDRESS (If rural, give location) 2 miles Northwest

3. NAME OF DECEASED (Type or Print) a. (First) Dorothy b. (Middle) Ann c. (Last) Coffelt

4. DATE OF DEATH (Month) (Day) (Year) December 20, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH July 22, 1921
9. AGE (In years last birthday) 44 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Wessington, S. D.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Sam McLoud BIRTHPLACE S. Dakota
14. MOTHER'S MAIDEN NAME Margaret BIRTHPLACE Wessington Springs, S.D.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural causes — INTERVAL BETWEEN ONSET AND DEATH One year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Investigation only on *19___, to* Dec 20 *, 19*65*, that I last saw the deceased alive on* Dec 20 *, 19*65*, and that death occurred at* 5 p *m., from the causes and on the date stated above.*

23a. SIGNATURE 583 [signature] Coroner 4 (Degree or title)
23b. ADDRESS Homedale Ida
23c. DATE SIGNED 12-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 12/23/65
24c. NAME OF CEMETERY OR CREMATORY Dry Creek
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. Dec 30 1965
REGISTRAR'S SIGNATURE Mrs Bessie Barnes
25. EMBALMER Leonard C. Flahiff
LICENSE NO. E-481

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5604
Local Reg. No. 62
Reg. Dist. No. 33

RECEIVED DEC 23 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette 381 1-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 815 N. 8th Street 670

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 381
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 815 N. 8th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ruby	Jane	Hoxie	Dec. 6, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed 2	Oct. 30, 1912	53	- -	- - / - -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own home 01	Arkansas	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Eugene R. Nichols	Arkansas	Annie Carroll	Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - - - - - - -	430-40-5907	Mrs. Allen McCuston	Sparks, Nev.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of cervix — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- - - - - - -	- - - - - - - - - -	- - - - - - - - - - - - - - - - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
- - - - - - - - m.		- - - - - - - - - - - - - - - - - - - -

22. *I hereby certify that I attended the deceased from* Dec, 1964, *to* Dec. 6, 1965, *that I last saw the deceased alive on* Dec 1, 1965 *and that death occurred at* 6:45 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Thomas W. Walker M.D.	Payette, Idaho	12-6-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	12-8-65	Council Cemetery	Council, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-8-1965	Robert E. Hoffer	Gifford L. Shaffer	E-344

FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 13 1968

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 5605
Local Reg. No. 63
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Payette 381 — DEC 23 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette — LENGTH OF STAY (in this place): 43 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1045 North 6th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 381 — b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 1045 North 6th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Guy	Thorton	Mangun	Dec.	14,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married 3	Feb. 5, 1895	70 yrs	- -	- - / - -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
electrician 45	Idaho Power Co 61	Rapid City, South Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alva Mangun	Illinois	Jennie R. Mahan	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
WW 1	WW 1	- - - - -	Mildred Mangun	Payette, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure from
ANTECEDENT CAUSES Arteriosclerotic heart disease
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis and senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: months / years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1955, 19___, *to* Dec. 14, 19 65, *that I last saw the deceased alive on* Dec. 2nd, 19 65, *and that death occurred at* 12:30am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 574	Payette, Idaho	12-14-1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 16, 1965	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-16-65	[signature]	Jefford R. Shaffer	E-344

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Shaffer Memory Chapel

JAN 26 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 15 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5606
Local Reg. No. 65
Reg. Dist. No. 330

RECEIVED JAN 12 1966 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

381 2-03

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette, Idaho
c. LENGTH OF STAY (in this place): 3m.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 915 Chicago St.

3. NAME OF DECEASED (Type or Print)
a. (First): ROY
b. (Middle): J 243
c. (Last): ZANCKER

4. DATE OF DEATH (Month) 12 (Day) 16 (Year) 65

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Aug. 20, 1887
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 3, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Retired 01
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Zancker — BIRTHPLACE: Maryland
14. MOTHER'S MAIDEN NAME: Susan Willis — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-30-0233
17. INFORMANT'S OWN SIGNATURE: x Emma E. Zancker — ADDRESS:

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis, generalized — years
DUE TO (c) Senile Dementia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 10, 65, *to* 12-16-65, *19___, that I last saw the deceased alive on* 12-15-65, *19___, and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE 574 (Degree or title): [signature] M.D.
23b. ADDRESS: Payette, Ida.
23c. DATE SIGNED: 12-17-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 12/18/65
24c. NAME OF CEMETERY OR CREMATORY: Star
24d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: 12-20-65
REGISTRAR'S SIGNATURE: Roberta E. Shaffer
25. EMBALMER: Lucy M. Flahiff — LICENSE NO. E393

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5607
Local Reg. No. 64
Reg. Dist. No. 330

RECEIVED Bureau of Vital Statistics DEC 23 1965

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Payette 381 — 1-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette — LENGTH OF STAY (In this place): 21 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Sanatarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 388 — b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth (Rural Route # 1)
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print) — a. (First): Harrie — b. (Middle): C. 243 — c. (Last): Dillon
4. DATE OF DEATH — (Month): Dec. — (Day): 17, — (Year): 1965

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Dec. 6, 1879
9. AGE (In years last birthday): 86 yrs — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: own farm 01
11. BIRTHPLACE (State or foreign country): Watseka, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John R. Dillon — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Charlotte Chisum — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: — — — — — — — — —
17. INFORMANT'S OWN SIGNATURE: John W. Dillon — ADDRESS: New Meadows, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral arteriosclerosis — 1½ yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: Cataracts
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Cardiovascular Dis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 29, 1964, *to* Dec. 17, 1965, *that I last saw the deceased alive on* Dec. 15, 1965, *and that death occurred at* 11:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. E. Carroll, M.D. 082 (Degree or title)
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 12-17-1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-20-1965
24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery
24d. LOCATION (City, town, or county) (State): New Plymouth Idaho

DATE REC'D BY LOCAL REG.: 12-20-65
REGISTRAR'S SIGNATURE: Roberta E. Shaffer
25. EMBALMER: Gifford R. Shaffer — LICENSE NO.: E-344
FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5608
Local Reg. No. 66
Reg. Dist. No. 331

RECEIVED
JAN 12 1966
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette 381 2-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 6 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Sanatarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 381
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 409- North 9th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Pearl
b. (Middle): Lillian 243
c. (Last): Eldredge

4. DATE OF DEATH (Month) (Day) (Year): Dec. 21, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: April 2, 1884
9. AGE (In years last birthday): 81 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home 01
11. BIRTHPLACE (State or foreign country): Rohersville, Maryland
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: no record
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: no record
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Madalynne Hite
ADDRESS: Payette, Idaho

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease — yrs
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1954, 19__, *to* Dec 21, 1965, *that I last saw the deceased alive on* 12-20-65, 19__, *and that death occurred at* a.m., *from the causes and on the date stated above.*

23a. SIGNATURE 574 (Degree or title): R. Woodward M.D.
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 12-21-1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-23-1965
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 12-23-65
REGISTRAR'S SIGNATURE: Robert E. Shaffer
25. EMBALMER: Gifford R. Shaffer
LICENSE NO.: E-344

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Shaffer Memory Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5609
Local Reg. No. 67
Reg. Dist. No. 330

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

JAN 12 1966

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Payette 38
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (In this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bancroft Hotel 806 Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 381
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 806 Center Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): MOODY
b. (Middle): - - -
c. (Last): BENSHAW

4. DATE OF DEATH (Month) (Day) (Year): Dec. 22, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: March 28, 1897
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Army, retired
10b. KIND OF BUSINESS OR INDUSTRY: Soldier 04
11. BIRTHPLACE (State or foreign country): Orlando, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Emile E. Beuchaw 41 — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Bertha Jane Wallace — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWI and WWII 3
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE G. R. S. — ADDRESS: Mrs. Iva Jane Runkle, Mulhall, Oklahoma

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): probable myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): generalized arteriosclerosis — Sev. Yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - - - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - - - - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - - - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: - - - - - - -

22. *I hereby certify that I attended the deceased from* made investigation *, 19 , to* Dec. 22, 1965 *, that I last saw the deceased alive on* Dec *, 19 , and that death occurred at* 3:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Hardy H. Jackson 583 — (Degree or title): Coroner 4
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 12/22/1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Dec. 24, 1965
24c. NAME OF CEMETERY OR CREMATORY: Guthrie Cemetery
24d. LOCATION (City, town, or county) (State): Guthrie, Oklahoma

DATE REC'D BY LOCAL REG.: 12-22-65
REGISTRAR'S SIGNATURE: Roberta E. Shaffer
25. EMBALMER: Gifford R. Shaffer
LICENSE NO.: E344

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Shaffer Memory Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 8 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 22 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

SEP 13 1966

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5610
Local Reg. No. 68
Reg. Dist. No. 330

Certificate of Death

RECEIVED JAN 12 1966 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette 381 2-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 381
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 1037 - 3rd Ave. No.

3. NAME OF DECEASED (Type or Print)
a. (First): Luther
b. (Middle): Clarence 243
c. (Last): Rater

4. DATE OF DEATH (Month) (Day) (Year): Dec. 23, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Aug. 29, 1879
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming 01
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: William Rater — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Martha Wallingford — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - - - - -
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Inez B Rater, ADDRESS: Payette, Idaho

18. CAUSE OF DEATH 334X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Parkinson Disease — 9 yrs.
DUE TO (c) Arteriosclerotic Cerebrovascular Dis. — 9 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Asthma, Arthritis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - - - - - - - - - - - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - - - - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: -

22. *I hereby certify that I attended the deceased from* Aug 23, 1956, *to* Dec. 23, 1965, *that I last saw the deceased alive on* Dec. 23, 1965, *and that death occurred at* 8:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. G. Carroll, M.D. 082
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 12-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-27-65
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 12-27-65
REGISTRAR'S SIGNATURE: Roberta E. Shaffer
25. EMBALMER: Gifford R. Shaffer — LICENSE NO.: E-344

FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 24 1965

Certificate of Death

STATE OF IDAHO

State File No. 5611
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Power 390
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) American Falls Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 390
b. COUNTY Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) NORA
b. (Middle) LEE 137
c. (Last) HEMMI

4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH May 26, 1926
9. AGE (In years last birthday) 39
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home 01
11. BIRTHPLACE (State or foreign country) Gray Eagle, Minn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Marty
BIRTHPLACE
14. MOTHER'S MAIDEN NAME Mary Regenal
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) XXXXX
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs Opal Wright
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1295 Cancer of Breast
INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic Cancer
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-5- , 1965, *to* 12-9- , 1965, *that I last saw the deceased alive on* 12-9- , 1965, *and that death occurred at* 12:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature]
23b. ADDRESS American Falls, Idaho
23c. DATE SIGNED 12-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 13, 1965
24c. NAME OF CEMETERY OR CREMATORY Mountainview Cemetery
24d. LOCATION (City, town, or county) (State) Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE Frances Curtis
25. EMBALMER [signature]
LICENSE NO. E418
FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 27 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5612
Local Reg. No. 29
Reg. Dist. No. 500-602

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power 390
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 390
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EDWARD	MARION	STANGER	December 15, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Oct. 6, 1890	75	2	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farm 01	Neeley, Idaho	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George W. Stanger	Ogden, Utah	Sarah Ellen Knight	Slaterville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-05-9147	Ethel Stanger	Am. Falls, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

600.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pyelonephritis — one week
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Advanced Parkinsonian syndrome 3years
Early lateral amyeotrophic sclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Sep 2, 1957, *to* Dec 15, 1965, *that I last saw the deceased alive on* Dec. 15, 1965, *and that death occurred at* 2:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. L. Harris, M.D. 203	American Falls, Idaho	Dec.18'65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-18-65	Fallsview Cemetery	American Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-22-65	Frances Curtis	Bud Kelly Bud Kelly	E-467

FIRM NAME: David Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

DEC 31 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 26 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 27 1965 Bureau of Vital Statistics

State File No. 5613
Local Reg. No. 28
Reg. Dist. No. 500-602

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power 390
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 390
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location): 248 Hayes St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LEE	EARL	VAN HORN	Dec. 16, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Jan. 23, 1892	73	10	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farm 01	Columbia Co., Washington	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hubert E. Van Horn	Kansas	Kate Eply	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-42-8637	Y Nola Van Horn	Am. Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Perforated Abdominal aneurysm	10 min.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriolarsclerosis	five ye
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Late latent CNS Lues	15 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Non		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jul 17, 1957 *to* Oct 29, 1965, *that I last saw the deceased alive on* Oct. 29, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. L. Harris M.D.	American Falls, Idaho	12-18'65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-18-65	Fallsview Cemetery	American Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-22-65	Frances Curtis	H. L. Davis	E-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5614
Local Reg. No. 30
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED DEC 29 1965 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Power 390
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place): 2½ years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 390
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ELLA	LURINA	KRESS	Dec. 22, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Sept. 10, 1889	76	3	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home 01	Holland, Indiana	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Gross	Germany	Elizabeth Roetker	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-20-9666	Henry Kress	Am. Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypostatic pneumonia & Cerebral sclerosis — 2 days

DUE TO (c) Generalized arteriolarsclerosis — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senile dementia (atherosclerosis) 1yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April 1953 *to* Dec. 22, 1965, *that I last saw the deceased alive on* Dec. 21, 1965, *and that death occurred at* 7:50A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. L. Harris 203	M.D.	American Falls, Idaho	12-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem. & Burial	12-24-65	Valley View Cemetery	Rockland, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-27-65	Frances Curtis	H. L. Davis	E-253

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Davis Furniture & Mortuary, Inc.

DUTIES: JAN 4 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5615
Local Reg. No. 32
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED JAN 1 0 1966 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Power 390 3-09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 390
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rockland
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)
	LEO	EDWARD	VAUGHN

4. DATE OF DEATH (Month) (Day) (Year): Dec. 29, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	April 14, 1898	67	8	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate Broker 47
10b. KIND OF BUSINESS OR INDUSTRY: 02 Real Estate
11. BIRTHPLACE (State or foreign country): Alliance, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Michael Joseph Vaughn	Iowa	Alice Mary Wilcox	Penna.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W.I 4 3 8 1	528-03-5333	X Emma O. Vaughn	Rockland, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction with Heart block — INTERVAL BETWEEN ONSET AND DEATH: 2 Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Previous coronary 11 days before
DUE TO (c) General arteriolarsclerosis — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 10, 1965, *to* Dec. 29, 1965, *that I last saw the deceased alive on* December 29 *and that death occurred at* 9:22P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
L. L. Harris 203 M.D.	American Falls, Idaho	Dec. 31, 65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem. & Burial	1-3-66	Valley View Cemetery	Rockland, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
January 5, 1966	Frances Curtis	Bud Kelly Bud Kelly	E-467

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

JAN 1 1 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 3 0 1981

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5616
Local Reg. No. 93
Reg. Dist. No. 142

RECEIVED
DEC 16 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 400
a. COUNTY: Shoshone 4-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst
LENGTH OF STAY (in this place): few hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home at Pinehurst, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 400
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst
d. STREET ADDRESS (If rural, give location): C. Street Pinehurst, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): HAROLD
b. (Middle): DALE 000
c. (Last): WARD

4. DATE OF DEATH (Month) (Day) (Year): Dec. 5, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: Oct. 2, 1908
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Smelter Worker 06
10b. KIND OF BUSINESS OR INDUSTRY: Mining 04
11. BIRTHPLACE (State or foreign country): Oklahoma
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Clarence P. Ward — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Mary Riley — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): W.W. II 4
16. SOCIAL SECURITY NO.: 507-10-4880
17. INFORMANT'S OWN SIGNATURE: Clarence Ward — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Few seconds

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-5, 1965, *to* 12-5, 1965, *that I last saw the deceased alive on* 12-5, 1965, *and that death occurred at* about 4:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. M. Peterson, M.D. 444
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 12-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Dec. 9, 1965
24c. NAME OF CEMETERY OR ~~CREMATORY~~: Forest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 12/10/65
REGISTRAR'S SIGNATURE: Joe Savino
25. EMBALMER: Robert G. Ross
LICENSE NO.: 497

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Maisel Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under DEC 17 1965 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JAN 4 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5617
Local Reg. No. 75
Reg. Dist. No. 140

BIRTH NO.

RECEIVED DEC 31 1965

1. PLACE OF DEATH
a. COUNTY Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silverton
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Shoshone Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone 400
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Murray
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Neal b. (Middle) 320 c. (Last) Dunlap

4. DATE OF DEATH (Month) (Day) (Year) December 10, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH March 23, 1893
9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Logger 08
10b. KIND OF BUSINESS OR INDUSTRY lumbering 02
11. BIRTHPLACE (State or foreign country) Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown BIRTHPLACE
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-16-2014
17. INFORMANT'S OWN SIGNATURE X Hospital Records ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrhythmia — INTERVAL BETWEEN ONSET AND DEATH 12 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease — unk.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive heart failure — 17 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/22/65, 19__, *to* 12/9/65, 19__, *that I last saw the deceased alive on* 12/9/65, 19__, *and that death occurred at* 4:00 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title) William M. Dare M.D.
23b. ADDRESS Box 589, Wallace, Idaho 83873
23c. DATE SIGNED 12/14/65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 12-14-65
24c. NAME OF CEMETERY OR CREMATORY Murray Cemetery
24d. LOCATION (City, or county) (State) Murray Idaho

DATE REC'D BY LOCAL REG. 12-14-65
REGISTRAR'S SIGNATURE Dale L Cornell
25. FUNERAL DIRECTOR Dale L. Cornell
ADDRESS Wallace, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 31 1965

Certificate of Death

STATE OF IDAHO

State File No. 5618
Local Reg. No. 94
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 400 3-08
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): County Nursing Home 138

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 401
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 200 Ohio Street

3. NAME OF DECEASED (Type or Print)
a. (First): EDWIN
b. (Middle): H
c. (Last): MILLER

4. DATE OF DEATH (Month) (Day) (Year): Dec. 14, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 25, 1908
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lease Miner 07
10b. KIND OF BUSINESS OR INDUSTRY: Mining 01
11. BIRTHPLACE (State or foreign country): Bassett, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William H. Miller — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Ethel Jeffries — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Louise A. Miller — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Ca of Pancreas c̄ — 6 months
DUE TO (c): Underspread Metastases

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1965 *to* 14 Dec, 1965, *that I last saw the deceased alive on* 7 Dec, 1965 *and that death occurred at* 6A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glen M. Whitlow MD 539
23b. ADDRESS: Kellogg
23c. DATE SIGNED: 20 Dec 65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 18, 1965
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 12/20/65
REGISTRAR'S SIGNATURE: Joe Irvine
25. EMBALMER: Robert G. Ross — LICENSE NO.: 497

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Maisel Funeral Chapel

DUTIES:

JAN 3 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 17 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

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3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED DEC 31 1965

Certificate of Death

STATE OF IDAHO

State File No. 5619
Local Reg. No. 76
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 402 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital 139

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 402
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): P.O. Box 734

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle): Anne
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): Dec. 23, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 22, 1896
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Culinary Worker 06
10b. KIND OF BUSINESS OR INDUSTRY: 03
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Edward Zuehlsdorff — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Sarah Harrison — BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-26-6609
17. INFORMANT'S OWN SIGNATURE: X Lee R Johnson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Stasic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fract. rt. femur — 1 yr
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 18, 1963, *to* Dec 23, 1965, *that I last saw the deceased alive on* Dec 22, 1965 *and that death occurred at* 7:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E E Maidinger MD 182
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 12-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12-28-65
24c. NAME OF CEMETERY OR CREMATORY: Wallace Cemetery
24d. LOCATION (City, town, or county) (State): Wallace Idaho

DATE REC'D BY LOCAL REG.: 12-29-65
REGISTRAR'S SIGNATURE: Dale L Cornell
25. FUNERAL DIRECTOR: Dale L. Cornell — ADDRESS: Wallace, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JAN 3 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5620
Local Reg. No. 2
Reg. Dist. No. 143

BIRTH NO.

RECEIVED JAN 17 1966 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone 401 4-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 3 hours

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 403
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smelterville

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp.
d. STREET ADDRESS (If rural, give location): Smelterville, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) GERTRUDE b. (Middle) 141 c. (Last) HIGGINS

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 25, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: Feb. 27 1897
9. AGE (In years last birthday): 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 61
10b. KIND OF BUSINESS OR INDUSTRY: Home 0
11. BIRTHPLACE (State or foreign country): Delmar, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Williams BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Elizabeth Rodgers BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Doris Siegfried ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary artery thrombosis — 5 hours
DUE TO (c) Coronary arteriosclerosis — years. 14 years
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hypertension 11 years
Diabetes mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/20/, 1957, to 12/27/, 1965, that I last saw the deceased alive on 12/25/, 1965, and that death occurred at 5 a.m., from the causes and on the date stated above.

23a. SIGNATURE: Robert M. Cordwell (Degree or title) M.D.
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 12/27/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 29 1965
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 1-4-66
REGISTRAR'S SIGNATURE: Joe Rubini
25. EMBALMER: Donald Maisel
LICENSE NO.: 452

FIRM NAME: MAISEL FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5621
Local Reg. No. 1
Reg. Dist. No. 142

RECEIVED JAN 17 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 401 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dead on arrival at West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 403
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smelterville
d. STREET ADDRESS (If rural, give location): Smelterville, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): ARTHUR
b. (Middle): C. 141
c. (Last): HAMS

4. DATE OF DEATH (Month) (Day) (Year): Dec. 25, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan 28, 1903
9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Smelterman
10b. KIND OF BUSINESS OR INDUSTRY: Mining 04
11. BIRTHPLACE (State or foreign country): Roseau, Minnesota
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Hams
BIRTHPLACE: Unknown 06
14. MOTHER'S MAIDEN NAME: Alice Flint
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 474-14-3865
17. INFORMANT'S OWN SIGNATURE: Erma Hams
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 minute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary artery sclerosis — years.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2 never attended him, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 7 40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John W. Cardwell MD.
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 12/27/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 31 1965
24c. NAME OF CEMETERY OR CREMATORY: Shoshone Gardens
24d. LOCATION (City, town, or county) (State): Pinehurst, Idaho

DATE REC'D BY LOCAL REG.: 1-4-66
REGISTRAR'S SIGNATURE: Joe Sabine
25. EMBALMER: Donald Maisel
LICENSE NO.: 452

FIRM NAME: MAISEL FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 4 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5622
Local Reg. No. 140
Reg. Dist. No.

BIRTH NO.

RECEIVED JAN 3 1966 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silverton
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Shoshone County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Hattie	Elizabeth	McRae	Dec. 25, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Oct. 1, 1883	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
McRae Fuel	Fuel	German Town, California	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-36-3195	X Flemi McRae	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Hemorrhage	Several years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	arteriosclerosis	Several years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug 1, 1959, *to* Dec 25, 1965, *that I last saw the deceased alive on* 12-25, 1965, *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. M. Peterson, M.D. 414	Wallace Idaho	12-29-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Dec. 28, 1965	Wallace Cemetery	Wallace Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
12-30-65	Dale Harrell	Dale L. Cornell	Wallace

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 3 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

State File No. 5623
Local Reg. No. 3
Reg. Dist. No. 142

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 17 1966 Bureau of Vital Statistics

BIRTH NO. 402 3-03

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital 139

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 400
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst
d. STREET ADDRESS (If rural, give location): Pinehurst, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): ERNESTINE
b. (Middle):
c. (Last): VAUDRIN

4. DATE OF DEATH (Month) (Day) (Year): Dec. 28, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 16 1920
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home 01
11. BIRTHPLACE (State or foreign country): Belcourt, No. Dak.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frank Delonais — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Mary Belgrade — BIRTHPLACE: No. Dak.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Ralph Vaudrin — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

521X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bilateral Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 72 Hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Recurrent pulmonary Abscess — years.
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/25/65, 19___, *to* 12/28/65, 19___, *that I last saw the deceased alive on* 12/28/65, 19___, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul J. Perelli MD 435
23b. ADDRESS: Box 589 Wallace, Idaho
23c. DATE SIGNED: 12/31/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 31, 1965
24c. NAME OF CEMETERY OR CREMATORY: Shoshone Mem. Grdns.
24d. LOCATION (City, town, or county) (State): Pinehurst, Idaho

DATE REC'D BY LOCAL REG.: 1-10-66
REGISTRAR'S SIGNATURE: Joe Irvine
25. EMBALMER: Robert G. Ross — LICENSE NO. 497

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Maisel Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 2 1 1990

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5624
Local Reg. No. 1
Reg. Dist. No. 140

BIRTH NO.

RECEIVED JAN 1 21966 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Shoshone 400
b. CITY OR TOWN Silverton
(If outside corporate limits, write RURAL and give township) 600
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Shoshone County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 402 b. COUNTY Shoshone
c. CITY OR TOWN Wallace (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) 138 c. (Last) Uhlman

4. DATE OF DEATH (Month) (Day) (Year) Dec. 31, 1965

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Dec. 8, 1883
9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY 01
11. BIRTHPLACE (State or foreign country) Austria
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Antone Wiegele
BIRTHPLACE
14. MOTHER'S MAIDEN NAME Theresa Florian
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 18 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-13, 1965, to 12-31, 1965, *that I last saw the deceased alive on* 12-31, 1965, *and that death occurred at* 10:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE G. M. Peterson, M.D. (Degree or title)
23b. ADDRESS Wallace Idaho
23c. DATE SIGNED 1-4-66

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 3, 1966
24c. NAME OF CEMETERY OR CREMATORY Nine Mile
24d. LOCATION (City, town, or county) Wallace (State) Idaho

DATE REC'D BY LOCAL REG. 1-9-66
REGISTRAR'S SIGNATURE Dale L. Cornell
25. FUNERAL DIRECTOR Dale L. Cornell
ADDRESS Wallace, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JAN 13 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

Certificate of Death

STATE OF IDAHO

State File No. 5625
Local Reg. No. 6
Reg. Dist. No. 620

RECEIVED DEC 20 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Teton 410
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
c. LENGTH OF STAY (in this place): 1 week

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 410
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
d. STREET ADDRESS (If rural, give location): none given

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Teton Valley Hospital 142

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	EDITH	MARIE	BIRD	December 1, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed 2	August 2, 1897	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher/Librarian 12
10b. KIND OF BUSINESS OR INDUSTRY: 01 Education
11. BIRTHPLACE (State or foreign country): Bucksport, South Carolina
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Robert Laidlaw — BIRTHPLACE: Toronto, Canada
14. MOTHER'S MAIDEN NAME: Mary Gustafson — BIRTHPLACE: Hamblin, Michigan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S OWN SIGNATURE: Eldred K. Bird — ADDRESS: Calimesa, Calif.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — indef

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11-14, 1965, *to* 12-1, 1965, *that I last saw the deceased alive on* 12-1, 1965, *and that death occurred at* 3:20a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
219 K Heed	M.D	Driggs Id	12-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec 4, 1965	Cache-Clawson	Tetonia, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-15-65	Ella Gregg	Robert Bean Robert Bean	E-456

FIRM NAME: Robert Bean Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 3 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 13 1975

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 1 01966 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5626
Local Reg. No.
Reg. Dist. No. 620

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Teton 410
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Victor 660
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Timberline Lounge 662

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 410
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs,
d. STREET ADDRESS (If rural, give location): None Given

3. NAME OF DECEASED (Type or Print): a. (First) DANIEL b. (Middle) CUARTE c. (Last) AZUELO

4. DATE OF DEATH (Month) (Day) (Year): December 14, 1965

5. SEX: Male
6. COLOR OR RACE: Filipino 6
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Sept. 12, 1920
9. AGE (In years last birthday): 45 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chef 49
10b. KIND OF BUSINESS OR INDUSTRY: Cafe 0
11. BIRTHPLACE (State or foreign country): Manilla, Phillipine Islands
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Perfecto Azuelo — BIRTHPLACE: Phillipine Islands
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 548-32-3265
17. INFORMANT'S OWN SIGNATURE: x M. Duane Azuelo — ADDRESS: Driggs, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 795.4 Unknown — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 11:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE: 219 R Heer (Degree or title) MD
23b. ADDRESS: Driggs, Idaho
23c. DATE SIGNED: 1-6-66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-18-65
24c. NAME OF CEMETERY OR CREMATORY: Victor Cemetery
24d. LOCATION (City, town, or county) (State): Victor, Teton Co., Idaho

DATE REC'D BY LOCAL REG.: 1-6-66
REGISTRAR'S SIGNATURE: Ella Driggs
25. EMBALMER: Robert D. Bean — LICENSE NO.: E-456
FIRM NAME: Bean Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

JAN 13 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to obtain the facts shall sign HIS name in addition to giving the source of information.

JAN 26 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 6 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5627
Local Reg. No. D-381
Reg. Dist. No. 460

Certificate of Death

RECEIVED
DEC 13 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 440 Harrison Street 100

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 440 Harrison Street

3. NAME OF DECEASED (Type or Print)
a. (First): Lulu
b. (Middle): Vesta
c. (Last): Coleman

4. DATE OF DEATH (Month) (Day) (Year): December 3,1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: June 9,191 1
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Callaway,Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Fred M.Kelsey — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Emma Jane Ellington — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-14-2542
17. INFORMANT'S OWN SIGNATURE: Wilbur A. Gosney — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

170X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Carcinoma, rt breast — 18 mo.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 5-14-64
19b. MAJOR FINDINGS OF OPERATION: Carcinoma, rt. breast with axillary metastasis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-11, 1964, *to* 12/31, 1965, *that I last saw the deceased alive on* 11-30, 1965 *and that death occurred at* 11:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard W. Smith 481 M.D.
23b. ADDRESS: Twin Falls,Idaho
23c. DATE SIGNED: 12-7/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/6/65
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem.Park
24d. LOCATION (City, town, or county) (State): Twin Falls,Idaho

DATE REC'D BY LOCAL REG.: 12-8-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Paul D. Reynolds — LICENSE NO.: E-495
FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 13 1965 Division of Vital Statistics

State File No. 5628
Local Reg. No. D-383
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 420 Twin Falls 403
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
DURATION OF STAY (in this place): 3 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Miracle Hot Springs 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 215 7th Ave. North

3. NAME OF DECEASED (Type or Print): a. (First) JASON b. (Middle) A. c. (Last) BENNETT

4. DATE OF DEATH: (Month) Dec. (Day) 3, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: April 6, 1882

9. AGE (In years last birthday): 83 | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 01

11. BIRTHPLACE (State or foreign country): Oberlin, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John William Bennett — BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Ellen Burnett — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: --

17. INFORMANT'S OWN SIGNATURE: Gordon Bennett — ADDRESS: RFD # 3 Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Case Not Diagnosed — INTERVAL BETWEEN ONSET AND DEATH: Brief

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Probably — DUE TO (b): Coronary Occlusion
DUE TO (c): Aterio-sclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* Investigation Only, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 4:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Claude Wiley 583 — (Degree or title): Coroner

23b. ADDRESS: 490 Filer Ave. Twin Falls, Idaho

23c. DATE SIGNED: 12/6/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/7/65

24c. NAME OF CEMETERY OR CREMATORY: Buhl

24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 12-8-65

REGISTRAR'S SIGNATURE: Regina Gonzales

25. EMBALMER: Robert F. Dickard — LICENSE NO.: E-312

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES: DEC 20 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

65-12224

Certificate of Death

STATE OF IDAHO

State File No. 5629
Local Reg. No. D-379
Reg. Dist. No. 460

BIRTH NO.

RECEIVED
DEC 9 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN Twin Falls
c. LENGTH OF STAY IN THIS PLACE 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Triumph
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Virgil b. (Middle) c. (Last) Merrill Jr.

4. DATE OF DEATH (Month) (Day) (Year) Dec. 4, 1965

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH Dec. 2, 1965

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days 2 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Hailey, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Virgil Merrill BIRTHPLACE Moscow, Idaho

14. MOTHER'S MAIDEN NAME Stella Hinze BIRTHPLACE Morgantown, W.V.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Virgil Merrill ADDRESS Triumph, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

760.5

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature — 2 day
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased* ~~from~~ 12/4/65, 19__, to __, 19__, that I ~~did not~~ NEVER SAW *the deceased alive on* __, 19__, *and that death occurred at* 3:05 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) MD

23b. ADDRESS Twin Falls

23c. DATE SIGNED 12/7/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12/6/65

24c. NAME OF CEMETERY OR CREMATORY Hailey Cemetery

24d. LOCATION (City, town, or county) Hailey, (State) Idaho

DATE REC'D BY LOCAL REG. 12-7-65

REGISTRAR'S SIGNATURE Regina Snijders

25. FUNERAL DIRECTOR Keith Bird

ADDRESS Keith Bird E 373 Bird Funeral Home Hailey, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

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Certificate of Death

STATE OF IDAHO

State File No. 5630
Local Reg. No. D-382
Reg. Dist. No. 460

BIRTH NO.

RECEIVED
DEC 13 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 311 3rd Avenue East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 311 3rd Avenue East

3. NAME OF DECEASED (Type or Print): a. (First) Henry b. (Middle) c. (Last) Campbell

4. DATE OF DEATH (Month) (Day) (Year): December 4, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: September 27, 1907

9. AGE (In years last birthday): 58 | IF UNDER 1 YEAR Months: Days: | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Arizona

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 527-09-3452

17. INFORMANT'S OWN SIGNATURE: James C. Reynolds, ADDRESS: Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Asthma and Lung Infection. — Yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not attend *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 12:00p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Claude Wiley (Degree or title): Coroner
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 12/8/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/8/65
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 12-8-65
REGISTRAR'S SIGNATURE: Regina Elizalde
25. EMBALMER: Paul D. Reynolds
LICENSE NO.: E-495
FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5631
Local Reg. No. D-380
Reg. Dist. No. 460

RECEIVED DEC 13 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls (421) 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY IN (This place): days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (420)
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly (rural)
d. STREET ADDRESS (If rural, give location): Route # 1

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hosp.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ALICE	ISADORE (144)	RHOADES	December 5, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married 3	Feb. 27, 1916	49				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife (01)	own home (01)	Corinda, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert Hall	Ohio	Evelyn Sawyers	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - -		James F. Rhoades	~~Kimberly, Idaho~~

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uremia (603X)	1 week
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Left Renal Insufficiency	1 year
DUE TO (c)	Congenital Small Left Kidney and Traumatic Loss of Right Kidney	1½ yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- - -	- - -	- - - - - - - - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
- - - - - m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	- - - - - - - - - - - - - - -

22. *I hereby certify that I attended the deceased from* 10-6, 1960, *to* 12-5, 1965, *that I last saw the deceased alive on* 12-5, 1965, *and that death occurred at* 5:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D.A. McCluskey (338) MD	Twin Falls, Idaho	12/6/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	12-8-65	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-8-65	Regina Grigsby	Dale D. Patterson	E-451

FIRM NAME: TWIN FALLS MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 15 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5632
Local Reg. No. D-365
Reg. Dist. No. 760

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 420 DEC 20 1965 000
b. CITY OR TOWN Kimberly
c. LENGTH OF STAY IN THIS PLACE
d. FULL NAME OF HOSPITAL OR INSTITUTION Valley Nursing Home 250

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 420 b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kimberly
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) WILFORD b. (Middle) FRANKLIN c. (Last) NEBEKER

4. DATE OF DEATH (Month) (Day) (Year) December 5, 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Sept. 17, 1869
9. AGE (In years last birthday) 96 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Farm 01
11. BIRTHPLACE (State or foreign country) St. Thomas, Nevada
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Nebeker BIRTHPLACE Newport New Castle, Del.
14. MOTHER'S MAIDEN NAME Rebecca Heaton BIRTHPLACE Bradford, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE + Al Nebeker ADDRESS Hansen Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Retro-peritoneal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Aneurysm of abdominal aorta with rupture
DUE TO (c) Atherosclerosis of abdominal aorta

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis and obesity

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-27-61, 19___, *to* 12-5-65, 19___, *that I last saw the deceased alive on* 12-5-65, 19___, *and that death occurred at* 10:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE 423 (Degree or title)
23b. ADDRESS 1216 Filer Ave. E. Twin Falls Idaho
23c. DATE SIGNED 12-9-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 8, 1965
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) Twin Falls (State) Idaho

DATE REC'D BY LOCAL REG. 12-15-65
REGISTRAR'S SIGNATURE Regina Grijalva
25. EMBALMER
LICENSE NO. E-343

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5633
Local Reg. No. D389
Reg. Dist. No. 460

BIRTH NO.

RECEIVED DEC 20 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 461 2nd Avenue East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 461 2nd Avenue East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GREGORIO		BENGOECHEA	December 7, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Nov. 28, 1878	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Sheepman	Ispaster, Spain	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-36-7116	Joe Olaizola	Twin Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Arteriosclerotic Heart Disease	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)	Old age	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July, 1964, *to* 12-7, 1965, *that I last saw the deceased alive on* 12-7, 1965, *and that death occurred at* 2 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Willard Stevenson M.D.	Twin Falls, Ida	12-7-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 11, 1965	Twin Falls Cemetery	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-15-65	Regina Dziabura	Wyatt Pollard	E-343

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5634
Local Reg. No. D-384
Reg. Dist. No. 460

RECEIVED
DEC 16 1965
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls (42)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1733 Highland Ave. East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls (42)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1733 Highland Ave. East

3. NAME OF DECEASED (Type or Print): a. (First) CALEB b. (Middle) MELVIN c. (Last) PICKENS

4. DATE OF DEATH (Month) (Day) (Year): December 8, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: October 7, 1904

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocery store owner

10b. KIND OF BUSINESS OR INDUSTRY: Merchant (0)

11. BIRTHPLACE (State or foreign country): VanBuren County, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME (35): unknown
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W. # 2

16. SOCIAL SECURITY NO.: 552-22-9786

17. INFORMANT'S OWN SIGNATURE: Edith Pickens
ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 20 m

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Coronary Artherosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1965, *to* Dec 8, 1965, *that I last saw the deceased alive on* Dec 8, 1965, *and that death occurred at* 6:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 12-10-1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Remove-Burial

24b. DATE: 12

24c. NAME OF CEMETERY OR CREMATORY: Lindon Cemetery

24d. LOCATION (City, town, or county) (State): San Joaquin County, Calif.

DATE REC'D BY LOCAL REG.: 12-10-65

REGISTRAR'S SIGNATURE: Regina Grijalva

25. EMBALMER: Paul D. Reynolds

LICENSE NO.: E-495

FIRM NAME: Reynolds funeral chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 17 1965

JAN 28 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 25 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BOTH blank under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5635
Local Reg. No. D-387
Reg. Dist. No. 460

RECEIVED DEC 20 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY TWIN FALLS 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) TWIN FALLS
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) HAZELDEL MANOR 285

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 43
b. COUNTY Twin Falls 20
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Filer
d. STREET ADDRESS (If rural, give location) 515 Adell Street

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) CURTIS c. (Last) LONG

4. DATE OF DEATH (Month) (Day) (Year) DEC. 8TH, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH January 28, 1885

9. AGE (In years last birthday) 80
If UNDER 1 YEAR Months Days
If UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY Farm 01

11. BIRTHPLACE (State or foreign country) Purdy, Missouri

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John D. Long
BIRTHPLACE Purdy, Mo.

14. MOTHER'S MAIDEN NAME Martha Dennis
BIRTHPLACE Purdy, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 492 -20-5579

17. INFORMANT'S OWN SIGNATURE Willie Long
ADDRESS Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.0 Arteriosclerotic Heart Dis — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 14, 1965, *to* Dec. 8, 1965, *that I last saw the deceased alive on* Dec 8, 1965, *and that death occurred at* 1:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE C. Culling 118 (Degree or title) MD

23b. ADDRESS Buhl, Idaho

23c. DATE SIGNED 12/10/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12/11/65

24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery

24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 12-14-65

REGISTRAR'S SIGNATURE Regina Grigsby

25. EMBALMER

LICENSE NO. 343

FIRM NAME: White Mortuary Twin Falls, Idah

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
DEC 24 1965
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5636
Local Reg. No. D395
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 3-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): R.F.D. # 4 (Peck Addition)

3. NAME OF DECEASED (Type or Print): a. (First) ELBERT b. (Middle) ARTHUR 145 c. (Last) PARTIN

4. DATE OF DEATH: (Month) Dec. (Day) 11, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Jan. 8, 1914

9. AGE (In years last birthday): 51
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic 10

10b. KIND OF BUSINESS OR INDUSTRY: Garage Owner 01

11. BIRTHPLACE (State or foreign country): Barbourville, Kentucky

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Partin — BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: Pearl King — BIRTHPLACE: Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-10-7772

17. INFORMANT'S OWN SIGNATURE: Mrs Elbert Partin — ADDRESS: RFD # 4 Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

450.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosed Aorta — INTERVAL BETWEEN ONSET AND DEATH: hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Vascular dissection of aortic wall — days
DUE TO (c) Generalized Arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 30, 1962 *to* Dec 11, 1965, *that I last saw the deceased alive on* Dec 11, 1965, *and that death occurred at* 9:40 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C W Mullins 118 (Degree or title) MD

23b. ADDRESS: 122 9th Ave North Buhl

23c. DATE SIGNED: 12-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/14/65

24c. NAME OF CEMETERY OR CREMATORY: Buhl

24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 12-17-65

REGISTRAR'S SIGNATURE: Regina Grijalva

25. EMBALMER: George Farmer — LICENSE NO.: E-480

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr Drake

Certificate of Death

STATE OF IDAHO

State File No. 5637
Local Reg. No. D-386
Reg. Dist. No. 460

BIRTH NO.

RECEIVED
DEC 20 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hazel Dale Manor 285

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jerome
d. STREET ADDRESS (If rural, give location): Route 3

3. NAME OF DECEASED (Type or Print)
a. (First): Gilbert
b. (Middle): Dale
c. (Last): McClanahan

4. DATE OF DEATH (Month) (Day) (Year): Dec 11 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: January 29.1885
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 10, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Hocking County Ohio
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: George W McClanahan
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Cornelia Hillard
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-54-2978
17. INFORMANT'S OWN SIGNATURE: x Ruth Blamires
ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardio vascular disease & terminal coronary occlusion

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) old age Gen adenosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/25, 1965, *to* 12/11, 1965, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 146 Dr Drake M D
23b. ADDRESS: Twin Falls
23c. DATE SIGNED: 10-13-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/15/65
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: 12-13-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. FUNERAL DIRECTOR: [signature]
ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 6 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of J. R. Worley Lic. No. E 208 at Jerome Idaho on 12/11/68

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 5638
Local Reg. No. D-373
Reg. Dist. No. 460

RECEIVED DEC 20 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 351 6th Avenue North (Home)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 351 6th Avenue North

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	FRANK	C.	DAWSON	December 12, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 24, 1877	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Operated store	Variety Store	Spencer County, Indiana	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-07-8608	Paul E. Jones	Yakima, Washington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Hemorrhage	½ hr.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Senile arteriosclerosis	5 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Ruptured appendix & peritonitis	5 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept. 26 62, 19___, *to* Dec. 12, 19 65, *that I last saw the deceased alive on* Dec. 3, 19 65, *and that death occurred at* 7:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George C. Halley, M.D.	468 Elm St. No. Twin Falls, Idaho	Dec. 14, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Dec. 15, 1965	Twin Falls Cemetery	Twin Falls	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
			E-343

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 27 1970

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5639
Local Reg. No. D-394
Reg. Dist. No. 460

BIRTH NO.

RECEIVED DEC 20 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 406
b. CITY OR TOWN: Twin Falls
c. LENGTH OF STAY IN THIS PLACE: 6 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN: Twin Falls
d. STREET ADDRESS: 511 Fourth Avenue North

3. NAME OF DECEASED (Type or Print): a. (First) IVA b. (Middle) GENEVA 143 c. (Last) LARSON

4. DATE OF DEATH: December 12, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: Mar. 1, 1901
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home 01
11. BIRTHPLACE (State or foreign country): Fort Bridger, Wyoming
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry Witt — BIRTHPLACE: Chicago, Illinois
14. MOTHER'S MAIDEN NAME: Lydia Milinda Strong — BIRTHPLACE: Monroe, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
16. SOCIAL SECURITY NO.: 518-36-6015
17. INFORMANT'S SIGNATURE: x Walter Larson — ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1708 metastatic Ca from Breast — INTERVAL BETWEEN ONSET AND DEATH: 1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Primary carcinoma Breast
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8- 1963, to 12-12-1965, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Harry F. Brumbach M.D. 064
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 12-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-15-65
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 12-15-65
REGISTRAR'S SIGNATURE: Virginia Grijalva
25. EMBALMER: Dale D. Patterson
LICENSE NO.: E-451

FIRM NAME: Twin Falls Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 21 1965

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to obtain the facts shall sign HIS name in addition to giving the source of information. DEC 27 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5640
Local Reg. No. D-390
Reg. Dist. No. 460

Certificate of Death

RECEIVED
DEC 20 1965
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 421 — 000

a. COUNTY: Twin Falls

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 824 Park Avenue-(Home) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 421

b. COUNTY: Twin Falls

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls

d. STREET ADDRESS (If rural, give location): 824 Park Avenue

3. NAME OF DECEASED (Type or Print)

a. (First): CLARENCE

b. (Middle): E.

c. (Last): WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year): December 12, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Dec. 30, 1906

9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Livestock buyer 51

10b. KIND OF BUSINESS OR INDUSTRY: Livestock 01

11. BIRTHPLACE (State or foreign country): Welch, Oklahoma

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John B. Williams — BIRTHPLACE: Oklahoma

14. MOTHER'S MAIDEN NAME: Bertha McCallister — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-26-8927

17. INFORMANT'S OWN SIGNATURE: Ethel M Williams — ADDRESS: Twin Falls

18. CAUSE OF DEATH 420.1

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 sec.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 10, 1965, *to* Nov. 2, 1965, *that I last saw the deceased alive on* Nov 2, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. W. Kendall M.D. 277

23b. ADDRESS: 206 Martin St Twin Falls

23c. DATE SIGNED: 12/13/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 16, 1965

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county): Twin Falls — (State): Idaho

DATE REC'D BY LOCAL REG.: 12-15-65

REGISTRAR'S SIGNATURE: Regina Grijalva

25. EMBALMER: [signature]

LICENSE NO.: E-343

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 15 1966

FEB 15 1966

FEB 16 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5641
Local Reg. No. D-341
Reg. Dist. No. 460

BIRTH NO.

RECEIVED
DEC 20 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 42
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ELLA; b. (Middle) C. 143; c. (Last) BROWN

4. DATE OF DEATH (Month) (Day) (Year): December 13, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Sept 23, 1881

9. AGE (In years last birthday): 84 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 60

10b. KIND OF BUSINESS OR INDUSTRY: 60

11. BIRTHPLACE (State or foreign country): Fort Scott, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas Ward
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Sophia Drout
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Howard J Ward
ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c): Generalized arteriosclerosis — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* December 1957 *to* Dec. 13, 1965, *that I last saw the deceased alive on* Dec. 13, 1965, *and that death occurred at* 12 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wellard H. Clark MD

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 12-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 15, 1965

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 12-15-65

REGISTRAR'S SIGNATURE: Regina Grijalva

25. EMBALMER: Dwight Tuttle

LICENSE NO.: E-343

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to,

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

65-11854
BIRTH NO.

Certificate of Death
STATE OF IDAHO

RECEIVED DEC 28 1965

State File No. 5642
Local Reg. No. D-402
Reg. Dist. No. 760

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 42
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 249 4th Avenue North

3. NAME OF DECEASED (Type or Print)
a. (First): BRADFORD
b. (Middle): CHARLES
c. (Last): WALKER

4. DATE OF DEATH: (Month) Dec. (Day) 14, (Year) 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: Nov. 11, 1965

9. AGE (In years last birthday): IF UNDER 1 YEAR — Months: 1 — Days: | IF UNDER 24 HRS. — Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Larry Walker
BIRTHPLACE: Twin Falls, Ida.

14. MOTHER'S MAIDEN NAME: Wilma Jean Ayers
BIRTHPLACE: Filer, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Larry Walker
ADDRESS: 249 4th N. Twin Falls, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

490X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES XX NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 11, 1965, *to* Dec 14, 1965, *that I last saw the deceased alive on* Dec 14, 1965, *and that death occurred at* 7:00 a.m., *from the causes and on the date stated above.*
Died on arrival

23a. SIGNATURE: C. M. Wright 576
(Degree or title): M.D.

23b. ADDRESS: 670 Shoup Av. Twin Falls, Idaho

23c. DATE SIGNED: 12/18/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/16/65

24c. NAME OF CEMETERY OR CREMATORY: Buhl

24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 12-23-65

REGISTRAR'S SIGNATURE: Regina Grigalva

25. EMBALMER: George Farmer
LICENSE NO.: E-484

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

65-12916

Certificate of Death

STATE OF IDAHO

State File No. 5643
Local Reg. No. D-392
Reg. Dist. No. 460

BIRTH NO.

RECEIVED DEC 20 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murtaugh
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): LESA
b. (Middle): DEE 43
c. (Last): BOWMAN

4. DATE OF DEATH (Month) (Day) (Year): December 14, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Dec. 14, 1965
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 0, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY: None 00
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Leona Bowman — BIRTHPLACE: St. George, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs Harold Kimer — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION 750X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fetal Anomaly (Anencephalic monster)

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Causes unknown.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* polydactily - hands - Club feet

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 14, 1965, *to* Dec 14, 1965, *that I last saw the deceased alive on* Dec 14, 1965, *and that death occurred at* 6:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Fen H. Covington M.D. 110
23b. ADDRESS: 676 Shoup Ave W. Twin Falls
23c. DATE SIGNED: 12-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 17, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 12-15-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: [signature]
LICENSE NO.: E-343

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: FEB 25 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to.

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5644
Local Reg. No. D-400
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 24 1965 Bureau of Vital Statistics

BIRTH NO.

421 600

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print)
a. (First): EPHRAIM
b. (Middle): 143
c. (Last): BARNES

4. DATE OF DEATH (Month) (Day) (Year): December 15, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 15, 1885
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farm 01
11. BIRTHPLACE (State or foreign country): Cove, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mannasseh Barnes — BIRTHPLACE: Grantsville, Utah
14. MOTHER'S MAIDEN NAME: Eliza Ann Allen — BIRTHPLACE: Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-09-7545
17. INFORMANT'S OWN SIGNATURE: X Jennie H. Barnes — ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1/2 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 13, 1963, *to* Dec 15, 1965, *that I last saw the deceased alive on* July 12, 1965, *and that death occurred at* 3:20 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Dean Hood Affleck MD (Degree or title)
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: Dec. 17, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 17, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 12-21-65
REGISTRAR'S SIGNATURE: Regina Goijalva
25. EMBALMER: [signature]
LICENSE NO.: E-343

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5645
Local Reg. No. D-397
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 24 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 490 Filer Avenue 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 490 Filer Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Clayde
b. (Middle): F.
c. (Last): Wiley

4. DATE OF DEATH (Month) (Day) (Year): December 15,1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: December 4,1899
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret.Police Officer 62
10b. KIND OF BUSINESS OR INDUSTRY: 02
11. BIRTHPLACE (State or foreign country): Hannibal,Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Wiley — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Margaret Little — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W.#1 & W.W.#2
16. SOCIAL SECURITY NO.: 519-09-7773
17. INFORMANT'S OWN SIGNATURE: Tesley H. Dobbs — ADDRESS: Twin Falls,Idaho

18. CAUSE OF DEATH 422.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ruptured Aortic Aneurism — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Cardiovascular Disease — 25 yr.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Pulmonary Emphysema — 20 yr
Rheumatic Heart Disease - inactive — 57 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 Oct, 1963, *to* 12/15/, 1965, *that I last saw the deceased alive on* 13 Dec, 1965, *and that death occurred at* 1:50a. m., *from the causes and on the date stated above.*

23a. SIGNATURE James H. Spafford 489 (Degree or title): M.D.
23b. ADDRESS: Twin Falls,Idaho
23c. DATE SIGNED: 12/18/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/18/65
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls,Idaho

DATE REC'D BY LOCAL REG.: 12-21-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Paul D. Reynolds
LICENSE NO.: E-495

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Reynolds Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 27 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 30 1965

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Information, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 24 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5646
Local Reg. No. D-398
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hazeldel Manor 285

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 42 b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	EMMA	VIRGINIA	AUSTIN	December 15, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed 2	April 29, 1888	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home 01	Morganton, North Carolina	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-42-6405	Harvey E. Austin	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Hemorrhage	5 days
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Cerebro vascular Arteriosclerosis	5 yr +
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Diabetes Mellitus - mild; Parkinson's Disease (Paralysis Agitans)	1 yr. 34 yr +

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 22 Feb, 1965, *to* 15 Dec, 1965, *that I last saw the deceased alive on* 14 Dec, 1965, *and that death occurred at* 3:50 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James H. Stafford M.D.	Twin Falls Idaho	12/17/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 17, 1965	Twin Falls Cemetery	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-21-65	Regina Grijalva		E-343

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: White Mortuary

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5647
Local Reg. No. D-404
Reg. Dist. No. 460

RECEIVED DEC 31 1965

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): R.F.D. # 1

3. NAME OF DECEASED (Type or Print)
a. (First): ESTHER
b. (Middle): LOUISE
c. (Last): PETERSON

4. DATE OF DEATH: (Month) Dec. (Day) 16, (Year) 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 20, 1895
9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Aberdeen, Washington
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Nels Johnson
BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S OWN SIGNATURE: Ralph N. Peterson (RFD # 1)
ADDRESS: Buhl, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure due to Arterio-sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 13 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Marked obesity — 15 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* Dec 16, 1965, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 7:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Alvin H Henderson MD (Degree or title)
23b. ADDRESS: Buhl, Ida.
23c. DATE SIGNED: 12-21-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/21/65
24c. NAME OF CEMETERY OR CREMATORY: Buhl
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 12-28-65
REGISTRAR'S SIGNATURE: Regina Higbee
25. EMBALMER: George Farmer
LICENSE NO.: E-484

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 11 1966

APR 15 1970

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5648
Local Reg. No. D-405
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED DEC 31 1965

1. PLACE OF DEATH a. COUNTY: Twin Falls 421	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 420 b. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls	c. LENGTH OF STAY (in this place): 6 Days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital	d. STREET ADDRESS (If rural, give location): California Apt's.

3. NAME OF DECEASED (Type or Print)	a. (First) CARRIE	b. (Middle) EVANS 143	c. (Last) DAVIS	4. DATE OF DEATH (Month) Dec. (Day) 17, (Year) 1965
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2	8. DATE OF BIRTH: Feb. 1, 1873	9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01	10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01	11. BIRTHPLACE (State or foreign country): Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Cyrus Evans	BIRTHPLACE: No Record	14. MOTHER'S MAIDEN NAME: No Record	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: --	17. INFORMANT'S OWN SIGNATURE: Mrs. Lloyd N. Davis	ADDRESS: 6123 Montezuma Rd. San Diego, Cal. 92115	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilat. Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10-days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) 3 fract. rt. ribs, from a fall. — 3 wks

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE XX (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Buhl, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Fell against a chair

22. *I hereby certify that I attended the deceased from _____, 19__, to* Dec 17, 1965, *that I last saw the deceased alive on* 12-17, 1965, *and that death occurred at* 3:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Vern H. Anderson MD (Degree or title)	23b. ADDRESS: Buhl, Idaho	23c. DATE SIGNED: 12-21-65	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 12/21/65	24c. NAME OF CEMETERY OR CREMATORY: Buhl	24d. LOCATION (City, town, or county) (State): Buhl Idaho
DATE REC'D BY LOCAL REG.: 12-28-65	REGISTRAR'S SIGNATURE: Regina Grijalva	25. EMBALMER: George Farmer	LICENSE NO.: E-484

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

65-8458

Certificate of Death

STATE OF IDAHO

State File No. 5649
Local Reg. No. D-399
Reg. Dist. No. 460

BIRTH NO.

RECEIVED DEC 24 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1326 4th Avenue East

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MARK	WILLIAM	RODGERS	December 17, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	August 20, 1965		3	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None 02	None 00	Twin Falls, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Billy C. Rodgers	Kellogg, Idaho	Patricia M. Whaley	Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	X Billy C. Rodgers	Twin Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 492 X Pneumonia, Viral — INTERVAL BETWEEN ONSET AND DEATH: approx 8 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* Nov 27 1965, *and that death occurred at* 5:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Max W Carver MD	Twin Falls, Idaho	12/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 20, 1965	Sunset Memorial Park	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-21-65	Regina Grijalva		E-343

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5650
Local Reg. No. D396
Reg. Dist. No. 460

RECEIVED DEC 24 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 421 1-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 15 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 314 4th St. West 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 421
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 314 4th St. West

3. NAME OF DECEASED (Type or Print)
a. (First) GEORGE
b. (Middle) RICHARDSON
c. (Last) RICE

4. DATE OF DEATH (Month) (Day) (Year) Dec. 17, 1965

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH Aug. 9, 1900
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) x-ray technician 92
10b. KIND OF BUSINESS OR INDUSTRY hospital 06
11. BIRTHPLACE (State or foreign country) Frankfort, Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Milton H. Rice — BIRTHPLACE Indiana
14. MOTHER'S MAIDEN NAME Frances Corwin — BIRTHPLACE Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes — (If yes, give war or dates of service) WW 1 3
16. SOCIAL SECURITY NO. 410-52-1107
17. INFORMANT'S OWN SIGNATURE x Leona Ruth Rice — ADDRESS Twin Falls Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH ½ hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) - - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) - - - - - (COUNTY) - - - - (STATE) - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? - - - - - - - - - - - - - - - -

22. *I hereby certify that I attended the deceased from ——, 19__, to ——, 19__, that I last saw the deceased alive on ——, 19__, and that death occurred at 10:00 P.m., from the causes and on the date stated above.*

23a. SIGNATURE Dean 003 T. Abflesh MD (Degree or title)
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 12-20-65

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 12-21-65
24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 12-21-65
REGISTRAR'S SIGNATURE Regina Grijalva
25. EMBALMER Dan P. Patterson
LICENSE NO. E-451

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: TWIN FALLS MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: DEC 28 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5651
Local Reg. No. D-403
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED DEC 28 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 920 Fair Street

3. NAME OF DECEASED (Type or Print)
a. (First): MABLE
b. (Middle): BLANCHE 143
c. (Last): SURBER

4. DATE OF DEATH (Month) (Day) (Year): Dec. 18, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Sept. 1, 1897
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Farnam, Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Amos Hampson — BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: Amelia Jones — BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: --
17. INFORMANT'S OWN SIGNATURE: Jake Surber — ADDRESS: 920 Fair St. Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

151X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of stomach — months
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Inoperable carcinoma of stomach
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 16, 1962, *to* December 18, 1965, *that I last saw the deceased alive on* Dec. 18, 1965, *and that death occurred at* 8:30 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. Wullings 118 — (Degree or title): M.D.
23b. ADDRESS: 122 9th Ave North Buhl Ida
23c. DATE SIGNED: Dec 21 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/22/65
24c. NAME OF CEMETERY OR CREMATORY: Buhl
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 12-23-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Robert F. Dickard
LICENSE NO.: E-312

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 18 2011

DUTIES: DEC 18 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5652
Local Reg. No. D-425
Reg. Dist. No. 460

Certificate of Death

RECEIVED
JAN 18 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 420 2-09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (In this place): 9 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Harral Nursing Home 205

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 512 8th Avenue North

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle):
c. (Last): WHEELER

4. DATE OF DEATH (Month) (Day) (Year): Dec. 21, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: Dec. 14, 1890
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: General 03
11. BIRTHPLACE (State or foreign country): North Ogden, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Calvin Wheeler — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Margaret Emma Barker — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 528-07-3224A
17. INFORMANT'S OWN SIGNATURE: Doris D. Wheeler — ADDRESS: 339 West 1100 N. Provo, Utah

18. CAUSE OF DEATH 260X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage with R+ hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis + Hypertension — 2 yrs
DUE TO (c) Diabetes Mellitus — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-25-55, 19__, *to* 12-21, 1965, *that I last saw the deceased alive on* 12-21, 1965, *and that death occurred at* 4:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H. Henderson MD
23b. ADDRESS: Buhl, Idaho
23c. DATE SIGNED: 1/11/66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/27/65
24c. NAME OF CEMETERY OR CREMATORY: Fielding
24d. LOCATION (City, town, or county) (State): Fielding, Utah

DATE REC'D BY LOCAL REG.: 1-14-66
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: George Farmer
LICENSE NO.: E-484

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 18 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED — STATE OF IDAHO

State File No. 5653
Local Reg. No. D-413
Reg. Dist. No. 760

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 420 Twin Falls — JAN 5 1966
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY IN THIS [illegible] Bureau of Vital Statistics: 20 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Harral Nursing Home 205

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): R.F.D. # 3

3. NAME OF DECEASED (Type or Print): a. (First) COLUMBUS; b. (Middle); c. (Last) TERRY

4. DATE OF DEATH: (Month) (Day) (Year): Dec. 21, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: March 5, 1879

9. AGE (In years last birthday): 86 — If under 1 year: Months; Days — If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 01

11. BIRTHPLACE (State or foreign country): Stone County, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Isaac T. Terry — BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Elwin A. Terry — ADDRESS: 800 E. Poplar, Rupert Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

420.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3-4 wks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Arteriosclerotic Heart Disease — 10-15 yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Osteoarthritis, sev. — 15-20 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-20, 1965, *to* 12-21, 1965, *that I last saw the deceased alive on* 12-19, 1965, *and that death occurred at* 6:20 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm H Anderson MD

23b. ADDRESS: Buhl, Ida

23c. DATE SIGNED: 12-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/24/65

24c. NAME OF CEMETERY OR CREMATORY: Buhl

24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 1-3-66

REGISTRAR'S SIGNATURE: Regina Grijalva

25. EMBALMER: George Farmer — LICENSE NO.: E-484

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 7 1981

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5654
Local Reg. No. D-407
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED DEC 31 1965

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 470 Filer Avenue West 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 470 Filer Avenue West

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): WALLACE
c. (Last): KEVAN

4. DATE OF DEATH (Month) (Day) (Year): December 22, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 28, 1889
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farm 01
11. BIRTHPLACE (State or foreign country): Dow City, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-10-8783
17. INFORMANT'S OWN SIGNATURE: X Mrs Frank Nielsen — ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

159X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic adenocarcinoma of the lungs suggestive of ~~[illegible]~~ [illegible] primary lesion.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: June 3 1965 to Dec 22 1965

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug. 7 1965
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of the lungs, metastatic
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 3, 1965, *to* Dec 22, 1965, *that I last saw the deceased alive on* Dec 22, 1965, *and that death occurred at* 10:10 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ellwood T Rees MD 431
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: 12-23-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 27, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 12-28-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: [signature]
LICENSE NO.: E-343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: 6600 JAN 3 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5655
Local Reg. No. D-406
Reg. Dist. No. 460

BIRTH NO.

RECEIVED DEC 31 1965

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1965
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sky-View Manor 273

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 42
b. COUNTY: T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1220 7th Avenue East

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Jennie	Day	Ford	December 23, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Divorced 4	June 6, 1888	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House-keeper 01	01	Tauliton, Oregon	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unknown	unknown	unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-12-5111	K M M Barron	Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	443X Cardiac decompensation	3 wks.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hypertensive cardio vascular Disease	20 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Diabetes mellitus	2 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-19-59, *19____, to* 12/23/, *19* 65, *that I last saw the deceased alive on* 12-20, *19*65 *and that death occurred at* 6:15a. *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles M. Smith	M.D.	Twin Falls, Idaho	12/24/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/27/65	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-28-65	Regina Grigalva	James C. Reynolds	E-279

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record. typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 20 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

JAN 5 1966

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 5656
Local Reg. No. D-415
Reg. Dist. No. 460

Bureau of Vital Statistics

1. PLACE OF DEATH 420

a. COUNTY: Twin Falls 2-04

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl

c. LENGTH OF STAY (in this place): 4 Mos.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Harral Nursing Home 205

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 420

b. COUNTY: Twin Falls

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer

d. STREET ADDRESS (If rural, give location): 312 Yakima Street

3. NAME OF DECEASED (Type or Print)

a. (First): JOHN

b. (Middle): WESLEY

c. (Last): ELLIOTT

4. DATE OF DEATH (Month) (Day) (Year): Dec. 23, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: March 28, 1907

9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trucker 13

10b. KIND OF BUSINESS OR INDUSTRY: Transportation 01

11. BIRTHPLACE (State or foreign country): Osage City, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: W. F. Elliott — BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Louisa Harris — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 512-03-8096

17. INFORMANT'S OWN SIGNATURE: Mrs. J. W. Elliott — ADDRESS: 312 Yakima Filer, Idaho

18. CAUSE OF DEATH 237X

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Brain tumor — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 10, 1965 *to* Dec. 23, 1965, *that I last saw the deceased alive on* Dec 23, 1965, *and that death occurred at* 11:40 p. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 118 MD

23b. ADDRESS: 122 9th Ave No Buhl

23c. DATE SIGNED: 12-27-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/28/65

24c. NAME OF CEMETERY OR CREMATORY: Filer IOOF

24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 1-3-66

REGISTRAR'S SIGNATURE: Regina Grijalva

25. EMBALMER: George Farmer — LICENSE NO.: E-484

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5657
Local Reg. No. 04-19
Reg. Dist. No. 460

BIRTH NO.

RECEIVED
JAN 6 1966
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 226 South Blue Lakes

3. NAME OF DECEASED (Type or Print): a. (First) MELODY; b. (Middle) DENISE; c. (Last) SEDILLO

4. DATE OF DEATH (Month) (Day) (Year): December 25, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: June 1, 1964

9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months 7, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Kareldeen Linch — BIRTHPLACE: Green Forest, Ark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE & ADDRESS: X Kareldeen E. Sedillo

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Interstitial Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 26 hr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12/24/65, 19__, *to* 12/25/65, 19__, *that I last saw the deceased alive on* 12/24/65, 19__, *and that death occurred at* 1:55 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): MD

23b. ADDRESS: Twin Falls

23c. DATE SIGNED: 12/28/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 27, 1965

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-4-66

REGISTRAR'S SIGNATURE: Regina Trujillo

25. EMBALMER:

LICENSE NO.: E-343

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED JAN 5 1966 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 5658
Local Reg. No. D-409
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: T. Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 808 12th Avenue North

3. NAME OF DECEASED (Type or Print): a. (First) Don b. (Middle) C. c. (Last) Teeter

4. DATE OF DEATH (Month) (Day) (Year): December 25, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: March 18, 1906

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 59

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Service Sta. Mgr 74

10b. KIND OF BUSINESS OR INDUSTRY: 04

11. BIRTHPLACE (State or foreign country): Ballard, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: M.N. Teeter — BIRTHPLACE: Ballard, Mo.

14. MOTHER'S MAIDEN NAME: Millie Gilbert — BIRTHPLACE: Aron, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 518-10-9918

17. INFORMANT'S OWN SIGNATURE: Buhl x Mrs. Melba Teeter — ADDRESS: Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 Wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Lymphatic Leukemia — 15 Yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Marked Malnutrition & cachexia — 6-8 mos

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-1-, 1964, *to* 12/25/, 19 65, *that I last saw the deceased alive on* 12-25, 1965, *and that death occurred at* 1:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm H Pederson M.D.

23b. ADDRESS: Buhl, Idaho

23c. DATE SIGNED: 12-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/28/65

24c. NAME OF CEMETERY OR CREMATORY: Buhl Cemetery

24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 12-30-65

REGISTRAR'S SIGNATURE: Regina Hijalva

25. EMBALMER: Paul D. Reynolds — LICENSE NO.: E-495

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 10 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5659
Local Reg. No. D-410
Reg. Dist. No. 460

Certificate of Death

RECEIVED
JAN 5 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 171 West Heyburn 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 171 West Heyburn

3. NAME OF DECEASED (Type or Print)
a. (First): Everett
b. (Middle): William
c. (Last): Connerley

4. DATE OF DEATH (Month) (Day) (Year): December 26,1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 5,1899
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tool sharpener 06
10b. KIND OF BUSINESS OR INDUSTRY: 03
11. BIRTHPLACE (State or foreign country): North Bend,Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Fred Connerley — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Mary Trout — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 553-30-8645
17. INFORMANT'S OWN SIGNATURE: Tim Qualls — ADDRESS: Twin Falls,Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 527.1 Pulmonary Edema due to — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Congestive Heart Failure — Several days
DUE TO (c) Advanced Pulmonary Emphysema — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-23, 1961, *to* 12/26/65, 19__, *that I last saw the deceased alive on* 12-26, 1965, *and that death occurred at* 2:45p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D.A. McCresby MD 338 M.D.
23b. ADDRESS: Twin Falls,Idaho
23c. DATE SIGNED: 12/28/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/29/65
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls,Idaho

DATE REC'D BY LOCAL REG.: 12-30-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: James C. Reynolds — James C. Reynolds
LICENSE NO.: E-279
FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 6 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5660
Local Reg. No. D-412
Reg. Dist. No. 460

RECEIVED JAN 5 1966 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: T. Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): Box 248

3. NAME OF DECEASED (Type or Print)
a. (First): Geraldine
b. (Middle): M.
c. (Last): Neale

4. DATE OF DEATH (Month) (Day) (Year): December 27, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 26, 1915
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Filer, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Snelson — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Belle Johnson — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-09-2799
17. INFORMANT'S OWN SIGNATURE: X Herbert A. Neale — ADDRESS: Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Emphysema — unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

527.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/22, 1957, *to* 12/27/, 1965, *that I last saw the deceased alive on* 12-27 1965, *and that death occurred at* 1:40p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Max W. Silver 085 M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: Dec 28, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/29/65
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 1-3-65
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: Paul D. Reynolds — Paul D. Reynolds
LICENSE NO.: E-495

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Reynolds Funeral Chapel

4900

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 15 1987

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5661
Local Reg. No. 0420
Reg. Dist. No. 460

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 JAN 6 1966 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls Bureau of Vital Statistics
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 203 Fourth Street North

3. NAME OF DECEASED (Type or Print)
a. (First): Ann
b. (Middle): L. 143
c. (Last): Thometz

4. DATE OF DEATH (Month) (Day) (Year): December 28, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: January 4, 1885
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Ambia, Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Theodore Giese — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Gertrude Assendrup — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-46-4503
17. INFORMANT'S OWN SIGNATURE: X Donald P. Thomas — ADDRESS: Wichita, Kansas

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 2 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 20, 1965, *to* Dec 28, 1965; *that I last saw the deceased alive on* Dec 28, 1965, *and that death occurred at* 5:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy L. Shaw M.D. 466
23b. ADDRESS: 111 6th Ave E. Twin Falls, Ida
23c. DATE SIGNED: 12/30/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 31, 1965
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county): Twin Falls — (State): Idaho

DATE REC'D BY LOCAL REG.: 1-4-66
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: [signature]
LICENSE NO.: E-343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JAN 7 1966
FEB 3 1966

Certificate of Death

STATE OF IDAHO

State File No. 5662
Local Reg. No. D-414
Reg. Dist. No. 460

RECEIVED JAN 5 1966 Bureau of Vital Statistics

BIRTH NO. 431

1. PLACE OF DEATH
a. COUNTY: Twin Falls 033
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): R.F.D. # 1

3. NAME OF DECEASED (Type or Print)
a. (First): HARVEY
b. (Middle): GENE 143
c. (Last): PARKSION

4. DATE OF DEATH: (Month) (Day) (Year): Dec. 28, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Dec. 25, 1944

9. AGE (In years last birthday): 21
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Packer

10b. KIND OF BUSINESS OR INDUSTRY: 06 Food Processing 07

11. BIRTHPLACE (State or foreign country): Castleford, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ray Parksion
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Vivian Foster
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-48-8791

17. INFORMANT'S OWN SIGNATURE: Ray Parksion
ADDRESS: RFD # 1 Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 8224 Exsanguination — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Accidental injury (Carbon of thigh (rt)) — Minutes
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): County Road
21c. (CITY, TOWN, OR TOWNSHIP): 13 Buhl (COUNTY): Twin Falls (STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): About Dec. 28, 1965 p. m. 8:40
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Car in which he was riding hit ice turned over.

22. *I hereby certify that I attended the deceased from* about ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 9:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. McCullough MD
23b. ADDRESS: 122 9th Ave No. Buhl
23c. DATE SIGNED: 12-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/31/65
24c. NAME OF CEMETERY OR CREMATORY: Buhl
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 1-3-66
REGISTRAR'S SIGNATURE: Virginia Grijalva
25. EMBALMER: Robert A. Dickard
LICENSE NO.: E-312

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JAN 14 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5663
Local Reg. No. D421
Reg. Dist. No. 460

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

JAN 6 1966

Bureau of Vital Statistics

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF [illegible] (If [illegible]): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Starr Rest Home 227

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): LETTA
b. (Middle):
c. (Last): PELLUM

4. DATE OF DEATH (Month) (Day) (Year): December 28, 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: October 7, 1875
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Franklin, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ezekiel Hopkins — BIRTHPLACE: Richland, Ohio
14. MOTHER'S MAIDEN NAME: Frances Anna Hendrickson — BIRTHPLACE: Quincy, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. T. V. Hudson — ADDRESS: Twin Falls

18. CAUSE OF DEATH 420.0
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic heart desease — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan. 19, 1960, *to* Dec. 28, 1965, *that I last saw the deceased alive on* Nov. 17, 1965, *and that death occurred at* 9:15 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean 0034 L. Applech
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: 3 Jan 66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 31, 1965
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county): Twin Falls — (State): Idaho

DATE REC'D BY LOCAL REG.: 1-4-66
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: [signature]
LICENSE NO.: E343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary 733-6600

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5664
Local Reg. No. D-418
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JAN 6 1966 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 137 Austin Street

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): WARD 143
c. (Last): PARKER

4. DATE OF DEATH (Month) (Day) (Year): December 28, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married 1
8. DATE OF BIRTH: March 27, 1878
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian 11
10b. KIND OF BUSINESS OR INDUSTRY: Insurance Co. 81
11. BIRTHPLACE (State or foreign country): Alma, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Noble Parker — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Alice E. Synder — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-10-2420
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion 420.1 — INTERVAL BETWEEN ONSET AND DEATH: 4 HRS.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis, Gen.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertensive Cardio-vascular Disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-12-, 1959 *to* 12-28, 1965, *that I last saw the deceased alive on* 12-17, 1965, *and that death occurred at* 6:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: V. V. Telford, MD. 525 (Degree or title)
23b. ADDRESS: Twin Falls, Ida.
23c. DATE SIGNED: 12-28-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 31, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county): Twin Falls — (State): Idaho

DATE REC'D BY LOCAL REG.: 1-4-66
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: [signature]
LICENSE NO.: E-343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5665
Local Reg. No. D-417
Reg. Dist. No. 460

BIRTH NO. RECEIVED

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42 JAN 6 1966
b. CITY OR TOWN: Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Hazeldel Manor 285

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPHINE b. (Middle) c. (Last) SHEPHERD

4. DATE OF DEATH (Month) (Day) (Year): December 28, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Nov. 14, 1883

9. AGE (In years last birthday): 82 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): Yuland, Denmark

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Antone C. Jacobsen — BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Celia Marie Madsen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EMBOLUS — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Phlebothrombosis Rt iliac vein — 1 da

DUE TO (c) Meta Stalic adeno carcenoma para iliac nodes right. — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

1944

19a. DATE OF OPERATION: 1944

19b. MAJOR FINDINGS OF OPERATION: Adeno carcenoma of uterus

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1944 19___, *to* 12-28-65 19___, *that I last saw the deceased alive on* 12-28-65 19___, *and that death occurred at* 1:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph W. Marshall 330 (Degree or title): M.D

23b. ADDRESS: Twin Falls Idaho

23c. DATE SIGNED: 12-30-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 31, 1965

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 1-4-66

REGISTRAR'S SIGNATURE: Regina Trujillo

25. EMBALMER:

LICENSE NO.: E-343

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES: MAY 26 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5666
Local Reg. No. D-11
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH 42 JAN 5 1966
a. COUNTY: Twin Falls 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Twin Falls
d. STREET ADDRESS (If rural, give location): R.R.#3

3. NAME OF DECEASED (Type or Print): a. (First) FRED b. (Middle) WESLEY 143 c. (Last) BURLINGTON

4. DATE OF DEATH (Month) (Day) (Year): December 29, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: April 8, 1902

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming 01

11. BIRTHPLACE (State or foreign country): Elk Creek, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John W. Burlington
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Carolina Krouse
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-10-2442

17. INFORMANT'S OWN SIGNATURE: Tillie Burlington ADDRESS: R.R.#3 Twin Falls, Idaho

18. CAUSE OF DEATH 6108
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 6 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hydro-nephrosis — 5 years
DUE TO (c) Hypertrophy of prostate — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 10, 1962, *to* December, 1965, *that I last saw the deceased alive on* 12-28, 1965, *and that death occurred at* 4:55p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Willard H. Welch 0092 (Degree or title): M.D.

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 12/31/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/3/66

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-3-65

REGISTRAR'S SIGNATURE: Eugene L. Grijalva

25. EMBALMER: Paul L. Reynolds LICENSE NO.: E-495

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JAN 7 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
JAN 17 1966
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5667
Local Reg. No. D-424
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 420 2-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 3 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Harral Nursing Home 205

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 38 Barton Lane, Washington Courts

3. NAME OF DECEASED (Type or Print)
a. (First): MILLARD
b. (Middle): HENRY
c. (Last): HILDRETH

4. DATE OF DEATH (Month) (Day) (Year): Dec. 30 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 22, 1887
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 01
11. BIRTHPLACE (State or foreign country): Elberton, Washington
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Phillip Hildreth — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Lydia Ann Berry — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW I 3
16. SOCIAL SECURITY NO.: 518-42-6518A
17. INFORMANT'S OWN SIGNATURE: Gerald W. Hildreth — ADDRESS: 38 Barton Lane, Twin Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CA prostate — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Emphysema

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-27, 1965, *to* 12-30, 1965, *that I last saw the deceased alive on* 12-27, 1965 *and that death occurred at* 5:45 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. Mullins 118 (Degree or title) MD
23b. ADDRESS: Buhl Idaho
23c. DATE SIGNED: 1-3-66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/4/66
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 1-11-66
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: George Farmer — LICENSE NO.: E-484

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JAN 19 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5668
Local Reg. No. D-122
Reg. Dist. No. 760

RECEIVED JAN 1 4 1966 VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. If not in hospital or institution, give length of time deceased lived in this place: Duration, STATE (for this place): months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley Nursing Home 750

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 42
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 172 Filer Ave. W.

3. NAME OF DECEASED (Type or Print): a. (First) Lawrence b. (Middle) M. c. (Last) Robinson

4. DATE OF DEATH: (Month) Dec. (Day) 30, (Year) 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	widowed 2	Nov. 9, 1892	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer & Stockman 84
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Hooper, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry Eugene Robinson—Provo, Utah — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Mary Ann Manning - West Weber, Utah — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 519-28-0361
17. INFORMANT'S OWN SIGNATURE: Mary Robinson ADDRESS: Cowan Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC HEART DISEASE & TERMINAL CONGESTIVE HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 2 wks - 3 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) OBSTRUCTIVE PULMONARY EMPHYSEMA & COR PULMONALE
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* DIABETES MELLITUS — 3 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-24-63, 19___, *to* 12-29-65, 19___, *that I last saw the deceased alive on* 12-29-65, 19___, *and that death occurred at* 4:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph W. Marshall 330 M.D	111 6th Ave E Twin Falls Idaho	1-4-66

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	1/4/66	Pleasant View	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-6-66	Regina Strijalva	Payne Mortuary	E-389

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 1 4 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5669
Local Reg. No. D-416
Reg. Dist. No. 760

BIRTH NO. RECEIVED JAN 6 1966 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls
b. CITY OR TOWN Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN Twin Falls
d. STREET ADDRESS (If rural, give location) 361 Seventh Avenue North

3. NAME OF DECEASED (Type or Print) a. (First) WYANT b. (Middle) OTIS c. (Last) WATTS

4. DATE OF DEATH (Month) (Day) (Year) Dec. 31, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug. 17, 1896

9. AGE (In years last birthday) 69
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Supt.

10b. KIND OF BUSINESS OR INDUSTRY Power

11. BIRTHPLACE (State or foreign country) Hedrick, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph A. Watts
BIRTHPLACE Iowa

14. MOTHER'S MAIDEN NAME Melissa White
BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-07-9310

17. INFORMANT'S OWN SIGNATURE Margaret L. Watts
ADDRESS Twin Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) G.I Hemorrage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cancer of Pancreas

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 15, 1965, to Dec 30, 1965, *that I last saw the deceased alive on* Dec 30 A.M., 1965, *and that death occurred at* 5:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE John M. McKee 678 (Degree or title) M.D.

23b. ADDRESS Twin Falls, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan. 3, 1966

24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery

24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 1-4-66

REGISTRAR'S SIGNATURE Regina Singleton

25. EMBALMER William J. Boyd

LICENSE NO. E-490

FIRM NAME: Twin Falls Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 7 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5670
Local Reg. No. D-423
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
JAN 17 1966
Bureau of Vital Statistics

421 3-03

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): R.F.D. #. 2

3. NAME OF DECEASED (Type or Print)
a. (First): ERNEST
b. (Middle): C. 143
c. (Last): VOSS

4. DATE OF DEATH (Month) (Day) (Year): Dec. 31, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 17, 1910
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 01
11. BIRTHPLACE (State or foreign country): Perry, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Herman Voss — BIRTHPLACE: South Dakota
14. MOTHER'S MAIDEN NAME: Rose Rendla — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-42-5914
17. INFORMANT'S OWN SIGNATURE: Willa Voss — ADDRESS: RFD # 2 Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral accident — INTERVAL BETWEEN ONSET AND DEATH: day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): generalized arteriosclerosis — years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-18, 1964, *to* 12-31, 1965, *that I last saw the deceased alive on* 12-31, 1965, *and that death occurred at* 1:45 p. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 118 MD
23b. ADDRESS: Buhl Idaho
23c. DATE SIGNED: 1-3-66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/3/66
24c. NAME OF CEMETERY OR CREMATORY: Buhl
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 1-11-66
REGISTRAR'S SIGNATURE: Regina Grijalva
25. EMBALMER: George Farmer — LICENSE NO.: E-484

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 18 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5671
Local Reg. No.
Reg. Dist. No. 310

BIRTH NO.

RECEIVED DEC 29 1965 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) McCall
c. LENGTH OF STAY (In this place) 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 430
b. COUNTY Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McCall
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) c. (Last) KERR

4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1965

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH May 9, 1905

9. AGE (In years last birthday) 60 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 86

10b. KIND OF BUSINESS OR INDUSTRY home building 60

11. BIRTHPLACE (State or foreign country) Lady Smith, B. C., Canada

12. CITIZEN OF WHAT COUNTRY? Canada

13. FATHER'S NAME John Kerr BIRTHPLACE Scotland

14. MOTHER'S MAIDEN NAME Hannah Williams BIRTHPLACE Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 534-01-5886

17. INFORMANT'S OWN SIGNATURE Elizabeth Mackintosh ADDRESS McCall, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) McCall (COUNTY) Valley (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Investigation Only that I last saw the deceased alive on ____ 19____, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE Burton E. Walker (Degree or title) Coroner
23b. ADDRESS McCall, Idaho
23c. DATE SIGNED 12/12/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 13, 1965
24c. NAME OF CEMETERY OR CREMATORY McCall Cemetery
24d. LOCATION (City, town, or county) McCall (State) Idaho

DATE REC'D BY LOCAL REG. Dec 21 1965
REGISTRAR'S SIGNATURE Myrtle M. Gardner
25. EMBALMER Burton E. Walker
LICENSE NO. E-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be [redacted] and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5672
Local Reg. No. 20
Reg. Dist. No. 3-10

RECEIVED DEC 20 1965 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Valley 430 3-05 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade — LENGTH OF STAY (in this place): 5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 430 — b. COUNTY: Valley — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley County Hospital 152 — d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	NORA	M.	CANTRALL	Dec. 10, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	March 25, 1898	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	01	Spaulding, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Barnard	no record	Lucinda Smith	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			Mary D. Miles	Lebanon, Oregon

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF BLADDER 181.0 — INTERVAL BETWEEN ONSET AND DEATH: 1 YR

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	CA OF BLADDER	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec. 1, 1965 *to* Dec. 10, 1965, *that I last saw the deceased alive on* Dec. 11, 1965 *and that death occurred at* 4 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John T. Moss 376	MD	CASCADE	12/15/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 13, '65	Alpha Cemetery	Valley County, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Dec-17-1965	Myrtle A. Gardner	Benton E. Walker	E-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 21 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 29 1965 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5673
Local Reg. No. 22
Reg. Dist. No. 3-09

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley 430 3-09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 430
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Edwardsburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) NAPIER b. (Middle) A. 152 c. (Last) EDWARDS

4. DATE OF DEATH (Month) (Day) (Year): December 16, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Jan. 5, 1898

9. AGE (In years last birthday): 67 IF UNDER 1 YEAR Months / Days IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Macon, Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William A. Edwards, BIRTHPLACE: London, England

14. MOTHER'S MAIDEN NAME: Annie Napier BIRTHPLACE: Macon, Georgia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-14-2236

17. INFORMANT'S OWN SIGNATURE: Billie M. Lukehart Bw ADDRESS: Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

33 1/X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 1 WK

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): CASCADE VALLEY IDA

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DEC 4, 1965, *to* DEC. 16, 1965, *that I last saw the deceased alive on* DEC. 14, 1965, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: John F. Moser (Degree or title) MD

23b. ADDRESS: CASCADE, IDA

23c. DATE SIGNED: 12/20/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/18/65

24c. NAME OF CEMETERY OR CREMATORY: Big Creek Cemetery

24d. LOCATION (City, town, or county) (State): Edwardsburg, Idaho

DATE REC'D BY LOCAL REGISTRAR: Dec 23 '65

REGISTRAR'S SIGNATURE: Myrtle M. Gardner

25. EMBALMER: Burton E. Walker

LICENSE NO.: E-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-69021

DUTIES:

DEC 30 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 1 1 1989

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5674
Local Reg. No. 29
Reg. Dist. No. 3/6

RECEIVED JAN 7 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Valley (430) — b. CITY OR TOWN: McCall — c. LENGTH OF STAY (in this place): 9 days — d. FULL NAME OF HOSPITAL OR INSTITUTION: McCall Memorial Hospital (309)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho (430) — b. COUNTY: Valley — c. CITY OR TOWN: McCall — d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) — a. (First): FLOYD — b. (Middle): FRANK — c. (Last): FORD

4. DATE OF DEATH (Month) (Day) (Year): Dec. 26, 1965

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married (3)

8. DATE OF BIRTH: May 25, 1903

9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cafe & Motel Operator

10b. KIND OF BUSINESS OR INDUSTRY: (16)

11. BIRTHPLACE (State or foreign country): St. Joseph, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John William Ford (74)

BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Emma Kingon

BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-07-9460

17. INFORMANT'S OWN SIGNATURE: Alice Ford — ADDRESS: ,McCall, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c). (1637)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute pneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Carcinoma of lung

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Congestive heart failure

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 1, 1965, *to* Dec. 26, 1965, *that I last saw the deceased alive on* Dec. 26, 1965, *and that death occurred at* 8:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold S. Nokes M.D. (39)

23b. ADDRESS: McCall, Idaho

23c. DATE SIGNED: 1/3/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 30, 1965

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Jan-5-'66

REGISTRAR'S SIGNATURE: Myrtle M Gardner

25. EMBALMER: Burton E Walker

LICENSE NO.: E-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 19 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5675
Local Reg. No. 33
Reg. Dist. No. 322

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Washington DEC 22 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY IN THIS PLACE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) Rt. 3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	ROSE	MARTHENA	HUMMEL	12	6	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	2/2/1892	73	10	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	San francisco, Calif.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Grant A. Hummel	Weiser, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	C.V.A.	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hypertension	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11-16- 1965, *to* 12-6- 1965, *that I last saw the deceased alive on* 12-6- 1965, *and that death occurred at* 3:10 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] M.D.	Weiser, Idaho	12/6/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	12-8-65	Quincy	Quincy, California

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12-8-65	R. Dale Thomson	R. Dale Thomson	E-388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. McGrath

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 5676
Local Reg. No. 33
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Washington DEC 22 1965
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho — c. LENGTH OF STAY (In this place) Durcar 67 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho — b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) Rolling Hills

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	SARAH	PERRY	JOSEPH		12	9	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	married 3	Feb. 6, 1890	75	10	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Broomall, Pennslyvania	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			x Paul Perry	Weiser, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	INTERVAL BETWEEN ONSET AND DEATH
(a)	Coronary Thrombosis	
	ANTECEDENT CAUSES	
(b)	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO Hypertension	
(c)	DUE TO	
	II. OTHER SIGNIFICANT CONDITIONS	
	Conditions contributing to the death but not related to the disease or condition causing death.	

420.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12-2, 1965, *to* 12-9, 1965, *that I last saw the deceased alive on* 12-2, 1965, *and that death occurred at* 3:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. P. McGrath M.D.	Weiser, Idaho	12/9/65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12/11/65	Hillcrest Cemetery	Weiser Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
12/9/65	R. Dale Thomason	R. Dale Thomason	E-388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 22 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 28 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 8 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAR 3 1998

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5677
Local Reg. No. 39
Reg. Dist. No. 320

RECEIVED JAN 7 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
DURATION OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 914 E. Park St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) 914 E. Park St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ROSCOE	O.	JONES	Dec. 13, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	2-17-1909	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carman	Union Pacific R.R.	Weiser, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James A. Jones		Eva Saling	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes WWII	—	Deanna L. Jones	Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	INTERVAL BETWEEN ONSET AND DEATH
	Coronary Thrombosis	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Gen. Arteriosclerosis	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12-13- *to* 12-13- *that I last saw the deceased alive on* 12-13- *and that death occurred at* 2 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. D. McGinnis MD	Weiser, Idaho	12-14-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	12-16-65	Hillcrest	Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
	L. Dee Thomason	L. Dee Thomason	E-388

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 11 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 18 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 26 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Geever

Certificate of Death

RECEIVED JAN 7 1966 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 5678
Local Reg. No. 36
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH 441
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 441
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) 1113 E. Court

3. NAME OF DECEASED (Type or Print)
a. (First) THEODORE
b. (Middle) HAROLD 153
c. (Last) OLMSTED

4. DATE OF DEATH (Month) 12 (Day) 19 (Year) 1965

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH 7/15/1907
9. AGE (In years last birthday) 58 — IF UNDER 1 YEAR Months 5 Days 4 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Clerk 62
10b. KIND OF BUSINESS OR INDUSTRY Municipality 00
11. BIRTHPLACE (State or foreign country) Neligh, Nebraska
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Walter Olmsted — BIRTHPLACE ---
14. MOTHER'S MAIDEN NAME ---- — BIRTHPLACE ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mary Olmsted — ADDRESS Weiser

18. CAUSE OF DEATH 420.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 6 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Ht. Dis. — 5 yr
DUE TO (c) Isen. arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Ca pancreas

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/15, 1965, *to* 12/19, 1965, *that I last saw the deceased alive on* 12/18, 1965, *and that death occurred at* 8:20 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 186 (Degree or title) 32
23b. ADDRESS Weiser, Idaho
23c. DATE SIGNED 12/19/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12/22/65
24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
24d. LOCATION (City, town, or county) Weiser (State) Idaho

DATE REC'D BY LOCAL REG. 12/19/65
REGISTRAR'S SIGNATURE R. Dale Thomason
25. EMBALMER R. Dale Thomason
LICENSE NO. E-388

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 1 1 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Mc Guath

Certificate of Death

State File No. 5679
Local Reg. No. 38
Reg. Dist. No. 320

BIRTH NO. 65-10856

RECEIVED JAN 7 1966 Bureau of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington 441 3-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital 153

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 38 Oregon 555
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rt. 3 - Weiser, Idaho
d. STREET ADDRESS (If rural, give location): Rt. # 3 - Weiser, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Marguerite
b. (Middle): Grace
c. (Last): Guerrant

4. DATE OF DEATH (Month) (Day) (Year): Dec. 20, 1965

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 1
8. DATE OF BIRTH: Oct. 4, 1965
9. AGE (In years last birthday): - - - -
If under 1 year: Months 2, Days 16
If under 24 hrs.: Hours - -, Min. - -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant 02
10b. KIND OF BUSINESS OR INDUSTRY: infant 00
11. BIRTHPLACE (State or foreign country): Weiser, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Alvin Guerrant
BIRTHPLACE: Oregon
14. MOTHER'S MAIDEN NAME: Eunice McBride
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): - - -
(If yes, give war or dates of service): - - - - - - - -
16. SOCIAL SECURITY NO.: - - - - - -
17. INFORMANT'S OWN SIGNATURE: Alvin W. Guerrant
ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 344.1 Hypostatic Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hydrocephalus
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - - - - - - - - - - - - - - - -
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - - - - - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: - - - - - - - - - - - - - - - - - -

22. *I hereby certify that I attended the deceased from* 12-14, 1965, *to* Dec. 20, 1965, *that I last saw the deceased alive on* 12-20-, 1965, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: M. A. McGuath MD 344 (Degree or title)
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 12-20-1965

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 12-20-1965
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 12-20-65
REGISTRAR'S SIGNATURE: R. Dan Thomason
25. EMBALMER: Gifford R. Shaffer
LICENSE NO.: E-344

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Shaffer Memory Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED

State File No. 5680
Local Reg. No. 39
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington 44 | JAN 7 1966
b. CITY OR TOWN: Weiser | Burial | LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION: Park Haven Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 44 | b. COUNTY: Washington
c. CITY OR TOWN: Weiser
d. STREET ADDRESS (If rural, give location): ----

3. NAME OF DECEASED (Type or Print)
a. (First): ANNIE | b. (Middle): GLASCOCK 298 | c. (Last): KELLEY

4. DATE OF DEATH: (Month) 12 (Day) 21 (Year) 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: 2/14/1881

9. AGE (In years last birthday): 84 | IF UNDER 1 YEAR Months: 10 Days: 7 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01

11. BIRTHPLACE (State or foreign country): Weiser, Idaho

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Clinton Glascock | BIRTHPLACE: ----

14. MOTHER'S MAIDEN NAME: ---- | BIRTHPLACE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: John W Kelley | ADDRESS: Weiser, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): C.V.A. 331X | INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
~~DUE TO~~ (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-19-65, *to* 12-21-65, *that I last saw the deceased alive on* 12-21-65, *and that death occurred at* 8:58A m., *from the causes and on the date stated above.*

23a. SIGNATURE AND DEGREE OR TITLE: 344 Monroe Gritch MD | **23b. ADDRESS**: Weiser, Idaho | **23c. DATE SIGNED**: 12/21/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial | **24b. DATE**: 12/23/65 | **24c. NAME OF CEMETERY OR CREMATORY**: Hillcrest Cemetery | **24d. LOCATION** (City, town, or county) (State): Weiser Idaho

DATE REC'D BY LOCAL REG.: 12/21/65 | **REGISTRAR'S SIGNATURE**: R Dale Thomason | **25. EMBALMER**: R Dale Thomason | **LICENSE NO.**: E-388

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5681
Local Reg. No. 78
Reg. Dist. No. 320

BIRTH NO.

RECEIVED JAN 7 1966 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Washington 44
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (In this place): 20 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp 53

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 44
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 453 East Butterfield

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GEORGE	W.	BUTLER	Dec.	23	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Widowed ?	July 1 1880	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 64
10b. KIND OF BUSINESS OR INDUSTRY: Gen'l Farming
11. BIRTHPLACE (State or foreign country): Delphis, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles W. Butler — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Lydia Moring — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-18-0380
17. INFORMANT'S OWN SIGNATURE: C. R. Butler — ADDRESS: Weiser, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 488X Pneumonia —
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Influenza
~~DUE TO~~ (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-20, 1965 *to* 12-22-, 1965, *that I last saw the deceased alive on* 12-22-, 1965, *and that death occurred at* 11:25 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] M.D. (Degree or title)
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 12/24/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/27/65
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho.

DATE REC'D BY LOCAL REG.: 12-27-65
REGISTRAR'S SIGNATURE: T. Dale Thomson
25. EMBALMER: T. Dale Thomson
LICENSE NO.: E-388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5682
Local Reg. No. 41
Reg. Dist. No. 32

RECEIVED JAN 7 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Washington 44 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser — STAY (in this place): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 44 — b. COUNTY: Washington — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser

d. FULL NAME OF HOSPITAL OR INSTITUTION: Weiser Memorial Hospital

d. STREET ADDRESS (If rural, give location): E 1st & Comm. Apt. 3

3. NAME OF DECEASED (Type or Print) — a. (First): CARL — b. (Middle): CECIL 153 — c. (Last): PAGE

4. DATE OF DEATH — (Month): 12 — (Day): 23 — (Year): 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: 7/9/1894

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 5, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farm 02

11. BIRTHPLACE (State or foreign country): Weiser, Idaho

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Freeman Page — BIRTHPLACE: ----

14. MOTHER'S MAIDEN NAME: ---- — BIRTHPLACE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-16-0248

17. INFORMANT'S OWN SIGNATURE: Ann Miller — ADDRESS: Weiser, Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

4281

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-17, 1965, *to* 12-23, 1965, *that I last saw the deceased alive on* 12-23, 1965, *and that death occurred at* 7:55 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. L. McGrath MD — 23b. ADDRESS: Weiser, Idaho — 23c. DATE SIGNED: 12/23/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: 12/27/65 — 24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery — 24d. LOCATION (City, town, or county) (State): Weiser Idaho

DATE REC'D BY LOCAL REG.: 12/23/65 — REGISTRAR'S SIGNATURE: F. Dee Thomson — 25. EMBALMER: F. Dee Thomson — LICENSE NO.: E-388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5683
Local Reg. No. 42
Reg. Dist. No. 320

Certificate of Death

RECEIVED
JAN 7 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington 440 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
c. INSTITUTION OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cambridge 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 446
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Midvale
d. STREET ADDRESS (If rural, give location): ----

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES MERLIN
b. (Middle):
c. (Last): ALEXANDER

4. DATE OF DEATH (Month) 12 (Day) 25 (Year) 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 9/1/~~##~~ 1937
9. AGE (In years last birthday): 28 — IF UNDER 1 YEAR: Months 3, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Law enforcement 62
10b. KIND OF BUSINESS OR INDUSTRY: Deputy Sheriff 02
11. BIRTHPLACE (State or foreign country): Lebanon, Nebr.
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Laurence Alexander — BIRTHPLACE: ----
14. MOTHER'S MAIDEN NAME: ---- — BIRTHPLACE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): -------
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Laurence Alexander — ADDRESS: Weiser, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Perforation of Aorta c̄ Exsanguination — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bullet Wound — few minutes
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): xx
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 22 Tavern
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13 Cambridge 440 Washington Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-25-65- 10:50p m. 2
21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: Shot to death while making an arrest

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Helen Beeman, M.D. 037
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 12/26/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 12/29/65
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser Idaho

DATE REC'D BY LOCAL REG.: 12/26/65
REGISTRAR'S SIGNATURE: L. Dale Thomason
25. EMBALMER: L. Dale Thomason
LICENSE NO.: E-388

Federal Security Agency
United States Public Health Service
Form DH-69021
FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 11 1966

AUG 21 1967

OCT 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5684
Local Reg. No. 43
Reg. Dist. No. 320

BIRTH NO.

RECEIVED JAN 7 1966 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Washington 041
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser 000
c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 020 b. COUNTY Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fruitvale

d. FULL NAME OF HOSPITAL OR INSTITUTION Park Haven Nursing Home
d. STREET ADDRESS (If rural, give location) ----

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	FRANCIS	WALTER 198	GORLEY	12	26	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Feb. 28, 1896	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sawmill worker 09
10b. KIND OF BUSINESS OR INDUSTRY Lumber 00
11. BIRTHPLACE (State or foreign country) Springglen, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Garley — BIRTHPLACE ----
14. MOTHER'S MAIDEN NAME Mary J. Grams — BIRTHPLACE ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Jos M Gorley ADDRESS Fruitvale, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

420.1

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-26, 1965, to 12-26, 1965, *that I last saw the deceased alive on* 12-26, 1965, *and that death occurred at* 1:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 340 W McGuth MD
23b. ADDRESS Weiser, Idaho
23c. DATE SIGNED 12/26/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 12/29/65
24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) Council (State) Idaho

DATE REC'D BY LOCAL REG. 12/26/65
REGISTRAR'S SIGNATURE R. Dave Thomson
25. EMBALMER D. Dave Thomson
LICENSE NO. E-388

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 5685
Local Reg. No. 655
Reg. Dist. No. 370

BIRTH NO.

RECEIVED FEB 11 1966 Bureau of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Belnaps Nursing Home 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 403 Franklin

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Edwin	F.	Tippetts		May	10	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	October 3, 1889	75	7	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Candy Maker 06	Candy 07	Swan Lake, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Harvey Tippetts	Council Bluff, Iowa	Sarah Fulmer	Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWI & WWII 33/X 3	518-30-0379	James R Jeppson	BOISE, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 8 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	054 M.D.	[signature] Boise Idaho	2/11/66

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 12, 1965	Morris Hill Cemtery	Boise, Ada, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-11-66	Myrtle Palmer	[signature]	E-460

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 21 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

65-11898 RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 5686
Local Reg. No. 654
Reg. Dist. No. 370

BIRTH NO.

FEB 11 1966
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA 011 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKES HOSPITAL 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 018
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MERIDIAN RURAL
d. STREET ADDRESS (If rural, give location): RT. 3

3. NAME OF DECEASED (Type or Print)
a. (First): TONYA
b. (Middle): MARIE
c. (Last): STUART

4. DATE OF DEATH (Month) (Day) (Year): NOV. 3, 1965

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: NOV. 1, 1965
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 2; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): *** 00
10b. KIND OF BUSINESS OR INDUSTRY: ***** 00
11. BIRTHPLACE (State or foreign country): BOISE, IDAHO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: BRUCE STUART — BIRTHPLACE: IDAHO
14. MOTHER'S MAIDEN NAME: LOUISE BROWN — BIRTHPLACE: KANSAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: x Roy J. Stuart — ADDRESS: MERIDIAN

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

754.3

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Anoxia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): intracarotid septal
DUE TO (c): defect (heart)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1, 1965, *to* Nov 3, 1965, *that I last saw the deceased alive on* Nov 3, 1965, *and that death occurred at* 8 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Justin Tomasheen [signature] 448
23b. ADDRESS: BOISE, IDAHO
23c. DATE SIGNED: 1/28/66

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11-6-65
24c. NAME OF CEMETERY OR CREMATORY: HILLCREST MEM. GARDENS
24d. LOCATION (City, town, or county) (State): CANYON, IDAHO

DATE REC'D BY LOCAL REG.: 2-10-66
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: M. B. Shepherd
LICENSE NO.: 473

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: SHEPHERD MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5687
Local Reg. No. 652
Reg. Dist. No. 370

Certificate of Death

RECEIVED
JAN 26 1966
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01 | 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1502 W. Franklin

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): F.
c. (Last): Stevens

4. DATE OF DEATH (Month) (Day) (Year): December 30, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 22, 1885
9. AGE (In years last birthday): 80 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate Sales 19
10b. KIND OF BUSINESS OR INDUSTRY: Self employed 09
11. BIRTHPLACE (State or foreign country): Fredericksburg, Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis Stevens — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Ella E. Acors — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519-36-1923
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Boise

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac hypertrophy & congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): ASHD — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
1) Lymphangioma of mesentery & retroperitoneal space — ?
2) Cholelithiasis — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 30 Dec, 1965, *to* 30 Dec, 1965, *that I last saw the deceased alive on* 30 Dec., 1965, *and that death occurred at* 11:55 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harold M. Statler Jr. MD 212 (Degree or title)
23b. ADDRESS: 6003 Overland Rd., Boise, Ida.
23c. DATE SIGNED: 24 Jan. 66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-3-66
24c. NAME OF CEMETERY OR CREMATORY: Wilder Cemetery
24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: 1-25-66
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John F. Wilkerson — LICENSE NO.: E 435

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McBratney-Alden-Waggoner

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 7 1975

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5688
Local Reg. No. 29
Reg. Dist. No. 511

RECEIVED
FEB 15 1966
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): WILBUR
b. (Middle): H. 018
c. (Last): POHIPE

4. DATE OF DEATH (Month) (Day) (Year): Dec. 14, 1965

5. SEX: Male
6. COLOR OR RACE: Indian 3
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married 1
8. DATE OF BIRTH: Feb. 22, 1910
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): Fort Hall, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Leo Pohipe — BIRTHPLACE: Lemhi, Idaho
14. MOTHER'S MAIDEN NAME: Bessie — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXX
16. SOCIAL SECURITY NO.: XXX
17. INFORMANT'S OWN SIGNATURE: X Lucille Eldridge — ADDRESS: Fort Hall, Ida.

18. CAUSE OF DEATH 019.2
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a): Miliary Tuberculosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Tuberculous Meningitis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Calvin Buhler MD 069
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 17, 1965
24c. NAME OF CEMETERY OR CREMATORY: Sand Hill Cemetery
24d. LOCATION (City, town, or county) (State): Fort Hall, Idaho

DATE REC'D BY LOCAL REG.: FEB 8 1966
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: [signature]
LICENSE NO.: E418
FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5689
Local Reg. No. 12
Reg. Dist. No. 510

RECEIVED JAN 25 1966

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Bureau of Census place): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 302 East Center Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock 03
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 302 East Center Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CLARENCE		MIX	December 20 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Divorced 4	May 20, 1894	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 06	00	Eskridge, Kansas	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Martin E. Mix	no data	Nancy Victoria Hill	no data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes / World War I 3		Guy Mix	Pocatello, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

782.4

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: not known

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* [illegible] *, that I last saw the deceased alive on* Dec. 20 *, 19* 65 *, and that death occurred at* [illegible] *, from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Burton H. Dorr 583	Bannock County Coroner	Pocatello, Idaho	Dec. 24, 1965

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 24, 1965	Rupert Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
JAN 13 1966	Darry Kellogg	Jack Henderson	E 349

FIRM NAME: Henderson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 26 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5690
Local Reg. No. 21
Reg. Dist. No. 511

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
JAN 31 1966
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): SYLOCA
b. (Middle):
c. (Last): BRONCHO

4. DATE OF DEATH (Month) (Day) (Year): Dec. 26, 1965

5. SEX: Female
6. COLOR OR RACE: Indian 3
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 27, 1912
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Fort Hall, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Tahvingo — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.: XXXX
17. INFORMANT'S OWN SIGNATURE: William Broncho — ADDRESS: Ft. Hall

18. CAUSE OF DEATH 581.1
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subacute yellow atrophy of liver with terminal hepatic coma, cause undetermined (probable Laennec's cirrhosis) — INTERVAL BETWEEN ONSET AND DEATH: 2-3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/13/65, 19__, *to* 12/26/65, 19__, *that I last saw the deceased alive on* 12/26/65, 19__, *and that death occurred at* 12:15 AM *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 220 (Degree or title) M.D.
23b. ADDRESS: Box 4730 Pocatello, Idaho
23c. DATE SIGNED: 1/24/66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 30, 1965
24c. NAME OF CEMETERY OR CREMATORY: Gibson Cemetery
24d. LOCATION (City, town, or county) (State): Fort Hall, Idaho

DATE REC'D BY LOCAL REG.: JAN 26 1966
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature]
LICENSE NO.: E418

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5691
Local Reg. No. 6
Reg. Dist. No. 600

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 26 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
c. LENGTH OF STAY (in this place) D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 061
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
d. STREET ADDRESS (If rural, give location) Pendlebury Lane

3. NAME OF DECEASED (Type or Print)
a. (First) JAMES
b. (Middle) MOSS 029
c. (Last) PENDLEBURY

4. DATE OF DEATH (Month) (Day) (Year) December 30 1965

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH January 31, 1910
9. AGE (In years last birthday) 55 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agriculture 04
10b. KIND OF BUSINESS OR INDUSTRY Honey production 01
11. BIRTHPLACE (State or foreign country) Blackfoot, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Pendlebury — BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Margaret Moss — BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-26-1919
17. INFORMANT'S OWN SIGNATURE Margaret Johnson — ADDRESS Blackfoot, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apparent myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Never, 19__, *to* Dec 30, 19 65, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE A. E. Miller Jr 361 (Degree or title) M.D.
23b. ADDRESS Blackfoot, Idaho
23c. DATE SIGNED Jan 1, 66

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Jan 1, 1966
24c. NAME OF CEMETERY OR CREMATORY Grove City Cemetery
24d. LOCATION (City, town, or county) Blackfoot (State) Idaho

DATE REC'D BY LOCAL REG. Jan. 18, 1966
REGISTRAR'S SIGNATURE Dorothy J. Jones
25. EMBALMER C. Dean Hill
LICENSE NO. E-446

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Sandberg-Hill Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5692
Local Reg. No. 6
Reg. Dist. No. 410

BIRTH NO.

RECEIVED FEB 9 1966 Bureau of Vital Statistics

1. PLACE OF DEATH 070
a. COUNTY Blaine 000
b. CITY OR TOWN Hailey
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Blaine County Hospital 037

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 070
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gannett
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Evelyn
b. (Middle) Faye
c. (Last) Knorpp

4. DATE OF DEATH (Month) (Day) (Year) May 28, 1965

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Oct. 12, 1921
9. AGE (In years last birthday) 43 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dental Tech. 92
10b. KIND OF BUSINESS OR INDUSTRY dentist 04
11. BIRTHPLACE (State or foreign country) LaGrande, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George McClellan — BIRTHPLACE Payson, Utah
14. MOTHER'S MAIDEN NAME Melva Kofford — BIRTHPLACE Pocterville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-12-1557
17. INFORMANT'S OWN SIGNATURE Billy L. Knorpp — ADDRESS Gannett, Ida

18. CAUSE OF DEATH 463X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: Several Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrombophlebitus (L) Leg — 16 days
DUE TO (c) Not Known

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 12, 1965, *to* May 28, 1965, *that I last saw the deceased alive on* May 21, 1965, *and that death occurred at* 12:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE 402 (Degree or title) Aldwin W. Parkwood
23b. ADDRESS Box 37, Hailey, Idaho
23c. DATE SIGNED 6/3/65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 11, 1965
24c. NAME OF CEMETERY OR CREMATORY Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. Feb-7-'66
REGISTRAR'S SIGNATURE Robert H. Wright per CBW
25. FUNERAL DIRECTOR Ruth Bird — ADDRESS Bird Funeral Home, Hailey, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

E-373

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. FEB 10 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

State File No. 5693
Local Reg. No. 5
Reg. Dist. No. 410

RECEIVED JAN 31 1966 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: BLAINE 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Magic Reservoir)
c. LENGTH OF STAY (in this place): 6 hrs 4-06
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 240
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): OTTO
b. (Middle):
c. (Last): LOW

4. DATE OF DEATH (Month) Oct. (Day) 10 (Year) 1965

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M 3
8. DATE OF BIRTH: Sept. 18, 1904
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY: 00
11. BIRTHPLACE (State or foreign country): GERMANY
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: KARL LOW — BIRTHPLACE: GERMANY
14. MOTHER'S MAIDEN NAME: REGINA PFAFF — BIRTHPLACE: GERMANY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: ALICE LOW (By affidavit) — ADDRESS: GOODING

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): CAUSE OF DEATH CAN NOT BE DETERMINED — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — DUE TO (b): - (PRESUMED NATURAL CAUSES) -

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c): BODY NOT RECOVERED

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE 583 (Degree or title): O. Scott Evans M.D. Coroner 4
23b. ADDRESS: Sun Valley, Idaho
23c. DATE SIGNED: 1-26-66

24a. BURIAL, CREMATION, REMOVAL (Specify): 0
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: Jan. 28-66
REGISTRAR'S SIGNATURE: Robert H. Wright - for CBW.
25. FUNERAL DIRECTOR — ADDRESS

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 10 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

AUG 17 1966

JUN 29 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

ok to file on 12-Mar. C. 2-2-66

Certificate of Death

STATE OF IDAHO

State File No. 5694
Local Reg. No. 7
Reg. Dist. No. 110

RECEIVED
JAN 26 1966
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
LENGTH OF STAY (in this place): 3 years

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner 09
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 316 Pine

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint Manor 262
d. STREET ADDRESS (If rural, give location): Sandpoint, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Lillian; b. (Middle) --; c. (Last) Springer

4. DATE OF DEATH: (Month) Nov. (Day) 30 (Year) 1965

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 24, 1885
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alfred Ridley — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Harriet Read — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: ✓ Russell Springer by — ADDRESS: [illegible] Moon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-12, 1961, to 11-29, 1965, that I last saw the deceased alive on 11-22, 1965, and that death occurred at 8:29a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): John R. Smith MD
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 12-8-65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 3, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Jan. 17, 1966
REGISTRAR'S SIGNATURE: Phyllis G. Roberts

25. EMBALMER: Barry D. Nelson
LICENSE NO.: E-455
FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

65-112 00

RECEIVED FEB 14 1966 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5695
Local Reg. No. 15
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 090 3-08
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dover
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dover
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Timothy
b. (Middle): Arthur
c. (Last): Henry

4. DATE OF DEATH (Month) (Day) (Year): Dec. 6 1965

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): --------
8. DATE OF BIRTH: Nov. 23, 1965
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 13; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -------- 02
10b. KIND OF BUSINESS OR INDUSTRY: ------- 01
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Henry — BIRTHPLACE: Sandpoint, Idaho
14. MOTHER'S MAIDEN NAME: Claudia Grace Hoekema — BIRTHPLACE: Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---- (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: --------
17. INFORMANT'S OWN SIGNATURE: Mrs Wm Henry — ADDRESS: Dover, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

924.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crib death probably due to asphyxiation

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: --

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/23, 1965, *to* 12/6, 1965 *that I last saw the deceased alive on* 12/3, 1965, *and that death occurred at* 7:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Helen E Peterson 415 (Degree or title) M.D.
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 2/3/66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 9, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Feb. 7, 1966
REGISTRAR'S SIGNATURE: Lyellis G. Tibbetts
25. EMBALMER: Barry D. Nelson — LICENSE NO.: E-455

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5696
Local Reg. No. 19
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

BIRTH NO.

FEB 22 1966

1. PLACE OF DEATH
a. COUNTY: Bonner 091 5-20
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 20 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sagle
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Floyd
b. (Middle): Jackson 039
c. (Last): Watt

4. DATE OF DEATH (Month) (Day) (Year): Dec. 13, 1965

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 24, 1903
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mining 06
10b. KIND OF BUSINESS OR INDUSTRY: Own busines 04
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jackson Carl Watt — BIRTHPLACE: Isle of Man
14. MOTHER'S MAIDEN NAME: Minnie Dallas Miller — BIRTHPLACE: Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: X Ruby Watt — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxic poisoning, substance unknown — INTERVAL BETWEEN ONSET AND DEATH: 3 1/2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

980X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Barry D. Nelson 583 Coroner 4
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 2/10/66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 16, 1965
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Feb. 16, 1966
REGISTRAR'S SIGNATURE: Phyllis G. Tilibetts
25. EMBALMER: L. G. Moon, Jr. — LICENSE NO.: E-405

Federal Security Agency
United States Public Health Service
Form DH-65021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 25 1966

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 14 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 21 1975

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician: Pathologist report states toxic poisoning was the Primary Cause of death but no substance can be traced as yet.

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 5697
Local Reg. No. 336
Reg. Dist. No. 610

BIRTH NO.

FEB 2 1966
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bonneville 101 2010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 10 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 060
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shelley, rural
d. STREET ADDRESS (If rural, give location) 4 mi. East of Shelley

3. NAME OF DECEASED (Type or Print)
a. (First) ANNA
b. (Middle) THERESA
c. (Last) CORDES

4. DATE OF DEATH (Month) (Day) (Year) November 13, 1965

5. SEX Female
6. COLOR OR RACE Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1 Never married
8. DATE OF BIRTH Feb. 29, 1892
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY own home 01
11. BIRTHPLACE (State or foreign country) South Dakota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Casper Cordes — BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Katherine Wiesler — BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 518-50-6396
17. INFORMANT'S OWN SIGNATURE by Telephone William Cordes — ADDRESS Shelley, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

172X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Uterine Fundus

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) with Generalized Abdominal Metastasis Hemorrhage

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

19a. DATE OF OPERATION 1962
19b. MAJOR FINDINGS OF OPERATION Malignancy Fundus of Uterus
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 15, 1961, *to* Nov. 12, 1965 *that I last saw the deceased alive on* Nov. 12, 1965, *and that death occurred at* 4:45 Am., *from the causes and on the date stated above.*

23a. SIGNATURE G. W. Corbett 104 (Degree or title) G. W. Corbett, M.D.
23b. ADDRESS 798 South Blvd. Idaho Falls, Idaho
23c. DATE SIGNED Nov. , 1965

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 17, 1965
24c. NAME OF CEMETERY OR CREMATORY Rosehill Cemetery
24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. Nov. 26-1965
REGISTRAR'S SIGNATURE Anna Bridges
25. EMBALMER R. W. Maddard
LICENSE NO. E-468

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAY 4 1972

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5699
Local Reg. No. 392
Reg. Dist. No. 610

RECEIVED JAN 20 1966 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1807 East 16th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Marion
b. (Middle): 042
c. (Last): Millsaps

4. DATE OF DEATH (Month) (Day) (Year): December 16 1965

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: December 31, 1903
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph I. Hurst — BIRTHPLACE: USA
14. MOTHER'S MAIDEN NAME: Emma Molen — BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 36 6022
17. INFORMANT'S OWN SIGNATURE: John A. Millsaps — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 7, 19 53, *to* Dec. 16, 19 65, *that I last saw the deceased alive on* Dec. 16, 19 65, *and that death occurred at* 2:48P.m., *from the causes and on the date stated above.*

23a. SIGNATURE 294 L. K. Krantz M. (Degree or title): L. K. Krantz, M.D.
23b. ADDRESS: 798 South Blvd. IdahoFalls, Idaho
23c. DATE SIGNED: 1/12/66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/20/65
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Jan. 13 - 1966
REGISTRAR'S SIGNATURE: Anna Budges
25. EMBALMER: Ralph M. Wood Ralph M. Wood — LICENSE NO. 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 21 1966

JAN 24 1966

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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 5700
Local Reg. No. 373
Reg. Dist. No. 616

BIRTH NO.

FEB 2 1966
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 840 E. Elva

3. NAME OF DECEASED (Type or Print): a. (First) RALPH; b. (Middle) V.; c. (Last) LARTER

4. DATE OF DEATH (Month) (Day) (Year): December 20, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Caucasian	Widowed 2	Nov. 28, 1878	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner, retired 07	gold mine 01	Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry N. Larter	England	Phoebe Curits	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	518-07-4713-A	A. V. Larter	Idaho Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

493X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Pulmonary Emphysema - Fracture neck of left femur.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 11, 1959, *to* Dec 20, 1965, *that I last saw the deceased alive on* Dec. 20, 1965, *and that death occurred at* 10:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
294 L. K. Krantz M.D	798v South Blvd. Idaho Falls, Idaho	Jan. 13 1966

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	Dec. 23, 1965	Mt. McCaleb Cemetery	Mackay, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan 27 1966	Bruce Budgen	Orland C. Buck	E-250

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Buck Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician This patients death was not due to the accident- the pneumonia developed while the patient was under treament for the fracture.

State File No. 5301
Local Reg. No. 387
Reg. Dist. No. 611

RECEIVED JAN 5 1966 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3/4 mi. So. Park Road 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1410 Rossi Street

3. NAME OF DECEASED (Type or Print)
a. (First): DOROTHY
b. (Middle): RINEHART
c. (Last): KEETH

4. DATE OF DEATH (Month) (Day) (Year): December 28, 1965

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 10, 1901
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk 29
10b. KIND OF BUSINESS OR INDUSTRY: V.A. Center 10
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank A. Rinehart — BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: Harriet B. Church — BIRTHPLACE: Maryland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 518-07-0009
17. INFORMANT'S OWN SIGNATURE: Victor N Taylor — ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anterioscleratic Heart Dis with Coronary Insufficiency — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Carcinoma of Tongue — 1 yr.

19a. DATE OF OPERATION: ?
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Tongue
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 8:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul Singer 359 Mod.
23b. ADDRESS: 544-4th I.F.
23c. DATE SIGNED: 12/31/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Dec. 30, 1965
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Dec. 31-1965
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: R. W. Mallard
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 19 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 27 1966

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 29 1966

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5702
Local Reg. No. 21
Reg. Dist. No. 360

RECEIVED
JAN 25 1966
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 14/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Caldwell
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 05/

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 14/
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 818 N. Illinois

3. NAME OF DECEASED (Type or Print): a. (First) Anna; b. (Middle); c. (Last) Billings

4. DATE OF DEATH (Month) (Day) (Year): Dec. 16, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 22, 1886

9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR Months: - Days: 24 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00

10b. KIND OF BUSINESS OR INDUSTRY: 00

11. BIRTHPLACE (State or foreign country): Peterton, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Owen Reese — BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Susan Jenkins — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-26-3762

17. INFORMANT'S OWN SIGNATURE: M. A. Jones — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 561.4 Perforated esophagus at stricture

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) when bougie was introduced to dilate.

DUE TO (c) obstructive esophagitis from hiatus hernia

INTERVAL BETWEEN ONSET AND DEATH: 1 day. / years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. severe arthritis of degenerative type — 17

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1963, *to* Dec 6, 1965, *that I last saw the deceased alive on* Dec 16, 1965, *and that death occurred at* 12:20 m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Kellogg 275 (Degree or title): MD

23b. ADDRESS: 1201 Kendall Caldwell Idaho

23c. DATE SIGNED: 18 Jan. 66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 18, 1965

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Memorial Garden

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 1-19-1966

REGISTRAR'S SIGNATURE: Vera Dakan

25. EMBALMER: Merville Davis — LICENSE NO.: E-399

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 26 1966

MAY 8 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician Dr Nelson largely took over her care from Dec 7, 1965 on but I collaborated c him. [illegible]

State File No. 5703
Local Reg. No. 9
Reg. Dist. No. 363

RECEIVED
JAN 26 1966
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Park View Manor 296

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 714 Chicago St.

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): W.
c. (Last): Shaver

4. DATE OF DEATH (Month) (Day) (Year): Dec. 20, 1965

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 15, 1881
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 3, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Henry County, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Benjiman F. Shaver — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Lucinda Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Lee W Shaver — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Urinary Tract Infection — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Urethral Stricture
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

608X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-1, 1963, *to* 12-20, 1965, *that I last saw the deceased alive on* 12-20, 1965, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Graydon O. Sorn 115 Jas
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: 1-15-66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 28, 1965
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: Jan. 22, 1966
REGISTRAR'S SIGNATURE: Jane Stock
25. EMBALMER: Merville D Davis
LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan-Davis Chapel, Caldwell

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 26 1981

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

65-13046

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 5704
Local Reg. No. 10
Reg. Dist. No. 3621

BIRTH NO.

JAN 26 1966
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 119-2nd. Road North

3. NAME OF DECEASED (Type or Print)
a. (First): LINDA
b. (Middle):
c. (Last): Pineda

4. DATE OF DEATH (Month) (Day) (Year): December 28, 1965

5. SEX: Female
6. COLOR OR RACE: Mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: Dec. 28, 1965
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 6 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --------- 02
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Gregorio Martinez
BIRTHPLACE: Mexico
14. MOTHER'S MAIDEN NAME: Sulema Pineda
BIRTHPLACE: Mississippi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): -----
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: --------
17. INFORMANT'S OWN SIGNATURE: X Librado Pineda
ADDRESS: Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

773.0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyaline Membrane Dis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-28, 1965 *to* 12-28, 1965, *that I last saw the deceased alive on* 12-28, 1965, *and that death occurred at* 1:42P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Graydon O'Cron 115 (Degree or title)
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 1-15-66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/30/65
24c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
24d. LOCATION (City, town, or county): Nampa (State): Idaho

DATE REC'D BY LOCAL REG.: Jan. 22, 1966
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Tony S. Krauch
LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 5705
Local Reg. No. 23
Reg. Dist. No. 361

RECEIVED JAN 25 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 140 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, Rt. # 5 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140 b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. # 5

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Edith	Estella	Tucker	Dec. 30, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 2	Sept. 20, 1886	79	3	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00	00	Audubon, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Sherman B. Wilson	Iowa	Emma E. Purvis	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	No	B. M. Tucker	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420.1 Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2-19-62, 19___, *to* 12-30-65 date of death, 19___, *that I last saw the deceased alive on* 12-15-65, 19___, *and that death occurred at* Unknown m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. E. Peckham 178	M.D.	222 East Elm--Caldwell, Idaho	1-18-66

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 3, 1966	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-19-1966	Vera Dakan	Vera Dakan	E-285

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 4 1966 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 5706
Local Reg. No. 1508
Reg. Dist. No. 4470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 16 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 100 South 170 West

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	Thomas 070	Craner	Dec. 28, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	White	married 3	Sept. 27, 1887	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 54
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture 54
11. BIRTHPLACE (State or foreign country): Oakley, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME (BIRTHPLACE): George Craner - Tooele, Utah
14. MOTHER'S MAIDEN NAME (BIRTHPLACE): Mary Adams - Tooele, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 519-10-2470
17. INFORMANT'S OWN SIGNATURE: Vernon & Ernest Craner — ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Larynx & Metastasis — INTERVAL BETWEEN ONSET AND DEATH: Jan 1964

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Tracheostomy Tube 3-5-65	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11-3-49 *19*, *to* 12-28-65, *19*, *that I last saw the deceased alive on* 12-26-65, *19*, *and that death occurred at* 9:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Burley, Idaho	26 Jan 1966

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	12/31/65	Gem Memorial Gardens	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb. 1, 1966	Beth H. Pearson	[signature]	E-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

JUN 16 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5707
Local Reg. No. 90
Reg. Dist. No. 450

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

DEC 16 1965
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Minidoka 340 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 210 Maple Street

3. NAME OF DECEASED (Type or Print)
a. (First) FRED
b. (Middle)
c. (Last) HUBER

4. DATE OF DEATH (Month) (Day) (Year) December 4, 1965

5. SEX Male
6. COLOR OR RACE Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 12, 1907
9. AGE (In years last birthday) 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 06
10b. KIND OF BUSINESS OR INDUSTRY Food Processing 03
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Andrew Huber — BIRTHPLACE Russia
14. MOTHER'S MAIDEN NAME Lydia Schwigert — BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) - - -- -
16. SOCIAL SECURITY NO. 519-18-2314
17. INFORMANT'S OWN SIGNATURE Leonard L. Huber — ADDRESS Rupert, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

919.8

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Gun shot wound, accidentally self inflicted. — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) country road 06
21c. (CITY, TOWN, OR TOWNSHIP) 340 (COUNTY) (STATE) Rupert 13 Minidoka County Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 4 1965 4 P.M. 2
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Pulled loaded gun toward him via barrel, hammer caught and fired gun.

22. *I hereby certify that I attended the deceased from* did not see alive *, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE 583 Robert C. Walk (Degree or title) Coroner 4
23b. ADDRESS 710 Sixth St., Rupert, Ida.
23c. DATE SIGNED 12-4-65

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 8, '65
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert, Idaho

DATE REC'D BY LOCAL REG. 12-10-65
REGISTRAR'S SIGNATURE Mary Ellen Carlson
25. EMBALMER Charles H. Persons
LICENSE NO. E-494

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Walk Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 17 1965

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5708
Local Reg. No. 8
Reg. Dist. No. 240

RECEIVED Bureau of Vital Statistics MAR 7 1966

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elk City, Idaho
LENGTH OF STAY (in this place): 21 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home near Red River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elk City, Idaho
d. STREET ADDRESS (If rural, give location): Home Near Red River

3. NAME OF DECEASED (Type or Print)
a. (First): IDA
b. (Middle):
c. (Last): GALLAGHER

4. DATE OF DEATH (Month) (Day) (Year): October 4, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: September 18, 1890

9. AGE (In years last birthday): 75
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home 01

11. BIRTHPLACE (State or foreign country): Park City, Utah

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Henry Reich
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Melvina Rodoers
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 547 26 5911

17. INFORMANT'S OWN SIGNATURE: X B J Gallagher
ADDRESS: Elk City, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Death from Natural Causes
INTERVAL BETWEEN ONSET AND DEATH: unken.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* Oct 4, 1965, *and that death occurred at* 2.00P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wm C Morrison, M.D., Coroner
(Degree or title): 583
23b. ADDRESS: Grangeville, Id.
23c. DATE SIGNED: Mar 3, 1966

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/6/65
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho

DATE REC'D BY LOCAL REG.: Mar 5, 1966
REGISTRAR'S SIGNATURE: Irma Cone

25. FUNERAL DIRECTOR: Robert R Hansen
ADDRESS: E 433 Grangeville Idaho
Robert R Hansen

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 2 3 1973

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Robert R Hansen Lic. No. E433 at Grangeville on 10/4/65

ADDITIONAL REMARKS by Physician

State File No. 5709
Local Reg. No. 9
Reg. Dist. No. 240

RECEIVED MAR 7 1966 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho 250 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harpster--rural
c. LENGTH OF STAY (in this place) few min,
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Highway # 14

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 180
b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. STREET ADDRESS (If rural, give location) 839 Floyd

3. NAME OF DECEASED (Type or Print)
a. (First) FREDERICK
b. (Middle) CECIL
c. (Last) OGLE

4. DATE OF DEATH (Month) (Day) (Year) Nov, 9, 1965

5. SEX Male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH June 14, 1896
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) butcher 63
10b. KIND OF BUSINESS OR INDUSTRY meat markets 01
11. BIRTHPLACE (State or foreign country) Cloverdale, California
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Byron Ogle — BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Elizabeth Elkins — BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 556-01-3726
17. INFORMANT'S OWN SIGNATURE Josephine K. Gilbert — ADDRESS Orofino, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

795.4

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death from Natural Causes — INTERVAL BETWEEN ONSET AND DEATH unkn

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 583 Wm Morrison, M.D. & Coroner
23b. ADDRESS Grangeville, Id.
23c. DATE SIGNED Mar 3 1966

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Nov, 12, 1965
24c. NAME OF CEMETERY OR CREMATORY Riverside
24d. LOCATION (City, town, or county) Orofino, (State) Idaho

DATE REC'D BY LOCAL REG. Mar 5, 1966
REGISTRAR'S SIGNATURE Irma Cone
25. FUNERAL DIRECTOR Lyle A. Grottmann — ADDRESS Gilberts Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Lyle A Strottmann Lic. No. 476 at Orofino on 11/9/65

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 216.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 5710
Local Reg. No. 11
Reg. Dist. No. 6-40

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jefferson 260 MAR 21 1966 000
b. CITY OR TOWN Rigby Bureau of Vital Statistics (Township) STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 260 b. COUNTY Jefferson
c. CITY OR TOWN Rigby
d. STREET ADDRESS (If rural, give location) Rte.

3. NAME OF DECEASED (Type or Print) a. (First) Danny b. (Middle) c. (Last) Nelson
4. DATE OF DEATH (Month) (Day) (Year) Oct. 29, 1965
5. SEX Male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) child
8. DATE OF BIRTH Feb 2, 1964
9. AGE (In years last birthday) 1 | IF UNDER 1 YEAR Months 4 | Days | IF UNDER 24 HRS. Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child 02
10b. KIND OF BUSINESS OR INDUSTRY Child 01
11. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Gerry B. Nelson BIRTHPLACE Preston, Ida.
14. MOTHER'S MAIDEN NAME Beryl J. Sperry BIRTHPLACE Clifton, Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE By Phone & Mail ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

344.2

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrocephalus — INTERVAL BETWEEN ONSET AND DEATH 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) meningitis (E coli)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 29, 1965, *to* Oct, 1966, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE John S Hatch 210 (Degree or title) MD
23b. ADDRESS Idaho Falls Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10/29/65
24c. NAME OF CEMETERY OR CREMATORY Pioneer Cemetery
24d. LOCATION (City, town, or county) Rigby, Idaho (State)

DATE REC'D BY LOCAL REG. March 12 1966
REGISTRAR'S SIGNATURE Mrs A B Eckersell
25. EMBALMER Geo A Williams
LICENSE NO. E-319

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Williams Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 5711
Local Reg. No. 95
Reg. Dist. No. 220

RECEIVED
APR 25 1966
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 350 — 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural Snake River 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 48 Washington
b. COUNTY: 555 Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 515 - 11th Street

3. NAME OF DECEASED (Type or Print)
a. (First): CARL
b. (Middle):
c. (Last): WOLF

4. DATE OF DEATH (Month) (Day) (Year): December 12 1965

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Apr. 5, 1917
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: Potlach Forests Inc. 03
11. BIRTHPLACE (State or foreign country): Lanark, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Curtin J Wolf — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Bessie Wood — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Carl Wolf — ADDRESS: Clarkston, Wash

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DROWNING — INTERVAL BETWEEN ONSET AND DEATH: Moments

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Suffocation
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): SNAKE River 18
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13 mile upriver from Snake Grand Raunde
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 - 8 - 66 5 30 p.m. body Found 2
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: He went into river after boat

22. *I hereby certify that I attended the deceased from ——, 19—, to ——, 19—, that I last saw the deceased alive on ——, 19—, and that death occurred at —— m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wilfred J Ducloo 583 Coroner 4
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 4-14-66

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 12 Apr 1966
24c. NAME OF CEMETERY OR CREMATORY: Vineland Cemetery
24d. LOCATION (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: 4-18-66
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: Patrick Mahoney
LICENSE NO.: E492

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Merchant Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 26 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 14 2008

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5712
Local Reg. No. 8
Reg. Dist. No. 360

RECEIVED JUL 1 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 851

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 14
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 619 So. 10th St.

3. NAME OF DECEASED (Type or Print): a. (First) Ada; b. (Middle) L.; c. (Last) Dufur

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 2, 1965

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 28, 1888

9. AGE (In years last birthday): 77
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): Woodland, Washington

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Hanson Miller
BIRTHPLACE: West Virginia

14. MOTHER'S MAIDEN NAME: Jane Ord
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: George H Dufur
ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

5721

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bowel Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 6 Wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diverticulitis — 7 Wks.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive Heart Failure

19a. DATE OF OPERATION: 10/4/65

19b. MAJOR FINDINGS OF OPERATION: Bowel Obstruction due To Diverticulitis

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 10, 1952, *to* Dec. 2, 1965, *that I last saw the deceased alive on* Dec 1, 1965, *and that death occurred at* 2:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: John H. Hearies 243 (Degree or title) M.D.

23b. ADDRESS: Caldwell, Idaho

23c. DATE SIGNED: 12/7/65

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 4, 1965

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Memorial Garden

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 7-8-66

REGISTRAR'S SIGNATURE: Freda D. Hunt, Deputy

25. EMBALMER: Merville D Davis

LICENSE NO.: E-399

FIRM NAME: Peckham-Dakan-Davis, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 5713
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED
AUG 1 1 1966
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Lewis 310
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah (Rural) 180
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 5.8 miles West of Kamiah on Hi-Way #12

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 180
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Marvella	Ruth	Halfacre	April	18,	1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	May 26, 1935	29				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waitress 49	Cafe 02	Minneapolis, Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Reuben E. Wendland	Minnesota	Ethel Stucker	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		no record	Ethel Umbarger	Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Drowning
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Highway 06	Kamiah (Rural) 13	Lewis 310	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Apr.	18,	1965	2:30 am/pm	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Auto accident with auto coming to rest in clearwater River, 5.8 miles West of Kamiah, Highway #12

22. *I hereby certify that I attended the deceased from* - - - - - - *, 19* - - *, to* - - - - - - *, 19* - - *, that I last saw the deceased alive on* - - - - - - *, 19* - - *, and that death occurred at* Aprox. 9:30AM *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Philip E. Clous 583	Lewis Co. Coroner 4	Craigmont, Lewis Co., Idaho	4-19-65

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	4-19-65	Brower-Wann Memorial Chapel	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
8-10-66	Doris Brown	W. E. Clark	E-426

FIRM NAME: Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 5714
Local Reg. No. 244
Reg. Dist. No. 510

RECEIVED AUG 29 1966 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 081

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 816 South 9th Avenue

3. NAME OF DECEASED (Type or Print): a. (First) MARSHALL b. (Middle) c. (Last) JOHNSTON

4. DATE OF DEATH (Month) (Day) (Year): Aug. 7, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: May 15, 1887

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming 01

11. BIRTHPLACE (State or foreign country): Germantown, Penn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Alexander Armstrong Johnston
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Arminta Alexander
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War I 3

16. SOCIAL SECURITY NO.: 519-03-5488

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Conway Grant Funeral Records, Pocatello, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* — , 19 , *to* — , 19 , *that I last saw the deceased alive on* 8-7-, 1965, *and that death occurred at* 2 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Burton Nolan 583 — (Degree or title): Coroner — **23b. ADDRESS**: Bannock Co. Ida. Exp. — **23c. DATE SIGNED**: 8-23-66

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3 — **24b. DATE**: Aug. 10, 1965 — **24c. NAME OF CEMETERY OR CREMATORY**: Chambersburg, Cemetery — **24d. LOCATION** (City, town, or county) (State): Chambersburg, Penn.

DATE REC'D BY LOCAL REG.: AUG 29 1966 — REGISTRAR'S SIGNATURE: Maureen McNeal, Deputy — **25. EMBALMER**: Conway Grant — LICENSE NO.: E-478

FIRM NAME: Grant Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: AUG 30 1966

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 5715
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

NOV 2 21966

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lemhi 300
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): So. of Salmon
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Salmon River 680

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 300
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Beacher	Lonnie	Black	May 23, 1965

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
aMale	White	never married	Sept. 27, 1947	17				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00	00	Pocatello, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arthur G. Black	Idaho	Geneva Vance	Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	0	Geneva C. Black	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

9298

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation by drowning — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) (body found 11-9-66)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 300 (COUNTY) (STATE)
Accident	RIVER 18	25 Mi So. Salmon Lemhi Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
5 23 65 9 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Cable broke while Crossing River

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Delbert C. Jones 583 Lemhi Coroner	Salmon, Ida	Nov. 14, 1966

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	11-15-66	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
11-18-66	Viola E. Johnson	Delbert C. Jones	E369

FIRM NAME: Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES: JAN 23 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....